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A helping hand

More than 300 golfers hit links for charity

By John Swartz
The Daily Reflector

The third edition of the Drew Steele-Skip Holtz Golf Classic went off without a hitch, which has become a custom for the annual fundraising event.

The golf is only a part of the weekend, which benefits Pitt County's special needs population. With the ultimate goal of completing the Drew Steele Center on Elm Street, event officials expect contributions to not only exceed previous totals but also go beyond the ambitious goal set for this year.

"It's been unbelievable this year," said Mike Steele, Drew's father. "So far, the weekend's been great."

The annual golf tournament coupled with the charity action was a brain child of Holtz, East Carolina's head football coach, after he met Drew Steele, who has Down syndrome, and his family.

"He's the difference," Mike Steele said. "We really have no great situations. People are so giving to kids with special needs, and Drew has been a real point here for so many others. And then to bring in a guy like Skip, who has just got that Pied Piper quality, and people just flock to him. He's got such a great personality."

He expects the best out of players, and the two of them 'are a pretty good team."

In the morning event, Glen Stanley, Thomas Riley, Robert Crocker and Scott Crocker won gross competition. Billy Revis, Bob Dail, Dwayne tiger and Darrell Flournoy won the net competition.

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On the afternoon tee times, Russell Eaves, Don Bussell, Bobby McClung and Lee Ball won the gross competition.

Gordan Douglas, Kenny Moore took Darren Stephens took the net competition.

While the golf tournament had its own set of winners, almost everyone involved says the real winners are Drew and his friends.

The Drew Steele Center, Mike Steele said, is close to having the funding to start the first phase. He did add, however, that the center is going to be an ongoing project that may never be totally finished.

"I think we might always be able to find something to work on," he said.

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a lot of ideas for the center's upgrades.

"They meet there, they go to camp there, but there's not much to do," Sandy Steele, Drew's mother, said. "But it is a meeting place for them, so all the money we raise here ... we'll redo what used to be the Elm Street Gym and is now the Drew Steele Center. We'll make everything accessible and put in some activities and some rooms where they can come with their families and have fun.

"But it's also (to improve) the center for the entire community of Greenville and Pitt County. We just want to make it better and bigger."

When the entire population gets behind something that has the goal of improving the whole community, Holtz said it goes to show just what kind of people live in Pitt County.

"Most importantly, it's good to see how this community has rallied behind this thing," Holtz said. "I think that's one of the things that makes Greenville so special. You always talk about the family atmosphere with everything, and I think it's really showing up in this tournament."

Rallying around a cause like the one the Drew Steele-Skip Holtz Golf Classic helps is easy when there's someone like Drew to get behind.

"You can't underestimate the role that Drew Steele has had in a lot of people's lives," Holtz said. "We all have so many things to be grateful for, but we all find things to moan and groan about. But here's a guy like Drew Steele who has so much to complain about, but yet, he's so positive every day. I think we can all learn a lot from someone like Drew."

Drew even got in a little golf on Monday. Holtz's foursome got to the green under regulation, and had a chance at eagle. Drew stood over, and drained the putt.

"I did hear that," Sandy Steele said. "I asked if it counted, and they said of course. That's too funny."

But the golf wasn't Drew's favorite part of the weekend. "I like all eating," he said.

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N.C. teachers, state employees want more money

Teachers would receive a 3 percent average pay increase under a budget House lawmakers are expected to unveil this week.

By Whitney Woodward
The Associated Press

RALEIGH — Proposed salary increases for public school teachers and state employees are too small to keep North Carolina competitive with other states and the private sector, groups representing the workers said Monday.

Teachers would receive a 3 percent average pay increase under a budget House lawmakers are expected to unveil this week.

But that isn't enough money to ensure North Carolina can attract and retain the "best and the brightest" teachers, said Eddie Davis, president of the North Carolina Association of Educators. He called on lawmakers to give teachers the roughly 7 percent salary boost backed by Gov. Mike Easley.

"Right now, North Carolina ends up being a practice area for people who come here from other states, only waiting for slots to open in those other states — Ohio, New York, Pennsylvania," Davis said. "So we train them to be good teachers, and as soon as they can find a slot in Pennsylvania, they're out of here because the salaries can never be competitive."

North Carolina teachers make an average of $46,410 — $4,075 below the national average, according to the association.

Davis said lawmakers should "keep their promises," referencing a 2005 pledge by Easley and top lawmakers to bring North Carolina teachers' salaries up to par with the rest of the nation.

Lawmakers gave educators a more than 4 percent increase in 2005, an 8 percent bump in 2006 and a 5 percent increase last year.

House Democratic budget writers said Monday there just wasn't enough money to pay for such hefty raises for teachers.

"We did the best that we could with what we have," said Rep. Mickey Michaux, D-Durham, senior co-chairman of the House Appropriations Committee. "They have to realize that we don't have an infinite amount of money. We don't have a (money) press."

Michaux, who met with other budget writers Monday to finish rules to debate their $21.3 billion budget proposal, said the bill would be heard by the full appropriations and finance committees Tuesday, with expected floor votes Wednesday and Thursday.

The governor's teacher pay package would have been funded by a 20-cent-per-pack increase in the state's cigarette tax. But lawmakers, looking toward Election Day, say they have no desire to do so.

The State Employees Association of North Carolina also asked lawmakers to ratchet up a proposed salary increase for its workers.

State employees would either receive a 2.75 percent annual boost or $1,100 — whichever is greater — under the plan the House is slated to unveil.

That's more generous than Easley's proposal — a 1.5 percent salary boost, $1,000 bonus and an extra five days of leave — but still not enough to remain competitive with the private sector, said Dana Cope, the association's executive director.

Public workers — who received a 4 percent boost last year — would like the same increase this year, he said.

"What's being offered is not..."
Duke University installs siren warning system

DURHAM (AP) — Duke University has begun installation of outdoor siren systems designed to warn students and personnel in the event of violence or a natural disaster.

The News & Observer of Raleigh reports that Duke bought its siren system from Federal Signal Corp, an Illinois company that sold a warning system to the University of North Carolina at Chapel Hill.

At Duke, the system is expected to be in place and ready to test in August.

Associate Vice Chancellor Aaron Graves said seven speakers are positioned around campus. They emit a variety of siren sounds that can be mixed so as not to be confused with the sound of a police or ambulance siren.
Ted Kennedy underwent “successful” surgery Monday and will likely remain at the Duke University Medical Center for about a week.

By Mike Baker
The Associated Press

DURHAM — Sen. Edward M. Kennedy underwent what his doctor called successful surgery Monday to treat his cancerous brain tumor, and told his wife shortly after that he felt “like a million bucks,” a family spokeswoman said.

Kennedy was awake for the 3½-hour procedure at Duke University Medical Center, his doctor said. The Massachusetts Democrat is expected to undergo chemotherapy and radiation in coming weeks, and will likely remain at the North Carolina facility for about a week.

The 76-year-old was diagnosed last month with a malignant glioma, a lethal type of brain tumor. Experts had said Dr. Allan Friedman — the top neurosurgeon at Duke and an internationally known tumor and vascular surgeon — would likely try to remove as much of the tumor as possible while balancing the risk of harming healthy brain tissue that affects movement and speech.

The hope is that the surgery will give future treatments a better chance of working.

“Almost no malignant gliomas are cured by surgery, but many of us believe that the more you get out, the next treatments, whether they be radiation or chemotherapy, have a better chance of working because there’s less tumor there to fight,” said Dr. Matthew Ewend, neurosurgery chief at the University of North Carolina at Chapel Hill.

Friedman said the surgery “was successful and accomplished our goals,” and that Ken-
nedy should not experience any permanent neurological effects.

"After a brief recuperation, he will begin targeted radiation at Massachusetts General Hospital and chemotherapy treatment," Friedman said. "I hope that everyone will join us in praying for Senator Kennedy to have an uneventful and robust recovery."

Family spokesperson Stephanie Cutter said Kennedy spoke to his wife, Vicki, and told her: "I feel like a million bucks. I think I'll do that again tomorrow."

Kennedy was hospitalized May 17 at Massachusetts General Hospital after undergoing a seizure at his home on Cape Cod. Doctors later announced that he had a malignant glioma in his left parietal lobe, a brain region that governs sensation but also plays some role in movement and language. A malignant glioma is one of the worst kinds of brain cancer, and malignant gliomas are diagnosed in about 9,000 Americans a year.

Details about Kennedy's particular type of tumor have not been disclosed. The type of tumor plays a key role in determining survival odds. Some cancer specialists say it appears likely to be a glioblastoma multiforme — a serious and tough-to-remove type — because other kinds of brain tumors are more common in younger people.

In the following days, Kennedy likely will be given drugs to prevent brain swelling and seizures, which are possible complications of his surgery. He'll also be closely watched for bleeding as well as blood clots. Strokes are an uncommon, but still possible.

Typical radiation treatment is five days a week for a month, using 3-D imaging techniques that narrowy deliver the beams to the tumor, affecting as little surrounding tissue as possible.

Kennedy likely will receive the chemotherapy drug Temodar during and after radiation, said Dr. Otis Brawley, chief medical officer of the American Cancer Society. The pivotal study showing the drug's value for brain tumors was presented three years ago at the clinical oncology conference. Kennedy also may be treated with Avastin, a newer targeted drug to deprive the tumor of its blood supply, though this is still experimental at this stage of treatment.

Kennedy has a history of seeking top medical care available for his family. He pulled daughter Kara out of Johns Hopkins and brought her to a Boston hospital when he was not satisfied with the initial course of treatment she was getting for lung cancer five years ago.

Duke's brain tumor center was established in 1937 and has a staff of more than 250 who work only on the research and treatment of brain tumors. Doctors and staff there are currently following the treatment of more than 2,000 patients from around the world. One of Kennedy's closest friends, Sen. Chris Dodd, D-Conn., said he spoke on the phone with Kennedy on Sunday, the day before he went into surgery. The two talked about two bills he has been working on: a mental health parity bill and an education reauthorization bill.

"He wants to get them done and he expects to be here when they are done," said Dodd. "He plans on coming back as soon as the doctors will let him."
Kennedy surgeon a leader in field

By Estes Thompson
The Associated Press

RALEIGH — Dr. John Sampson has spent most of his career studying brain tumors. And if diagnosed with the kind of cancer now faced by Sen. Edward Kennedy, he'd pick Duke University colleague Allan Friedman for a doctor.

"He's one of the best for this type of surgery in the world," Sampson said. "If someone had to choose, he would certainly be on the top of my list."

For the delicate task of removing the cancerous brain tumor that threatens his life, Kennedy went with Friedman, a 69-year-old Chicago native is a respected leader in the field of neuro-oncology who performs the majority of such surgeries at Duke University Medical Center.

Friedman "is one of the thought leaders" in the field of neuro-oncology, said Dr. Otis

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Brawley, the top doctor at the American Cancer Society. An internationally known tumor and vascular surgeon, he is responsible for more than 90 percent of tumor resections and biopsies at Duke.

"He's an excellent surgeon. His patients are in very good hands," said Dr. Matthew Bwenda, the neurosurgery chief at the nearby University of North Carolina at Chapel Hill.

Friedman is Duke's neurosurgon-in-chief and the program director of the university's Division of Neurosurgery. He also serves as the deputy director of the university's Preston Robert Tisch Brain Tumor Center. An internationally known tumor and vascular surgeon, he is responsible for more than 90 percent of tumor resections and biopsies at Duke.

Duke's brain tumor center was established in 1937 and has a staff of more than 250 who work only on the research and treatment of brain tumors. Doctors and staff there are currently following the treatment of more than 2,000 patients.

More than two-thirds of the adult brain tumor patients at Duke take part in clinical trials, the university said, compared to 8 percent nationally.

Friedman is a graduate of Purdue University who earned his medical degree at the University of Illinois Chicago, and did his residencies at Duke and the University of Western Ontario. His wife, Elizabeth Bullitt, is also a well-known neurosurgeon now focusing on research at UNC Hospitals, just eight miles from Duke.

Friedman lists his clinical interests as brain tumors, skull base tumors, peripheral nerve surgery, pituitary tumors and cerebrovascular disease, according the school's Web site.

Along with tumor research, Friedman is collaborating on research into epilepsy and hemorrhages in the space between the brain and the thin tissues that cover the brain.

Kennedy was hospitalized May 17 at Massachusetts General Hospital after undergoing a seizure at his home on Cape Cod. Doctors later announced the 76-year-old Massachusetts Democrat had a malignant glioma in his left parietal lobe.

His decision to head to Duke, a hospital with a stellar reputation, was of little surprise to his friends.

"I think he likes to conduct an exhaustive search of resources out there and then make a decision. I think that's what all patients should do," said Philip W. Johnston, a Democratic activist and former chairman of the Robert F. Kennedy Memorial.
Hospital seeks to grow at UNC

Plan would add 321-bed tower

BY MARK SCHULTZ
STAFF WRITER

CHAPEL HILL — UNC Hospitals wants to build a 321-bed tower on its old helipad site in front of N.C. Memorial Hospital.

The project would increase the total number of patient beds to 1,009 by 2014.

“We are chronically jammed full,” said Bill Roper, chief executive officer of UNC Health Care and dean of the medical school.

Growth in the aging population and across the region is fueling demand, he said.

As of April, UNC Hospitals was running 89.2 percent full this fiscal year. But spokeswoman Karen McCall said that figure doesn’t give the full picture.

“A bed is not a bed,” she said.

Patients can’t just be put wherever there’s space. People of different sexes can’t share a semi-private room. Some specialized units may be 95 percent full or higher, meaning the patients who need those beds have to wait.

In some cases, the hospital has had to send patients to other hospitals or refuse to admit patients from other facilities.

Ideally, the hospital would like to run 75 percent to 80 percent full, McCall said.

UNC Hospitals has 727 beds now. It soon will be moving workers out of offices and converting spaces into patient rooms to reach 799 beds by 2010, Roper said. That project has been approved.

The new tower would add 321 beds, but because some older semi-private rooms would be converted to singles, the total number of beds would be 1,009.

The tower also would have 38 operating and procedure rooms.

They would replace rooms — some dating to the 1950s — built before today’s monitoring equipment, extensive laparoscopic surgery, robotic surgery and other advances, according to hospital officials.

UNC Health Care is requesting $325.5 million from the state over several years for the $732 million project.

The hospital would pay the rest by borrowing and using reserves.

The tower is part of UNC System President Erskine Bowles’ budget request to the legislature. But Roper doesn’t know whether lawmakers will fund the project this year.

“They are saying money is tight; we are presenting this to them as a long-term need,” he said.

It took three years to win approval for the new cancer hospital scheduled to open next year, he said.