THE DAILY CLIPS

April 14, 2010

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East Carolina University News Bureau
E-mail to durhamj@ecu.edu  Web site at http://www.news.ecu.edu
252-328-6481
Photos by Justin Falls/The Daily Reflector

Standing at the copula, volunteer Perry Ennis reads some of the names of those killed in Dachau, Germany. Ennis participated in ECU’s sixth annual Holocaust Remembrance Day hosted by the school’s service-learning center on Tuesday.

Justin D. Falls

Students walk among some of the 1,000 luminaries distributed around the cupola.

Justin D. Falls

**ECU holds sixth annual Holocaust event**

The Daily Reflector

Tuesday, April 13, 2010

The Volunteer and Service-Learning Center at East Carolina University held its sixth annual Holocaust Remembrance Day on Tuesday to commemorate the lives of those who died in the Holocaust. Kaddish, a name-reading ceremony, was held, and attendees wore yellow wristbands at a luminary observance to honor a Holocaust victim. Student volunteers also read passages from Alexandra Zapruder’s “Salvaged Pages,” a collection of diaries written by young people during the Holocaust.

The theme of the remembrance was “Stories of Freedom: What You Do Matters.”
"This event provides a venue to educate our community about the personal stories of men, women and children who perished during the Holocaust, restoring their identities, and thereby acknowledging that we will not remain indifferent to contemporary injustice and genocide," Jessica Gagne Cloutier, who works at the center, said.
April 13, 2010

For Students, a Waiting List Is Scant Hope

By JACQUES STEINBERG

DURHAM, N.C. — Ashley Koski, ranked third in the senior class at Thomas Dale High School in Chester, Va., has wanted to attend Duke University since she was 12.

Late last month, she learned that Duke had neither accepted nor rejected her. It had offered her a spot on the waiting list — along with 3,382 other applicants. That is almost twice the size of the incoming freshman class.

“Toward the end of the day,” Ms. Koski said, “I’d rather have a yes or no. I can’t make plans and be excited like the rest of my friends.”

Duke, which had a record 27,000 freshman applicants, has placed 856 more on its waiting list than a year ago. The reasons include the uncertain economy, which makes it hard for Duke to estimate how many of the 4,000 it has accepted will say yes.

If Duke’s best guess holds, no more than 60 will be admitted through the narrow gate of what is essentially a giant holding pen.

Other schools are also hedging their bets this spring. Most Ivy League colleges had sharp jumps in applications, as did similarly selective colleges like the University of Chicago, Northwestern, Stanford and the Massachusetts Institute of Technology. Many students hedged bets of their own, and submitted more applications — in some instances 15 or more.

The admission process is a complicated dance of supply and demand for colleges. And this spring, many institutions have accepted fewer applicants, and placed more on waiting lists, until it becomes clear over the next few weeks how many spots remain.

M.I.T., which had a 6 percent increase in applicants, increased its waiting list by more than half, to 722. Last year, it accepted fewer than 80 from that list. Yale, which had a slight dip in
applications this year yet still admitted fewer than 8 percent of applicants, placed nearly 1,000 others on its waiting list, an increase of more than 150. Dartmouth increased its list by about 80, to 1,740.

No selective college, though — at least none that makes its figures public — has placed as many applicants in a holding pattern this spring as Duke, which has seen applications surge by 30 percent over the last two years. And those applications were filed long before its men’s basketball team won this year’s national collegiate championship, a victory that could prompt more students to say yes to Duke’s offer of admission, and thus leave fewer slots for those in waiting.

In an interview on a recent morning on Duke’s Gothic-style campus, which was mostly built in the 1930’s but looks centuries older, Christoph Guttentag, the dean of undergraduate admissions, likened his task to that of a sculptor finishing a work of art — and the waiting list to his last palette of materials.

“I have no idea what I’m going to need to finish sculpting the class,” he said, his voice echoing off walls of native knotty pine. “From an institutional perspective, it’s important that I have some flexibility.”

Like its competitors, Duke does not rank students on its waiting list. Instead, decisions about who will rise to the top are often a function of what the admissions office perceives as deficiencies in the next freshman class. There might be, for example, a surplus of aspiring engineers and not enough potential English majors, or too few students from Florida. Or there might be an unexpected shortage of oboe players.

While Mr. Guttentag encourages students on the waiting list to send him a one-page letter — or a video of 60 seconds or less — letting him know how strongly they wish to attend, and why, they can do little to improve their chances.

“The student can’t know, ‘Gee, did all the violinists decide to turn us down?’ ” he said. “They can’t affect this very much at this point.”

Since waiting list offers went out in late March, Mr. Guttentag and his colleagues have been deliberating whether to end the suspense for at least several hundred who are on it — those who probably have little hope of coming off.

Another reason the list is so long this year, he said, is that he and his colleagues were so overwhelmed by the volume of applicants that they ran out of time.

“What we could have done, had we had another week,” he said, “was to look at everybody on
the waiting list and say, ‘Do they all need to be on?’”

“Of all the priorities,” he added, “that was not in the top two or three.”

If there is a risk for Duke, it is that the university may decide later that it wishes to admit an applicant who in the interim has set sail for other shores.

Ms. Koski, the only daughter of a single mother, said she was still eager to attend Duke if selected; if not, she said, she would probably say yes to an offer of acceptance from the University of Virginia.

Daniel Wong, a senior at San Francisco University High School, said he had been offered a spot on the waiting list this spring at Duke, as well as at Pomona, Cornell, Northwestern and Washington University in St. Louis. He has decided, instead, to eliminate any further suspense and go to the University of California, Los Angeles, which has offered him a $1,500 scholarship to supplement the $10,000 he will receive from the state, under the so-called Cal Grant program.

“It was frustrating to know I was still on the fence, and couldn’t really get on either side” he said.

If the past is any indication, Mr. Wong will be one of perhaps 1,000 students who take themselves off the Duke waiting list before May 1. Final decisions on who will be accepted from waiting lists are not typically not made until at least mid-May.

Some who wait for Duke will lose registration deposits at other colleges.

While playing hard-to-get with those students, Mr. Guttentag has been simultaneously wooing others. This month, he hosted several “Blue Devil Days,” in which admitted applicants and their families were invited to walk among the blooming magnolia and redbud trees on the sprawling 9000-acre campus.

Among those who attended was Rafi Pelles, a senior at the United Nations International School in Manhattan. Though he was accepted into Duke’s engineering program, he said he was weighing a competing acceptance from Cornell, and still hoping for good news from the University of Pennsylvania, which placed him on its waiting list.

“If he gets in to Penn, I think he’ll go,” said his mother, Kathy Pelles, a superintendent in the New York City public schools.

Her son was more diplomatic.

‘t’s not so black and white to me,” he said. “First I have to wait for another yes or no.”
Nurse practitioners seek more authority

States may change rules

BY CARLA K. JOHNSON
THE ASSOCIATED PRESS

CHICAGO - A nurse may soon be your doctor.

With a looming shortage of primary care doctors, 28 states, including North Carolina, are considering expanding the authority of nurse practitioners. These nurses with advanced degrees want the right to practice without a doctor's watchful eye and to prescribe narcotics. And if they hold a doctorate, they want to be called "Doctor."

For years, nurse practitioners have been playing a bigger role in the nation's health care, especially in regions with few doctors. With 32 million more Americans gaining health insurance within a few years, the health care overhaul is putting more money into nurse-managed clinics.

Those newly insured patients will be looking for doctors and may find nurses instead.

The medical establishment is fighting to protect turf. In some statehouses, doctors have shown up in white coats to testify against nurse practitioner bills. The American Medical Association, which supported the national health care overhaul, says a doctor shortage is no reason to put nurses in charge, arguing that to do so would endanger patients.

Nurse practitioners say there's no danger. They say they're highly trained and as skilled as doctors at diagnosing illness during office visits. They know when to refer the sickest patients to doctor specialists. And they spend more time with patients and charge less.

"We're constantly having to prove ourselves," said Chicago nurse practitioner Amanda Cockrell, 32, who tells patients she's just like a doctor "except for the pay."

On top of four years in nurs-
HOW THE CARE COMPARES

What's the evidence on the quality of care given by nurse practitioners?

The best U.S. study comparing nurse practitioners and doctors randomly assigned more than 1,300 patients to either a nurse practitioner or a doctor. After six months, overall health, diabetes tests, asthma tests and use of medical services like specialists were essentially the same in the two groups.

"The argument that patients' health is put in jeopardy by nurse practitioners? There's no evidence to support that," said Jack Needleman, a health policy expert at the University of California Los Angeles School of Public Health.

ing school, Cockrell spent three years in a nurse practitioner program, much of it working with patients. Doctors generally spend four years as undergraduates studying a variety of subjects, four years in medical school and an additional three in primary care residency training.

Call the 'doctor'

Medicare, which sets the pace for payments by private insurance, pays nurse practitioners 85 percent of what it pays doctors. An office visit for a Medicare patient in Chicago, for example, pays a doctor about $70 and a nurse practitioner about $60.

The health care overhaul law gave nurse midwives, a type of advanced practice nurse, a Medicare raise to 100 percent of what obstetrician-gynecologists make — and that may be just the beginning.

Most state allow nurse practitioners with a doctorate in nursing practice to use the title "Doctor."

The AMA argues the title "Doctor" creates confusion. Nurse practitioners say patients aren't confused by veterinarians calling themselves "Doctor." Or chiropractors. Or dentists. So why, they ask, would patients be confused by a nurse using the title?

The feud over "Doctor" is no joke. By 2015, most new nurse practitioners will hold a doctorate, or a DNP, in nursing practice, according to a goal set by nursing educators. By then, the doctorate will be the standard for all graduating nurse practitioners, said Polly Bednash, executive director of the American Association of Colleges of Nursing.

Many with the title use it with pride.

"I don't think patients are ever confused. People are not stupid," said Linda Roemer, a nurse practitioner in Sedona, Ariz., who uses "Dr. Roemer" as part of her e-mail address.
Health Industry | April 12, 2010

Medical Schools Can't Keep Up

As Ranks of Insured Expand, Nation Faces Shortage of 150,000 Doctors in 15 Years

By Suzanne Sataline and Shirley S. Wang

The new federal health-care law has raised the stakes for hospitals and schools already scrambling to train more doctors.

Experts warn there won't be enough doctors to treat the millions of people newly insured under the law. At current graduation and training rates, the nation could face a shortage of as many as 150,000 doctors in the next 15 years, according to the Association of American Medical Colleges.

That shortfall is predicted despite a push by teaching hospitals and medical schools to boost the number of U.S. doctors, which now totals about 954,000.

The greatest demand will be for primary-care physicians. These general practitioners, internists, family physicians and pediatricians will have a larger role under the new law, coordinating care for each patient.

The U.S. has 352,908 primary-care doctors now, and the college association estimates that 45,000 more will be needed by 2020. But the number of medical-school students entering family medicine fell more than a quarter between 2002 and 2007.

A shortage of primary-care and other physicians could mean more-limited access to health care and longer wait times for patients.

Proponents of the new health-care law say it does attempt to address the physician shortage. The law offers sweeteners to encourage more people to enter medical professions, and a 10% Medicare pay boost for primary-care doctors.

Meanwhile, a number of new medical schools have opened around the country recently. As of last October, four new medical schools enrolled a total of about 190 students, and 12 medical schools raised the enrollment of first-year students by a total of 150 slots, according to the AAMC. Some 18,000 students entered U.S. medical schools in the fall of 2009, the AAMC says.

But medical colleges and hospitals warn that these efforts will hit a big bottleneck: There is a shortage of medical resident positions. The residency is the minimum three-year period when medical-school graduates train in hospitals and clinics.

There are about 110,000 resident positions in the U.S., according to the AAMC. Teaching hospitals rely heavily on Medicare funding to pay for these slots. In 1997, Congress imposed a cap on funding for medical residencies, which hospitals say has increasingly hurt their ability to expand the number of positions.
Medicare pays $9.1 billion a year to teaching hospitals, which goes toward resident salaries and direct teaching costs, as well as the higher operating costs associated with teaching hospitals, which tend to see the sickest and most costly patients.

Doctors' groups and medical schools had hoped that the new health-care law, passed in March, would increase the number of funded residency slots, but such a provision didn't make it into the final bill.

"It will probably take 10 years to even make a dent into the number of doctors that we need out there," said Atul Grover, the AAMC's chief advocacy officer.

While doctors trained in other countries could theoretically help the primary-care shortage, they hit the same bottleneck with resident slots, because they must still complete a U.S. residency in order to get a license to practice medicine independently in the U.S. In the 2010 class of residents, some 13% of slots are filled by non-U.S. citizens who completed medical school outside the U.S.

One provision in the law attempts to address residencies. Since some residency slots go unfilled each year, the law will pool the funding for unused slots and redistribute it to other institutions, with the majority of these slots going to primary-care or general-surgery residencies. The slot redistribution, in effect, will create additional residencies, because previously unfilled positions will now be used, according to the Centers for Medicare and Medicaid Services.

Some efforts by educators are focused on boosting the number of primary-care doctors. The University of Arkansas for Medical Sciences anticipates the state will need 350 more primary-care doctors in the next five years. So it raised its class size by 24 students last year, beyond the 150 previous annual admissions.

In addition, the university opened a satellite medical campus in Fayetteville to give six third-year students additional clinical-training opportunities, said Richard Wheeler, executive associate dean for academic affairs. The school asks students to commit to entering rural medicine, and the school has 73 people in the program.

"We've tried to make sure the attitude of students going into primary care has changed," said Dr. Wheeler. "To make sure primary care is a respected specialty to go into."

Montefiore Medical Center, the university hospital for Albert Einstein College of Medicine in New York, has 1,220 residency slots. Since the 1970s, Montefiore has encouraged residents to work a few days a week in community clinics in New York's Bronx borough, where about 64 Montefiore residents a year care for pregnant women, deliver children and provide vaccines. There has been a slight increase in the number of residents who ask to join the program, said Peter Selwyn, chairman of Montefiore's department of family and social medicine.

One is Justin Sanders, a 2007 graduate of the University of Vermont College of Medicine who is a second-year resident at Montefiore. In recent weeks, he has been caring for children he helped deliver. He said more doctors are needed in his area, but acknowledged that "primary-care residencies are not in the sexier end. A lot of these [specialty] fields are a lot sexier to students with high debt burdens."
Waiting Room | A shortage of doctors could strain health-care services

U.S. average: 125

suzanne.sataline@wsj.com and Shirley S. Wang at shirley.wang@wsj.com

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Crackdown on campus drinking draws backlash
By Steve Kolowich, Inside Higher Ed

After the sixth alcohol-connected student death in two years, Charles Sorensen had had enough. Sorensen, chancellor of the University of Wisconsin at Stout, penned a memo to the entire campus on March 30, informing students that he planned to redouble efforts to curb alcohol abuse on and around the campus: The university would increase the number of classes held on Fridays in order to discourage Thursday drinking; empower the dean of students to deal more harshly with underage drinking (and its abettors) as well as other alcohol-related offenses; and step up its efforts with local law enforcement to crack down on off-campus house parties, which he considers havens for underage students looking for access to booze.

Health experts and parents might applaud these steps. But on a campus where drinking is deeply ingrained in the social culture, the chancellor is facing a backlash.

ON THE WEB: Failing grade on alcohol
FROM INSIDE HIGHER ED: Curbing college gambling

His memo prompted outrage from a number of students, who expressed their displeasure in a variety of ways. Some students embarked on binges explicitly aimed at defying Sorensen's harden stance. Others took to Facebook: One group, called "Who Is the chancelor [sic] trying to kid? This is Stout!!!" has attracted more than 1,460 members. On the group's wall, a student senatorial presidential candidate called the decision "rash" and proposed to "take back the campus." Since Wisconsin is culturally permissive as far as alcohol use, Sorensen knew his decision to publicly lower the boom on underage drinking — which is permitted in the state when minors are accompanied by a guardian — would provoke a backlash. But he said that as Stout transitions into its new role as a polytechnic institute, with an emphasis on courting high-quality employers, the campus is due to shed its reputation as a party school.

Sorensen said blowback from students does not trouble him. The chancellor described the organized drink-ins "idiotic" and the Facebook protests as "a game" that he expects will give way to more "sober" responses in time. "While [student] responses are important, we have a greater issue to deal with," Sorensen said. "And that's changing our culture."

But some students are worried that by focusing on stricter enforcement of a federal age threshold that is considered pliable by the local zeitgeist — and that many in higher education see as counterproductive to containing alcohol abuse on campus — the administration is punishing students for what they consider typical and usually harmless behavior.

Jerad Maplethorpe, a senior, was one of the students to publicly rebuke Sorensen, posting on Facebook an open letter to the chancellor in which he argued that strong-arm tactics aimed at preventing underage drinking are likely to have the opposite effect.

"The university has the right to punish students who participate in illegal activities," Maplethorpe said in an e-mail to Inside Higher Ed. "However, if they abuse their power and suspend or expel too many students, there is bound to be another rebellious outburst amongst the student body, which will ultimately counteract their entire objective. The university should aim to prove a point but not completely cripple college life, which many would claim undoubtedly includes underage drinking."

A better strategy, Maplethorpe said, would be to orient the chancellor's initiative to discouraging binge drinking rather than policing any drinking by students under the age of 21. "More law enforcement may result in more people getting caught, but it won't solve the problem," said Maplethorpe. "Abusive and excessive drinking is the issue, not drinking in and of itself."

Jason Hauser, lead prevention coordinator at Arbor Place, a substance-abuse organization near campus, acknowledged that "as a public good, binge drinking is by far the biggest problem that plagues the state of Wisconsin" — bigger than underage drinking. But Hauser added that many
of the reforms proposed by Sorensen, which include harsher consequences for students with higher blood-alcohol contents, will probably work to combat both issues.
The task of changing the drinking culture at Stout, and in the surrounding town of Menomonie, is a daunting one, Hausler said. Drinking culture is deeply ingrained, and kids grow up to view habitual drinking as a rite of passage and conventional part of being a college student and an adult.
Paul Feine, a former Stout student who produced — shortly before the latest alcohol-related death (and Sorensen's subsequent memo) — a documentary short on the "police state" attitude the university and the town take toward underage drinking, said he believes the best way to combat alcohol abuse is to take a more permissive tack with minors, allowing moderate alcohol use and punishing excess. In his piece, Feine sympathizes with the Amethyst Initiative, a coalition of college and university presidents that advocates reducing the legal drinking age to 18 in order to bring drinking above ground, where it would be easier to monitor.
"Kids don't learn how to drink," Feine says. "They don't learn how to drink with parents, with their professors. There's a culture that teaches you how to behave yourself you do run into a lot more problems when young people learn how to drink on their own."
But Hausler said leaving it to parents to teach proper drinking habits to underage kids might not work in a state whose adult population is plagued by alcoholism. He defended Sorensen's strict enforcement program as a necessary complement to alcohol education — which he said he thinks the university does relatively well with its Smart + Healthy program, which seeks to fight the perception that everybody binge-drinks.
As for the memo, Sorensen said the version that went out — and provoked resistance from so many students — was actually more light-handed than his original draft. The university is committed, he said, to jettisoning its hard-drinking reputation while continuing to reinvent itself as a polytechnic school that turns out responsible graduates.
No policy can purge all abusive drinking, Sorensen said, and the university's new efforts contain no silver bullets.
Still, "If we do nothing," he said, "nothing's going to change."
College students 'Glee'-ful about show choirs

Fox series inspires new groups that sing stage, pop hits

By Elizabeth Crisp
The Clarion-Ledger

JACKSON, Miss. — In a Millsaps College chapel, a group of 15 students belts out: "I gotta feeling ... That tonight's gonna be a good night ..."
The Black Eyed Peas' chart-topping pop song has made it into the repertoire of the private liberal-arts college's new show choir, and it's been getting a lot of play as the group prepares for its first gig in two weeks.

It all started because of Glee, the Fox TV show that became a hit sensation last fall, says Douglas Kennedy, a Millsaps freshman from Mobile, Ala. Glee returns from a nearly-four-month hiatus tonight (9:28 ET/PT).

"I was watching Glee one night, and I thought, 'We can do that,'" Kennedy says. "There wasn't really anything like that at Millsaps."

Students on college campuses across the country have found similar inspiration in Glee — which follows members of the fictional William McKinley High show choir, and its often over-the-top performances of show tunes and pop hits.

While show choir-style groups are popular at high schools, few colleges have had them. That is, until Glee.

Jose Coira, a senior at the University of North Texas in Denton, started creating a new musical group the day after Glee's first season ended, and more than 100 students auditioned — well beyond what he expected.

Most "either said they had been in show choir in high school, and that's why they were interested, or they were simply fans of the show," he says. The 30-member group has been rehearsing for its first concert in May.

By Barbara Caunt, The Clarion-Ledger

At Millsaps: Bethany Lyons, left, and Jennifer Goebel lead choir rehearsal.

But not everyone has fallen in love with the show. "Anything that promotes music is a good thing," says Christopher Kiver, director of the Glee Club at Penn State. But while the show is fueling interest in pop-focused choirs, it ignores traditional music and other choral styles.

"You have middle school students who see this and think this is the fun choir, but what are they really learning about art, culture and heritage?" he says. "I don't know how Glee is going to help that a lot."

He also sees the show — or at least its name — as a bit of a misrepresentation of what his group has done for years. "Show choir is very different from the traditional kinds of glee clubs," he says.

Penn State's 121-year-old Glee Club is one of the most active and distinguished men's collegiate choruses in the country. It performs mostly traditional music, and members dress in white ties and tails.

"For the average member of the public, I don't know if they get excited about a traditional choral concert," Kiver says. "I don't think Glee is doing a whole lot of getting people interested in what we are doing."