THE DAILY CLIPS

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Official suggests zoning changes after growth in medical district

By T. Scott Batchelor
The Daily Reflector

The relatively short agenda facing the Greenville City Council tonight includes an agenda item related to the burgeoning medical district.

The city’s community development department is recommending an amendment to the portion of the land-use plan affecting the medical district in order to accommodate that growth, said Harry Hamilton, chief planner.

He said the update is “sort of a reassessment of all the activity that has taken place out there since the last update, which was in 1993.”

The medical district is anchored by Pitt County Memorial Hospital and East Carolina University’s Brody School of Medicine.

It is “a recommendation for rebalancing land-use, taking into consideration the additional residential and employment growth and need to provide services to those persons,” he said.

The roughly 7-square-mile district on the city’s western side “contains the entire spectrum of use you would find in an urban area” but with “a limited amount of retail and convenience services available to many thousands of people who work and live there,” as well as the future residents and employees, Hamilton said.

City Council meets at 7 p.m. in council chambers, third floor of City Hall, 200 W. Fifth St.

T. Scott Batchelor can be contacted at sbatchelor@coxnc.com and 329-3867.
1,600 students sign petition on ECU parking

By Jimmy Ryals
The Daily Reflector

Parking officials at East Carolina University will get a petition but no protest from students today.

After a series of meetings with ECU’s transportation director, senior political science major Ashley Yopp canceled an anti-parking demonstration she’d scheduled for today. Yopp, the speaker of ECU’s Student Congress, will present the school’s parking and transportation committee with a petition signed by nearly 1,600 students, she said.

Parking officials “have been more than willing to listen to us and work with us on this,” said Yopp. “And hopefully we can work together to make parking a little bit more friendly entity on campus.”

Yopp scheduled the protest and started the petition drive after her own car was towed earlier this semester.

Interim Parking and Transportation Director Jack Tawney said he was pleased with three meetings he and Yopp have had since she scheduled the protest and began gathering student signatures.

“That’s what we want,” he said. “That’s what we’ve been asking for. We want the students to be involved in what we do. They’re learning that now.”

The student petition advocates two changes: clearing student parking records each semester and immobilizing illegally parked cars on campus, rather than towing them.
PARKING
Continued from A1

"I would love it that we don't tow a single car in any time," he said. "But being (realistic) about it, that's never gonna happen because you're always going to have people that think they're a little bit above the rules."

The petition argues for shortening the amount of time a parking ticket stays on a student's record. Records should be expunged every semester, Yopp said. Tawney said Wednesday that an annual purge may be possible for students, with the parking and transportation committee's assent.

The petition also calls for ending on-campus towing. It proposes putting boots on illegally parked cars rather than towing them. Doing so would save students money, Yopp said. After paying the parking fine, a $20 administrative fee and any fees a towing company may charge, students can be out as much as $150, she said.

The switch also would keep students from having to retrieve their cars from towing lots, some of which, she said, are in areas that make her and other students uncomfortable.

"I was actually hit on the last time when I went and got my car, so it's kind of freaky," she said. Yopp also said parking administrators need to do more to teach students about the new policy.

Switching to boots may cost students more, Tawney said. To get a booted car moving again, students would have to pay all outstanding parking tickets, he said. Right now, they can get their cars back without immediately paying any fines to ECU. Owners of towed cars have to get a release from ECU and pay any fees charged by towing companies. They have to pay their fines eventually or risk not graduating or being able to register for classes, he said.

Booting also creates a logistical issue by leaving illegally parked cars in their spaces, Tawney said.

Any policy changes would have to be approved by the parking and transportation committee, Tawney said. While Yopp will present the petition, the committee isn't scheduled to take action.

At its meeting today, the panel will vote on a new structure that would place students on the board for the first time, he added. If approved, the plan would put four students on the 14-member body.

Yopp said a story in today's East Carolinian, the ECU student newspaper, would announce the protest's cancellation.

Jimmy Ryals can be contacted at jryals@coxnc.com or 329-8568.

More news online at reflector.com
Public Forum

Med school admissions favor youth

I am writing in response to the Feb. 17 editorial in which the Brody School of Medicine is planning to increase enrollment for future medical school students. I applaud this action but pose a question to the admissions board.

Why is it so difficult for older mature students to apply for this program? There are a multitude of capable and qualified older individuals in the state who would love a chance to change careers.

I am one such individual. I have a master's degree in counseling from UNC-Charlotte. I am a medic with the N.C. National Guard. I am particularly interested in the physician's assistant program.

I have found that the admissions requirements are geared for the young undergraduate students. There are eight core courses that must have been completed within the past five years for application. I must also take the GRE for admissions even though I have already graduated with honors from a local university master degree program. No discretion is given to admissions for someone with maturity and experience.

I have proven medical experience as well as academic achievement, yet someone just completing their bachelor's degree is given preference. I continue to work a full-time job, take night classes and serve with the N.C. National Guard with the hope that I can complete the required courses within the five-year time frame. Perhaps someone with authority could review this policy and open the door to those of us ready to serve the people of rural North Carolina.

JAMES AYDELETTE
Williamston
New signs welcome people to Pitt, advocate fitness

By Brock Letchworth
The Daily Reflector

For the first time in nearly 20 years, new signs welcome travelers to Pitt County.

Pitt County Commissioner Beth Ward believes people will be happy with what they see.

Officials from the county's planning department spent the past three days installing new signs along 21 roads leading into Pitt County. The signs read "Welcome to Pitt County," and feature the county seal and the slogan "Home of East Carolina University."

Commissioners in August voted unanimously to replace the old signs, and allocated $10,650 out of the county's contingency fund to pay for the upgrade.

"I certainly think Pitt County deserves to have nice signs welcoming people to the county," said Ward, who was chairwoman at the time. "I think the new signs were definitely needed, and I'm really glad the commissioners voted to do it. I think everyone will be proud."

In addition to the welcome sign, officials also have installed signs recognizing Pitt County for its designation as a Fit Community last year by the N.C. Health and Wellness Trust Fund Commission and Blue Cross and Blue Shield of North Carolina because:

■ 85 percent of its residents live within two miles of a park facility.
■ It has been active in the Winner's Circle healthy eating program for students.
■ County schools passed a tobacco-free policy.

Pitt and Mecklenburg were the only counties in the state to receive the honor.

Officials said it was time for new signs.

"The signs had been up about 20 years, and they were not looking good," James Rhodes, planning director, said. "This kind of does it twofold. Now we have new signs welcoming people to Pitt County, and we're also bringing people's attention to the Fit Community designation."

The Fit Community signage was provided by the state at no cost, Rhodes said.

Brock Letchworth can be contacted at 329-9574 or bletcherworth@coxnc.com.
Alternative medicine

Supplements shouldn’t be replacements

By Faith Dawson
Cox News Service

Every month, Sydney Ferguson, 40, spends about $70 on specialty vitamins and dietary supplements because she wants to avoid the heart disease and diabetes that run in her family.

Although she eats well and exercises regularly, she feels like that regimen is an investment in her health.

"My philosophy now is, you either pay for your health up front, which for me is taking vitamins and supplements, or you pay for it in the end, taking medications with a lot of different side effects (and that cost) exorbitant amounts of money," Ferguson says.

As a result, she says, she has more energy, she gets fewer colds and her husband says her memory has improved.

But how much credit the contents of those bottles deserve for her current well-being remains a big unknown.

For while dietary supplements are a booming business — as of 2006, the industry was worth almost $23 billion annually ($4.6 billion from herbs and other botanicals), according to the Nutrition Business Journal — we don’t have a lot of research about them.

According to 1994’s Dietary Supplement Health and Education Act, dietary supplements are foods, even though they can be used like drugs.

But, unlike drug companies, manufacturers traditionally haven’t had to test their formulas or prove the supplements even work.

Even medical studies of supplements often show conflicting results.

"All studies aren’t created equal," says Dr. Mark Ebell, associate professor of family medicine at the Medical College of Georgia in Augusta, Ga.

"If the study isn’t well-designed ... biases can creep in. A poorly designed study may give you the wrong answers."

Despite those unknowns, many health experts also acknowledge it’s possible to find a supplement that

See MEDICINE, D2
benefits you if you do your homework.

"It's kind of empowering when you can make some choices about your own health — if you do it with education, if you do it with some guidance from your health care team," says Dr. Brent Bauer, director of the Mayo Clinic's Complementary and Integrative Medicine Program in Rochester, Minn., and editor of "The Mayo Clinic Book of Alternative Medicine."

Judith Klose, 50, believes that has been the case for her. She didn't like the side effects of her arthritis medicine, so she switched to tuna omega-3 oil and black-currant-seed-oil supplements instead.

"If I couldn't do the traditional (medications), I wanted to try at least the alternative because I knew just ignoring [the pain] wouldn't make it better," she said. After a few weeks of treatment, she says the pain was reduced, although she remains under her rheumatologist's supervision.

How can you tell exactly what's in the supplement you're taking? Manufacturers are responsible for the purity of their products, but it's still difficult to tell how strong a supplement is or how you'll react to it. (As of 2010, the government will require supplement manufacturers to prove their "Good Manufacturing Practices," or GMPs, which refer to purity and accurate labeling.)

You should consult your doctor before you try any supplements. Some plants can interfere with medicines, and some can even be harmful when taken incorrectly.

"It behooves every consumer to do some research. It's hard to just go into a store and pick (a supplement)," says Christine A. Rosenbloom, professor of nutrition at Georgia State University in Atlanta, who recommends finding supplement data on the Web before you shop.

"I think there is merit for some supplements for some people, but it isn't a one-size-fits-all approach," she says. "For example, people with knee or hip arthritis might want to try supplementing with glucosamine and chondroitin, but they should buy a good-quality supplement — not a discount brand."

And be patient, she adds; in some cases it may take months to know if it works. "It is unlikely you will go ballroom dancing after a week's worth of glucosamine for your arthritis."

Nor should supplements ever be used to replace a healthy diet. "If you are eating on the run and eating poorly and not getting enough sleep," Rosenbloom points out, "a supplement that claims to boost your immune system is unlikely to have any effect."
Venable Hall dead at 83; at UNC, few mourn

BY ERIC FEERER
STAFF WRITER

CHAPEL HILL — Venable Hall, UNC-Chapel Hill's aged science dungeon, with hallways as tortuous as the chemistry formulas taught within, has died.

Venable was 83 and had fought a long battle with entropy. Backhoes began knocking it down last month. All that's left is a craggy pile of brick and concrete, and the residue of eight decades of student angst. Few tears were shed.

The structure was declared terminally ill about eight years ago. That was when the UNC system began a campaign to convince taxpayers that their university system had fallen into disrepair and needed a $2.5 billion makeover. The sickly chemistry building became one of the campaign's prime examples, a horrid and impossible place for cutting-edge science.

Voters were swayed. UNC got its money. Venable's days were numbered.

Since the building opened in 1925, thousands of students had trudged to chemistry class down its dark, musty halls. By 2000, the plumbing was so poor that puddles were common. Once, a professor slipped in one and wiped out in front of a class. Another time, soaked ceiling tiles caved in with a class in session.

Ed Samulski, a longtime chemistry professor, used to offer first-time visitors $5 if they could find his office within 15 minutes of entering the building. There were maps at the front door.

"It was still hopeless," Samulski recalled this week. His office number, typical of this sprawling, prisonlike structure: 18-1D.

The 80,000-square-foot facility had the largest footprint on campus. Inside, it seemed to go in 10 directions. One hallway was so narrow two people couldn't pass by each other without hoisting shoulders. Faculty members said

SEE VENABLE, PAG. 9A
they could get tenure if they were skilled enough to roll a bowling ball the length of the hall without touching a wall. You reached the journals in the basement library only by ducking your head and braving a narrow spiral staircase.

“You just learn to live a subsistence life,” Samulski said.

When Martha Guy arrived at UNC-CH, she was impressed with Venable’s new, tiered lecture hall. The labs and supply rooms, however, felt old.

That was in 1939.

Guy, now 85 and living in Newland, remembers the fog of cigarette smoke that would waft through the room during exams.

“Everybody smoked, and put them out on the floor and ground them out,” she said. “Some days you couldn’t see the professor. During an exam, there would be seven or eight cigarettes around everybody’s seat.”

Over the years, there were intermittent fix-up attempts. Former trustee Tim Burnett once proposed a fundraiser — four sledgehammer swings at Venable for $100.

The university took note. On a Web site chronicling Venable’s ongoing destruction, you can buy an original brick for $100. For $1,000, you can get the brick and your name engraved on a plaque that will hang inside the building’s replacement.

Adapting to ‘luxury’

A new building will rise on the site, and with the new Caudill Laboratories and Chapman Hall, will form the core of the university’s new science complex.

Samulski has been relocated to Caudill, a modern facility rife with science’s newest technology. “It’s difficult to be comfortable in this luxury,” Samulski said.

Lowry Caudill of Durham, a UNC alumnus and entrepreneur whose $5 million gift fueled the construction of Samulski’s new lab building, has fond recollections of his days in Venable in the late 1970s. He and other chemistry students would study all day and explore the building at night.

“You almost had to get an advanced degree to get around Venable,” he joked. “If you could get around Venable, you could probably do chemistry.”

Venable Hall is survived by a nationally acclaimed chemistry department and more than 4,700 graduates with chemistry degrees.
This year's vaccination is a flawed match for current viruses it should fight.

BY MANDY LOCKE AND LORENZO PEREZ
STAFF WRITERS

Your son can't shake his cough. At work, you're doing the tasks of three while your colleagues are home in bed. Grandma waited five hours to be seen at the hospital's emergency department last night.

Sound familiar? North Carolina is smack dab in the worst of the seasonal flu. We're at the top of a two-week peak that's forced long lines at pharmacies, long waits at doctors' offices and topped even those smart enough to get the flu vaccine this year.

Is it the worst flu season in recent years? The ailing would declare it so. But public health officials are reluctant to say that, mainly because reports they receive from health providers come voluntarily and are not consistent year to year. Doctors insist we always think it's the worst season ever when we're in the middle of it.

Still, there are reasons why this year's flu feels so bad:

**COLD OR FLU**

Here's a guide to determining whether the flu is responsible for your sniffles:

<table>
<thead>
<tr>
<th>Symptoms</th>
<th>COLD</th>
<th>FLU</th>
</tr>
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<tbody>
<tr>
<td>Aches, pains</td>
<td>Slight</td>
<td>Often severe</td>
</tr>
<tr>
<td>Chest discomfort</td>
<td>Mild to moderate</td>
<td>Common</td>
</tr>
<tr>
<td>Complications</td>
<td>Sinus-congestion</td>
<td>Bronchitis, pneumonia or earache can be life threatening</td>
</tr>
<tr>
<td>Extreme exhaustion</td>
<td>Never</td>
<td>Early and prominent</td>
</tr>
<tr>
<td>Headache</td>
<td>Rare</td>
<td>Prominent</td>
</tr>
<tr>
<td>Fatigue, weakness</td>
<td>Quite mild</td>
<td>Can last 2-3 weeks</td>
</tr>
<tr>
<td>Fever</td>
<td>Rare</td>
<td>Characteristic, high (102-104 degrees for 3-4 days)</td>
</tr>
<tr>
<td>Stuffy nose</td>
<td>Common</td>
<td>Sometimes</td>
</tr>
<tr>
<td>Sneezing</td>
<td>Weak</td>
<td>Sometimes</td>
</tr>
<tr>
<td>Sore throat</td>
<td>Common</td>
<td>Sometimes</td>
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SOURCE: CENTERS FOR DISEASE CONTROL AND PREVENTION

- The vaccine missed the mark. Two of the three antibodies didn't match the viruses floating around this year, said Jeff Engel, the state Division of Public Health epidemiologist. The vaccine is always a gamble because the drug is produced well in advance of the strain's appearance. This year's vaccine did help some and has tempered the severity for those who did catch the flu. But it was no sure bet.

- This winter's flu has come in a single wave. Last year, North Carolina residents endured two shallower peaks. This year, more

SEE FLU, PAGE 8A
people are sick at once. It often starts with children, who give it to parents, who pass it to co-workers. Peaks typically last two weeks; we're in the middle of this one. Engel expects the number of those infected to drop in another week.

Flu-related deaths in early February were higher than expected, according to the national Centers for Disease Control and Prevention. For the first full week of February, 7.6 percent of deaths at 122 reporting centers nationwide were flu- or pneumonia-related. The CDC says that rate is higher than expected this time of year.

For now, the flu is still hammering the region. Wednesday, some students in Wake County brought home a guide for parents on how to keep their children well. It urged them to not send sick kids to school and encouraged them to vaccinate if they haven't already.

Beware the dragon

Since Sunday, a third of the 2,000 patients treated at WakeMed Hospital's five emergency departments had flu-like symptoms. That's up from 17 percent of their patients served over the third week in January. At the emergency department at UNC Hospitals, doctors have seen a threefold increase in the number of patients with the flu since the end of January.

The flu "always comes. It's just sort of when it comes," said Paul Hinchee, WakeMed Hospital emergency department doctor. "It's always going to be there."

At the emergency department of WakeMed Raleigh Campus at lunchtime Wednesday, 10 patients strapped masks over their mouths as they waited to be seen. A poster with a green dragon bemoaning the flu directs those sniffing and coughing to the left of the waiting area and those with broken bones, stomach cramps and everything else to the right.

While the crowds are forcing long waits in emergency departments, there's still room to check in and stay a while, state officials said. They have no reports of hospitals running out of beds, said Mark Chambers, disaster medical services coordinator for the state Division of Health Services Regulation.

Typically, though, doctors urge patients to steer clear of emergency rooms and see their regular doctor. Only the very ill — those whose flu turned into something far more menacing, such as pneumonia — are admitted.

At doctor's offices, modern medicine has changed the way we deal with the flu. While chicken soup and a day in bed might be Grandma's solution, your child's pediatrician will likely urge an early visit and test your child for the flu. While you wait, a doctor can perform a quick test and tell you whether Johnny has the flu. Those testing positive who have just begun their battle can load up on Tamiflu, a medicine that can fight the flu's worst symptoms.

Even these resources can go fast. "We had so many flu cases last week that we ran out of the test," said Richard Gelber, a pediatrician at Cornerstone Pediatrics in Cary.

While a less-effective vaccine this year has caused unhappy customers, public health officials are still talking it up. In fact, they still want people to come and get vaccinated. At worst, it doesn't work, Engel said. At best, you'll dodge this year's flu. If nothing else, it could shave a few sneezy, hacking days off your battle with the flu this year.

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Study links obesity to strokes in women

BY MARILYN MARCHIONE
THE ASSOCIATED PRESS

NEW ORLEANS — Strokes have tripled in recent years among middle-aged women in the U.S., an alarming trend doctors blame on the obesity epidemic.

Nearly 2 percent of women ages 35 to 54 reported suffering a stroke in the most recent federal health survey, from 1999 to 2004. Only about half a percent did in the previous survey, from 1988 to 1994.

The percentage is small because most strokes occur in older people. But the sudden spike in middle age and the reasons behind it are ominous, doctors said in research presented Wednesday at a medical conference.

The spike happened even though more women in the recent survey were on medicines to control their cholesterol and blood pressure — steps that lower the risk of stroke.

Women’s waistlines are nearly 2 inches bigger than they were a decade earlier, and that bulge corresponds with the increase in strokes, researchers said.

In addition, women’s average body mass index, a commonly used measure of obesity, rose from 27 in the earlier survey to 29. People with a BMI of 25 or more are overweight, according to the Centers for Disease Control and Prevention.

Women also had higher blood sugar levels in 1999-2004.

No other traditional risk factors such as smoking, heart disease or diabetes changed enough between the surveys to account for the increase in strokes.

In a “pre-stroke population” of middle-age women, a tripling of cases is “an alarming increase,” said Dr. Ralph Sacco, neurology chief at the University of Miami Miller School of Medicine.

The study was led by Dr. Amytis Towfighi, a neurology specialist at the University of Southern California in Los Angeles, and presented at the International Stroke Conference in New Orleans.

BY THE NUMBERS

1999-2004

Almost 2 percent: Women ages 35 to 54 who reported suffering a stroke.

59 percent: Women with abdominal obesity

1988-1994

About one-half percent: Women ages 35 to 54 who reported suffering a stroke.

47 percent: Women with abdominal obesity

THE ASSOCIATED PRESS

She used the National Health and Nutrition Surveys, a federally funded project that gives periodic health checkups and questionnaires to a wide sample of Americans. Participants are routinely asked whether a doctor had ever told them they had had a stroke, and about 5,000 middle-aged people answered that question in each survey.

Researchers saw that the stroke rate had spiked in middle-aged women but stayed about the same — around 1 percent — in middle-aged men. So they looked deeper to figure out why.

Belly fat stood out, Towfighi said.

The portion of women with abdominal obesity rose from 47 percent in the earlier survey to 59 percent in the recent one. The change in men was smaller, and previous studies have shown that “abdominal obesity is a stronger risk factor for women than men,” she said.

Men traditionally have had a greater risk of stroke than women, and “women start catching up to men five or 10 years after menopause,” said Dr. Philip Gorelick, neurology chief at the University of Illinois in Chicago and chairman of the stroke conference.

The new research means “we need to redefine our textbooks about stroke in women,” because they may now be more at risk in middle age than men.
UNC-CH icons vandalized

Graffiti referred to the Tar Heel-Wolfpack basketball rivalry

BY JESSE JAMES DECONTO
STAFF WRITER

CHAPEL HILL - Someone put a fresh coat of paint on the Wolfpack-Tar Heel rivalry early Wednesday morning.

UNC-Chapel Hill campus police found red paint on the Bell Tower bricks and a column of the Old Well, two of Chapel Hill's iconic landmarks.

Police don't know who did it, but they found white-chalk graffiti referencing the college basketball rivals. Police spokesman Randy Young declined to describe the statements further. Police also found a cup with red paint residue inside.

Police think the incidents occurred about 3 a.m. Wednesday. The Old Well was being repainted by 8 a.m. The Bell Tower was cleaned up by the afternoon.

Chips of red paint collect in pools - the only evidence remaining of the vandalism.

The vandalism took place on the eve of UNC-CH's ACC basketball showdown with N.C. State University. The Heels played the Wolfpack Wednesday night at the RBC Center in Raleigh.

The incident reminded Young of a similar act that occurred before the UNC-CH/NCSU game in 2005. In that incident, Young said, he thinks police caught the vandals in the act of stenciling an NCSU logo onto the bricks.

The Old Well once served as the only source of water for the Old East and Old West dorms at the heart of campus. It took its present design in 1897 under the leadership of President Edwin Alderman.

The Morehead-Patterson Bell Tower was dedicated in 1931. Alumnus John Motley Morehead originally wanted the bell to top the Wilson Library, but university librarian Louis Round Wilson wanted a dome.

Legend says that Morehead had the pointed tower built behind the library to look like a dunce cap on top of the dome.

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Study favors funding for ECU

Payoff may be jobs in five counties

BY SARINE VOLLMER STAFF WRITER

More state investment in research at East Carolina University could pay off in biotech jobs in five nearby counties, a new study suggests.

ECU is a dormant regional economic development engine that could hum if the state established a research institute at the university and boosted funding to help recruit researchers, says a study commissioned by a regional development partnership.

The region, made up of Edgecombe, Nash, Pitt, Wayne and Wilson counties, has a higher unemployment rate than the state and few biotechnology companies. But it is within driving distance of Research Triangle Park, and it has three four-year colleges in addition to ECU as well as available land and access to Interstate 95.

"The region has tremendous potential," said Mark D. Dibner, president of BioAbility of RTP, which conducted the $112,000 study, funded by the N.C. Biotechnology Center and the N.C. Eastern Region, a partnership formed in 2006.

Findings of the study, to be released today, will underpin the region's efforts to double its number of biotech jobs to 10,000 in five years.

Some of its recommendations:

FOCUS ON RESEARCH. Just as the University of North Carolina at Chapel Hill, Duke University and N.C. State University fuel the economy of the Triangle — where about 300 biotech companies employ about 27,500 people — ECU could invigorate economic development in the five-county region.

"ECU's ability to become a significant research university and build a research-based medical school has been hampered in the past by decisions by the state and the [UNC system] that had the effect of inhibiting research activity," the study says.

Insufficient laboratory space, research faculty positions and state funding have limited the amount of research that ECU has been able to attract, it says. The $38 million that the university received in 2006 compares with UNC-Chapel Hill's $593.4 million and Duke University's $683.4 million that year.

RECRUIT AS A REGION. To attract companies from other areas, the five counties should establish a Web site to market the region to companies that make drugs or medical devices, manage research and manufacture life science products, the study says.

The counties should also identify sites where new companies could move, it said.

LURE ENTREPRENEURS. The region is home to three four-year colleges, as well as ECU, but they produce few graduates with degrees in biological sciences.

To attract entrepreneurs, the region should aggressively recruit ECU graduates who left the area and entrepreneurs from the nearby RTP area, it said.

News researcher
Lamara Williams
contribution to this story.

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Risky operation growing as an anti-obesity option

Nanci Bompey
February 13, 2008 12:15 am

Amanda Banks was asked to write about something important to her for a school project last year. The 31-year-old nursing student chose french fries.

The poster filled with words describing the fried potatoes now sits propped up against the wall behind Banks' kitchen table, a constant reminder of the life she left behind when she underwent gastric bypass surgery in December.

"It was my farewell to my french fries," Banks said with a laugh at her home recently.

Banks and her cousin Frank Luther, 34, are among the growing number of Americans who have turned to weight-loss surgery to help them do what they could not through years of dieting — shed hundreds of pounds and break an obsession with food.

Bariatric surgery reduces the size of the stomach, and in some cases alters the digestion process to curb the amount of calories and nutrients that are absorbed. There are several types of surgery.

The number of patients having bariatric surgery last year in the United States was nearly 13 times what it was in 1992, according to the American Society for Metabolic and Bariatric Surgery.

"Right now, surgery is the only option for people who are severely obese," said Dr. Walter Pories, who started performing the surgery at East Carolina University in 1978. "I don’t think we’ll be able to operate on 23 million people. We have to find a better way to treat them, but until then it’s the only effective treatment."

Banks' gastric bypass procedure is one of the riskiest types of bariatric surgeries but also the most popular for the amount of weight that can be lost.

With her stomach now about the size of a golf ball, Banks can barely finish the one scrambled egg she has for breakfast or the small piece of chicken for lunch, let alone indulge in one french fry. Her days are no longer spent thinking about her next meal, she has already lost 40 pounds, and the joint pain and shortness of breath no longer keep her from playing with her two dogs.

Luther, who had the same surgery one month ago, no longer has diabetes and can cross his legs for the first time in many years. He said his biggest encouragement has been seeing the changes in Banks, who is smiling much more these days.

"It’s the first time in a very long time that Amanda is truly happy again," he said.

A lifetime of addiction

Banks and Luther have been close since Marie Banks came home with Amanda from the hospital in 1976.

"They are closer than any brother and sister," said Amanda Banks’ mother, Marie.

Growing up in Enka, Banks struggled with her weight, while Luther was always ‘the skinny kid.’ After
graduating from high school, food and weight became more of a problem for both of them. At his heaviest, 5-foot-10 Luther weighed 350 pounds. Banks, who is 5-7, hit 355 pounds.

"I would lose weight and then gain it back," Banks said. "I'm addicted to food. Food was my best friend, but at the same time it was my worst enemy."

Banks' weight-loss surgery process began more than two years ago. She had to lose a certain amount of weight before her insurance company would approve the surgery. Last summer, she enrolled in therapy and entered Mission Hospitals' weight-loss program.

"I learned that food is not comfort; food is sustenance to keep the body going," she said.

After getting down to 317 pounds, she was approved for the surgery in November and had the procedure Dec. 10. For Luther, the whole process took about one year. He has shed 35 pounds.

"So far it feels tremendous," he said. "I have dramatically more energy. I've lost a small child, basically."

Increasing demand

When Pories started performing bariatric surgery in the '70s, only about 15 percent of adults were obese, according to the Centers for Disease Control and Prevention. Thirty years later, about 34 percent of U.S. adults are considered obese.

The number of bariatric surgeries performed in the United States has also increased as the procedure has become safer and more widely available, resulting in more than 200,000 procedures performed last year. Pories said the procedure carries about the same risk as gall bladder surgery.

Mission Hospitals opened its surgical weight loss program in 2002, and now performs about 100 surgeries every year. Dr. Alan Bradshaw, the program's medical director, said he would like that number to increase to 300 to keep up with increasing demand.

"I think the prevalence of obesity is increasing and the demand for losing weight and improving one's health is increasing," he said.

But he notes that not everyone is a candidate for the surgery, which involves a life-long commitment to diet and exercise. "We're trying to increase capacity, but at the same time we don't want to turn this place into a mill," Bradshaw said. "If patients are not well-educated, then they fail."

The weight-loss surgery process begins months before the patient sees a surgeon. The biggest hurdle is usually getting the $25,000 procedure approved by a health insurance company. Blue Cross Blue Shield of North Carolina has certain requirements for weight, co-morbidity and pre- and post-operative programs that must be met before a person is approved for the procedure.

"You can liken it to being on an organ transplant list," Bradshaw said.

At Mission, patients must first attend an information session and are then evaluated mentally and physically, while also attending education sessions at the hospital.

Surgical candidates must show that they have dealt with psychological issues they have with food, they have tried to lose weight, they can stick to a nutrition and exercise regimen, and must commit to five years of follow-up care.

"In those initial meetings, we try to do an assessment, but it's kind of in their court to institute the changes and grasp the concept, and some people don't come back," said Shirley Nesbitt, a nurse practitioner and coordinator of Mission Hospitals' surgical weight-loss program.

A new life
Adjusting to life after the two-hour surgery wasn’t easy at first, Banks said. She was in a lot of pain and unable to keep any solid food down.

“For two weeks afterward, I was absolutely miserable,” she said. “I wished I hadn’t done it.”

But her health improved, and three weeks later Banks was back to her job at Mission Hospitals. Banks now has more energy, she is sleeping better and her skin is healthier. Because she isn’t constantly thinking about her next meal, Banks said she has become a better nurse.

“Food isn’t what my life is about,” she said.

It will be two years before Banks sees the final results of the surgery, and now she is adjusting to a life that involves protein shakes, exercising and chewing every bite of food to a mushy pulp before swallowing. She is already contemplating plastic surgery to remove excess skin on her body.

“This is not the easy way out,” she said. “Every day is an effort.”

More than 85 percent of bariatric surgery patients at Mission have long-term success with the procedure, Nesbitt said. Serious complications from the surgery can occur but are rare.

“Most of my folks come in and want to be off their medications, they want to be able to play with their kids and they want to be able to tie their shoes,” she said. “This is not about cosmetics. This is about a healthier life.”
Stanford will eliminate tuition for some students

PALO ALTO, Calif. (AP) — Stanford University said Wednesday it plans to eliminate tuition for students with annual family incomes less than $100,000. It also will pay most room and board for students with families making less than $80,000.

Financial aid director Karen Cooper says the move comes as middle-income parents express concern about paying for a Stanford education.

Stanford tuition is expected to rise to $36,000 in the fall. Room and board will cost about $11,000. About a third of the university's 6,700 undergraduates are expected to qualify for the tuition break.

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