THE DAILY CLIPS

April 3, 2008

News, commentary, and opinion
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Scientists find gene tied to smoking dependency

By Seth Borenstein
The Associated Press

WASHINGTON — Scientists have pinpointed a genetic link that makes people more prone to get hooked on tobacco, smoke more cigarettes longer, and develop deadly lung cancer.

The discovery by three separate teams of scientists makes the strongest case so far for the biological underpinnings of the addiction of smoking and how genetics and genetics combine in cancer, experts said. And it may lay the groundwork for more tailored quit-smoking treatments.

"This is kind of a double whammy gene," said Christopher Amos, a professor of epidemiology at the M.D. Anderson Cancer Center in Houston and author of one of the studies. "It also makes you more likely to be dependent on smoking and less likely to quit smoking."

A smoker who inherits this genetic variation from both parents has an 80 percent greater chance of lung cancer than a smoker without the variants, the researchers reported. And that same smoker on average lights up two extra cigarettes a day and has a much harder time quitting than smokers who don't have these genetic differences.

The three studies, funded by governments in the U.S. and Europe, are being published Thursday in the journals Nature and Nature Genetics.

The scientists surveyed genetic markers in more than 35,000 people in Europe, Canada and the United States, zeroing in on the same set of genetic differences. They aren't quite sure if what they found is a set of variations on one gene or on three closely connected genes. But they said the result is the same: These genetic quirks increase the risk of addiction and lung cancer.

The studies' authors disagreed on whether the set

GENE
Continued from C1

of variants directly increased the risk of lung cancer or did so indirectly by causing more smoking that led to the cancer.

The genetic variations, which encode nicotine receptors on cells, could eventually help explain some of the mysteries of chain smoking, nicotine addiction and lung cancer that can't be chalked up to environmental factors, brain biology and statistics, experts said. These oddities include why there are 100-year-old smokers who don't get cancer and people who light up an occasional cigarette and don't get hooked.

In the last 40 years, the rate of adult Americans smoking has been cut from 42 percent in 1965 to less than 21 percent now.

The new studies point to surprising areas of the genes not associated with pleasure and addiction rewards. That may help explain why people have trouble quitting, said Dr. Nora Volkow, director of the National Institute of Drug Abuse in Bethesda, Md., which funded one of the studies.

Eventual testing for the genetic variants could lead to custom treatments for quitting smoking.

"This is really telling us that the vulnerability to smoking and how much you smoke is clearly biologically based," said psychiatry professor Dr. Laura Bierut, of Washington University in St. Louis, and a genetics and smoking expert who did not take part in the studies. She praised the research as "very intriguing."

The studies mostly looked at smokers and ex-smokers — although two of the studies also looked at several hundred nonsmokers. The research only involved white people of European descent. People of Asian and African descent will be studied soon and may yield quite different results, scientists said.

Smoking-related diseases worldwide kill about one in 10 adults, according to the World Health Organization.

See GENE, C2
Racewalking has benefits of running, but fewer injuries

By Pamela LeBlanc
Cox News Service

Austin, Texas

Aging baby boomers with achy knees, listen up: Racewalking provides a good cardiovascular workout with about one-third the impact of running. It's not just for slowpokes, either. Really good racewalkers can break a 6-minute-mile pace. That's faster than most folks run.

The hip-swiveling stride might look a little odd, but it could keep you exercising long after your running habit lands you on the sofa with a heating pad on your calf.

"I just wish more boomers with aging knees knew about it," said Gary Davis, 63, a racewalker from Austin, Texas.

Davis discovered racewalking a year ago, after 25 years of running and a spate of foot and knee injuries.

"I had a heel injury, and try as I might, I couldn't run. My podiatrist said, 'You could always walk.'"

Now, Davis charges around the Lady Bird Lake trail in Austin, abiding by the only two rules of the sport — one foot on the ground at all times, and front leg straight from the moment the heel hits the ground until the body passes over it.

It's more complicated than it sounds. Racewalking doesn't exactly come naturally. It's a learned sport, like boxing or pole vaulting. It requires special shoes with no heel and lots of flex in the toe bed. It's also more popular in Latin America, Europe, China and Russia than in the United States.

Maybe most Americans are too self-conscious to try it. Not Davis.

"From my point of view, there is great appeal in an Olympic sport that provides all the workout values of running ... and is almost injury-free," Davis said. "Plus, once you get the technique down, rolling along the trail or track at racewalk pace just feels wonderful."

On a recent day, Davis was honing his form at a clinic led by Dave McGovern, a racewalking coach and former member of the U.S. National Racewalk Team from Mobile, Ala. In his 25-year competitive career, McGovern has collected 13 U.S. National Racewalking Championships and won the racewalking divisions of marathons, including those in New York City, Los Angeles and Honolulu.

He recently was selected to coach the U.S. team for the 2008 World Race Walking Cup in Russia.

"Your arms — that's where your power comes from," McGovern tells the group of a dozen or so who gathered on the track at Canyon Creek Elementary School in Austin to perfect their racewalking form. "That's your engine."

Skilled racewalkers pump their arms to propel their bodies forward. They take short, quick steps and rotate their hips forward to lengthen their stride. By keeping their front leg straight, they take the spring out of the gate and turn their leg into a sort of lever.

"I almost feel like I'm running down a hill, and I'm about to lose control," said Jeffi Anthony, 36, who marched across the parking lot under McGovern's watchful eye.

"That's exactly where you want to be," McGovern said. "You hit the ground and you're off, you're off — boom, boom, boom."

Many of the clinic participants share a common motivation for racewalking.

"I haven't run in 35 years. Running just beats your legs up terribly," said Fred Drew, 60, who injured a knee playing football when 12 years old.
RACEWALK

Continued from D1

"I'm too old to run," said Susie Truxillo, 63, who taught herself to racewalk after watching the Olympics 20 years ago.

Instead of loping along roadways, going briefly airborne and then smashing down a full body's weight with each stride, these racewalkers never leave the ground. Their knees, they say, thank them.

"People think they can't get as much cardio work from racewalking. There's no truth to that," Drew said.

"People who say that haven't tried racewalking," said Floyd Meredith, 62, another clinic participant.

Drew once racewalked a marathon in 7 hours and 25 minutes. He passed a couple of runners along the way.

"That's a racewalker's dream, to pass a jogger," Meredith chuckled.

Is it funny looking? Maybe.

"But you get over that pretty quick," Meredith said.

The clinic participants aren't Austin's only speedy perambulators. The Texas city can claim some racewalking stars in its midst.

Vincent O'Sullivan, 56, an electrical engineer, placed 18th in the 1984 Olympics in the 50-kilometer racewalk. And John Knifton competed on the 1972 Olympic racewalk team.

O'Sullivan ran track in high school and college in New York. A teammate told him about racewalking, and at an indoor meet in 1975, he placed second in his first-ever event. He still believes in racewalking as a terrific way to stay in shape and spare your joints.

"It really is a great alternative for someone who doesn't want to run because of their knees," O'Sullivan said.

"You can go out the door and push hard and come back and feel like 'I've really done something, and I haven't hurt my knees.'"
SHORTS STORY:
MARINE LOVES UNC

BY ROGER VAN DER HOBST
STAFF WRITER

Iraq, day 19, and one Marine's great underwear siege continues. Cpl. Robert L. Rens hasn't changed his North Carolina-blue shorts since Selection Sunday, March 16, and he's getting lonelier by the day.

"The Carolina-blue colors definitely have a brown Iraq sand hue to 'em, and so does the white part," Rens said Wednesday from Camp Taqaddum in Al Anbar province, about 80 miles west of Baghdad, where he's with the 1st Marine Logistics Group—and where the forecast through Monday calls for highs up to 91 degrees.

"I spray 'em with Febreze every other day," Rens noted, "so they don't smell great, but they're covered up basically with the Febreze smell. But my roommate tells me he can't wait till April 7 to come, because he wants those things washed pretty bad."

On Selection Sunday, the day the 68-team field for the NCAA men's basketball tournament was revealed, Rens vowed not to take off his Carolina shorts, which he's wearing under his uniform, until the Tar Heels lost a game or won the national championship.

Cpl. Robert L. Rens has been wearing his now-aromatic Tar Heel shorts since March 16 — Selection Sunday. PHOTO BY CPL. BEN EBERLE

Rens, a 23-year-old from Canton, Ga., said he became a UNC fan when he got infatuated with Michael Jordan as a boy in the 1980s. Jordan, by the way, superstitiously wore his Carolina shorts under his Chicago Bulls shorts after he got to the NBA.

Rens and other Marines will watch the Tar Heels' semifinal game about 4 a.m. Sunday their time — seven hours ahead of the Eastern Daylight Time tipoff — in a hangar-size bunker.

Meanwhile, as long as UNC keeps going, Rens might have inadvertently hit upon an entirely new way to fight insurgents.

"They wouldn't come within 100 yards of me," he said.
Doctor to stop seeing patients

He's accused in 5 sex abuse suits

BY SAMUEL SPERS
STAFF WRITER

CHAPEL HILL — Dr. Melvin Levine, the pediatrician accused of sexually abusing boys decades ago while working in Boston, has said he'll stop seeing patients, a UNC School of Medicine spokeswoman said Wednesday.

Levine, 68, voluntarily offered to stop seeing patients, saying lawsuits against him would "impair the effectiveness of his practice," said Karen McCall, vice president for public affairs and marketing.

The most recent lawsuit, announced Monday, was filed by a man who says Levine sexually abused him from age 8 to 12 while Levine was treating him for psychological problems.

McCall didn't know how many patients were on Levine's current list but said he'd had "just a few hundred" patient visits in the two years since he retired from full-time work. Levine had been seeing patients twice a month, the university said in a statement Tuesday.

Levine, who has written childhood development books and appeared on "The Oprah Winfrey Show," will continue to teach and research, McCall said. He is an adjunct professor of pediatrics on the staff of UNC's Clinical Center for the Study of Development and Learning.

Boston lawyer Carmen Durso represents five men who have sued Levine in five separate cases since 2005. In the suit Durso filed this week, a man identified as John Doe No. 5 alleges Levine abused him for five years while working at Boston's Children's Hospital.

"In 1980-1985, defendant Levine, during his treatment sessions, under the guise of performing repeated, but unnecessary, physical examinations, sexually assaulted John No. 5," the lawsuit says. "Until February, 2006, plaintiff John No. 5 was unable to recall and to understand the damage which defendant Levine had inflicted upon him by these acts."

Durso, who specializes in sexual abuse cases, called a news conference Monday to discuss John Doe No. 5's suit. Durso has said he is seeking people with information to come forward.

McCall said the university also was aware of lawsuits filed in 1988 and 2006. The first was dismissed, according to court records. The second is pending, Durso said.

Levine's public record with the N.C. Medical Board is spotless. Thomas Mansfield, the board's legal director, said that in the absence of a public record he was prohibited from saying whether the board had investigated Levine.

Efforts to reach Levine at his home in Rougemont have been unsuccessful. A man identified as his attorney told The Boston Globe in a statement this week that Levine is innocent.

According to published reports, Durso represented dozens of clients in claims of abuse against the Roman Catholic Archdiocese of Boston and other dioceses.
Thomas Gillam, III

WINDSOR — Thomas Gillam, III, 84, of 210 East Pitt St., died Monday, March 31, 2008 at the Heritage Hospital in Tarboro.

He was born in Windsor on November 3, 1924 to the late Margaret Elizabeth Manning and Thomas Gillam, Jr.

Tom was a member of St. Thomas Episcopal Church where his was very active. He served as docent at Hope Plantation and was a World War II Army Veteran, where he fought in the Battle of the Bulge.

Tom graduated from Hargrave Military Academy and East Carolina University. He taught history at Bertie High School and substituted in other local schools after retirement. Tom loved history, antiques and being at the beach.

Memorial service will be held 2:00 p.m. on Saturday, April 5, 2008 at St. Thomas Episcopal Church by the Rev. Joseph Cooper. The family will receive friends at the Parish House from Noon until 2:00 p.m. also on Saturday.

Survivors include great nephews, Andrew Wales and Graham Wales both of Raleigh; first cousins, Betsy Myers of Chapel Hill and Dr. Charles Barclay of Portsmouth, VA.

Memorial gifts may be made to St. Thomas Episcopal Church Restoration Fund, 302 South Queen St., Windsor, NC 27983.

Walker Funeral Home is serving the Gillam Family.
UNC dental school will lease space cast off by GSK

BY JACK HAGEL
STAFF WRITER

A shot in the arm for one empty Research Triangle Park building will lead to shots in the gums. The UNC School of Dentistry is setting up temporarily in a former pharmaceutical lab as it awaits completion of a $125 million building in Chapel Hill.

The state university agreed to lease about 69,000 square feet of office and lab space at 4301 Research Commons, off T.W. Alexander Drive in Research Triangle Park.

The three-year deal plugs most of the 90,000 square feet that GlaxoSmithKline vacated in February. The British drugmaker, which wants to cut $1.4 billion in annual costs, is consolidating space at its RTP campus.

The UNC dental school has scattered divisions across the region as it makes way for the planned Dental Sciences Building.

Construction on the 217,000-square-foot building will begin next spring and finish in August 2011. It will replace the existing Dental Office Building and the 41-year-old Dental Research Center, which are to be demolished this year.

It's part of a broader plan to expand the school's enrollment by about 25 percent to 100 students. UNC will occupy the Research Commons building this month. It will house clinical research facilities, classrooms and offices for faculty and staff.

The state also considered sites at Perimeter Park in Morrisville and Palladian Corporate Center in Durham.

But Highwoods, one of the Triangle's biggest office landlords, offered the best deal: $27.33 per square foot of lab space on an annual basis, and $17.50 per square foot for the offices, said Linda Oakley, a UNC leasing manager.

The average rental rate for offices in the RTP submarket was $19.33 per square foot at the end of 2007, according to Karnes Research.

The deal brings occupancy at the five-building, 430,000-square-foot Research Commons park to 94 percent, said Skip Hill, senior vice president in charge of Highwoods' local portfolio.

And it should help tighten the overall submarket, where about one-fifth of the 9.3 million square feet of offices were empty Dec. 31, Karnes data shows.

Raleigh-based Highwoods had considered converting the building to office space until UNC called.

"We felt pretty fortunate that there was a large lab user that could take the space in its existing condition," Hill said.
SAVING VOICES

BY CRAIG JARVIS
STAFF WRITER

Whether we're calling out "Yo!" or singing "Figaro!" or just plain saying "Howdy," we expect our voice to be there when we need it. Like breathing, we don't even think about it unless there's a problem. But by the time our vocal cords become so damaged they don't work right, it's often far worse than an inconvenience.

For some it can be a crisis, and that goes for more than just professional singers and actors. What good would coaches be if they couldn't shout? How about the voice of authority required by teachers, attorneys, broadcasters, clergy or parents?

Who are we if we don't have a voice?

"It can almost feel like you're not yourself," says Leda Searce, a speech pathologist with the Duke Voice Care Center, "whether it's a rock star who comes in here or a grandmother who just wants to be able to talk to her grandchildren on the phone so they recognize her voice."

Duke started the voice center in July 2006, and within six months had so many patients who were performers that Searce limited her practice to treating only voice professionals. The center's three surgeons and three speech pathologists treat a wide variety of voice ailments by combining the expertise of both disciplines with the newest technology.

Only a few places in the country do that in the same clinic. The UNC School of Medicine's voice center is one, and it also has a speech pathologist who specializes in singing-voice disorders.

The Duke center is singing a slightly different tune by forming partnerships with the N.C. Symphony, N.C. Theatre and Long Leaf Opera Company and with other medical providers to offer a comprehensive approach to treatment and education. Duke has also been spreading the word about voice health around the Triangle. On Sunday, the center will hold its second World Voice Day event in cooperation with the symphony.

Driven especially by the influx of performers, the Duke voice center's practice has been so busy that it expanded to a Raleigh office in December. Dr. David Witsell, director and founder of the center, sees an

SEE VOICES, PAGE 4E
opportunity to explore what he calls the field of performing arts medicine.

"It's a very exciting time to have all these collaborations here in Raleigh," Witsell said. "I'd love to see 'Raleigh, the city of arts medicine.'"

Helping performers

The center has already rescued singers and actors who might otherwise be unable to perform on local stages. Last year, Broadway actress Lois Markle arrived with acute laryngitis facing 14 performances of a Theater Previews at Duke play that would not be amplified. Scarcce, who was an opera singer before becoming a speech pathologist, gave Markle voicingsaving instructions but also persuaded the play's director to hide a microphone in the actress' costume.

Duke's voice center also treats people who have less dramatic lives but suffer from problems just as disruptive.

Melissa Fitzpatrick is a nurse and vice president of a medical technologies firm who gives motivational speeches on health issues around the country. In 2006, when she was also coaching her young son's basketball team, she noticed that she was constantly clearing her throat and her voice sounded hoarse. She told herself it was a cold, although it had gone on for months.

After delivering a talk in Virginia, a speech pathologist who had been in the audience was introduced to her.

"She said, 'You have injured your vocal cords,'" Fitzpatrick recounted. "I had never seen this person before and she says, 'I don't want to scare you but you need to go get seen. I can hear it in your voice.' It scared the daylights out of me because I speak for a living."

At the Duke Voice Center, a doctor found that she had developed noncancerous lesions on a vocal cord because she had been using her voice incorrectly and excessively. One option was surgery, but that would have to be followed by an extended period of silent recovery.

"I just laughed," she said. "I'm
a mom, I have two young boys. Are you kidding?"

The 50-year-old Chapel Hill woman chose the alternative, vocal training for 12 weeks with Searce, who taught her how to use her voice without straining it. With Searce's everyday tips, she was able to reduce the size of the lesions, keep them from spreading and restore her voice.

"I'm much more careful about my screaming, cheering and acting like a nut," she said. "These are good strategies for moms who are at home yelling at kids, hail a cab — things you don't realize put strain and stress on vocal cords. You only get two of them."

**Allergies lead to silence**

Keith Williams didn't need her voice to earn a living, she just wanted to have a normal life. But increasingly severe allergies triggered a complete loss of her voice whenever she smelled anything too fragrant or sweet.

That meant she couldn't walk down the laundry detergent aisle at the grocery store or tolerate anyone with perfume passing nearby. Eventually, she had to quit her job at a variety store in Durham because of the scented candles and other smells.

Allergy shots and pills didn't help; doctors said there was nothing else they could do. She was once rendered voiceless for nine days, she says, and so she became a recluse, staying at home for six months and growing depressed.

Her life practically shut down until someone from church who worked at Duke told her about the voice care center.

"I thought, 'I'm not going to go because I'm going to get disappointed again," said Williams, 57, of Creedmoor. But in September she did go, and learned from a speech pathologist that she wasn't breathing right, which was tightening the muscles in her throat. The pathologist taught her how to breathe and how to project her voice, and played back recordings of her voice to illustrate. She was also told to use an over-the-counter nasal rinse for her allergies.

Williams says she has not lost her voice since.

"I did not know a person was supposed to feel so good," she said. "I'm a totally different person. I really owe them a lot."

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Jesse Jackson to speak at Winston-Salem State University
Journal Staff Report
Wednesday, April 2, 2008

The Rev. Jesse Jackson will speak at Winston-Salem State University next week as part of the installation activities for the Donald Reaves, the university's new chancellor.

Jackson, a two-time presidential candidate and the founder of the Rainbow/PUSH Coalition, will speak at 3:30 p.m. April 10 at the Williams Auditorium at WSSU.

Aaron Singleton, a university spokesman, said that Jackson was selected by the students to be the speaker.

Jackson is a graduate of N.C. A&T State University in Greensboro. He began working for in the civil rights movement as a college student, helping to organize sit-ins. Later he worked with the Rev. Martin Luther King Jr. as an organizer for the Southern Christian Leadership Conference.

He went on to direct Operation Breadbasket and founded People United to Save Humanity (PUSH) in Chicago in 1971. PUSH's goals were economic empowerment and expanding educational and employment opportunities for the disadvantaged and communities of color.

Jackson's lecture is free to the public.