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Program offers ill children a shot at some summer fun

By Tom Marine
The Daily Reflector

ARAPAHOE — Slowly but surely, the 14 members of camp group three waded into the Neuse River for their daily sailing lesson.

Some campers held on tight to their volunteer counselors, others charged ahead through the water. Eventually, they loaded into two boats, set sail and headed into the blue.

As part of Camp Rainbow and Camp Hope, about 80 eastern North Carolina children with cancer, hemophilia, chronic blood disorders or sickle-cell disease are partaking this week in traditional camp activities at the Don Lee Center near Arapahoe.

Jacquelyn Sauls, director of Rainbow Services and specialist for pediatric hematology and oncology at East Carolina University, said the campers go sailing, swimming, fishing and canoeing, among other outdoor exercises.

“We want the kids to have a group experience,” said Sauls, who has worked 22 years at the camp. “It is so much easier to build relationships here.”

The children come from the 29 counties served by Pitt County Memorial Hospital.

CAMPERS wade into the water before going sailing on the Neuse River.

They range in age from 5 to 18.

In addition to the children, about 20 volunteer counselors also made the trip to camp, some of whom once were campers themselves.

Sally Unreil, a first-time counselor from Tarboro, said she attended the camp for eight years after being diagnosed with acute lymphatic leukemia.

“It’s just a blast for all the campers to get together and not worry about their illness,” Unreil said. “I had a great time here as a kid, and I want to help other kids have a great time.”

Sauls said the camps have come a long way since the original one in 1982, which consisted of a one-day event at a local park in Greenville.

However, she said the camps are running into funding shortages and have been held simultaneously since 2000.

“The biggest change is the reduction in numbers,” Sauls said, referring to the funding situation. “Now we have to prioritize children, but we still like to have a combination of kids who have recently been diagnosed and

See CAMPERS, B3
CAMPERS

Continued from B1

those that have already gone through treatment."

Stephanie Edwards, a 17-year-old student from North Pitt High School in Greenville, said her favorite part of camp is hanging out with her friends and meeting new people.

Edwards, who has sickle cell disease and has attended camp for the last six years, said her friends back home have a hard time believing all the outdoor activities she does, especially sailing.

"You have to be there," she said. "You can't judge a book by its cover."

Sauls said there is a medical staff on site at all times, including a physician, two pediatric hematology and oncology nurses and a resident from the Brody School of Medicine.

"We have everything we need to take care of (the children)," said Jennifer Hege, resident nurse at the Brody

CHILDREN attending Camp Rainbow paddle canoes.

School. "We bring everything from the medical school."

Hege said they mostly deal with preventative treatment, such as using certain types of medication to prevent bleeding in hemophilia patients.

The week-long camp, Sauls said, helps both the children and their families. She said the campers get to meet other people with similar diagnoses and families get a respite while knowing their children are still getting their medication.

"The biggest benefit is meeting the kids," Sauls said. "Here, you get to find out who they are. You get to learn about their personalities."

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Senate tentatively OKs $21 billion state budget

By Gary D. Robertson
The Associated Press

RALEIGH — The North Carolina Senate gave initial approval to its $21.4 billion state budget Wednesday after a short debate that left Republicans voicing displeasure for being cut off by the Democrats in charge after a handful of amendments.

“Our people come down here to debate, to talk about issues and that didn’t happen,” said Deputy Minority Leader Tom Apodaca, R-Henderson. “I’m disappointed. I thought we were better than that.”

The 33-16 vote in favor of the spending plan for state government next year came a

See BUDGET, B3

BUDGET Continued from B1

little more than an hour after Democrats began laying out details of the budget, which earmarks more money to higher education than the proposal that cleared the House two weeks ago.

“I’m pleased with the investments that we’ve made,” said Sen. Linda Carroo, D-Forsyth, the Senate’s chief budget writer. “This is a responsible plan for education.”

Senate Democrats keep a tight rein on the floor, typically limiting budget debate through parliamentary maneuvers that prevent them from having to vote on most GOP amendments. Historically, the House has generally allowed longer debates and considered more amendments.

On Wednesday, Senate Majority Leader Tony Rand “called the question” to vote on the budget before a single Republican got up to discuss the contents in the 200-page budget bill. The move means there will be no discussion of the budget Thursday, either, before a final Senate vote.

“What we saw in there today was probably the worst example of how a democratically-elected representative body conducts business,” said Senate Minority Leader Phil Berger, R-Rockingham. “Just the process by itself would be a reason to vote against it.”

Senate leader Marc Basnight, D-Dare, said Republicans and Democrats both participated in creating the budget, rejecting Berger’s argument that the bill was formulated behind closed doors only by Democrats, who hold 31 of the 50 seats.

He said debate was cut off because they believed Republicans were ready to offer amendments designed to embarrass Democrats or put them on the record on a hot-button topic. One GOP amendment would have dealt with abortion. Another would have involved state employee salaries.

“The purpose of those amendments are simply to create an ad that could be used against a senator,” Basnight said.

After Thursday’s vote, the Senate will negotiate with the House to present a compromise budget to Gov. Mike Easley by July 1. The Senate budget did satisfy many concerns raised about the House budget by Easley. But it still falls well short of offering the nearly 7 percent raise Easley wants for teachers.

The Senate plan would spend $15.5 million overall more than the House. But the state’s small revenue surplus motivated Democrats in each chamber to agree to raise year-to-year spending by only about 3 percent, compared with the more than 9 percent increase of the previous two years when the state had billion-dollar surpluses.

The budget would give $20 million more than the House to the University of North Carolina system to pay for the costs of students enrolling this fall, as well as $14 million for faculty and graduate student recruitment and retention and improvements to research funding.

The Senate budget includes $41 million for Easley’s signature More at Four preschool program, compared with the $23 million provided by the House budget. But that’s still short of the $45 million that Easley requested in his budget proposal last month.

Democrats did support one GOP amendment to require a yearly review of the effectiveness of Gov. Mike Easley’s signature More at Four program.

But Berger said the budget bill spends too much money on untested programs and not enough on infrastructure needs: “What we see is schools that continue to fail, highways that continue to crumble and congestion continues to get worse.”

Three Republicans — Sens. Richard Stevens of Wake County; Stan Bingham of Davidson County; and Fletcher Hartsell of Cabarrus County — joined all Democrats present in supporting the bill.

Like the House, the Senate budget includes an average 3 percent pay raise for public school teachers. Easley wants raises of nearly 7 percent to help the state’s teachers reach the national average salary before he leaves office in January. The Senate added a provision that could boost the raises above 3 percent if the state collects more tax money than it expects.

House and Senate Democrats do disagree on many issues, including the level of borrowing that should be authorized, how much to spend on school bus diesel fuel and how far to expand a health insurance program for children in low-income families.
Greenville man new provost of Del. State

The Daily Reflector

Greenville native Harry Lee Williams recently was named the provost and vice president for academic affairs at Delaware State University.

Williams is 1982 graduate of J.H. Rose High School and his mother Nancy Williams still resides in Greenville.

Williams most recently served as interim associate vice president for academic affairs for the University of North Carolina General Administration.

"This is an incredible opportunity and honor to be asked to serve as the provost for one of the top HBCUs in America," Williams said.

He served as the associate vice chancellor for academic affairs and diversity at Appalachian State University from 2002 to 2007. From 2004 to 2007, Williams served as ASU's associate vice chancellor for enrollment management. He was also the interim director of admissions at North Carolina A&T State University from 2000 to 2002.

He has a bachelor of science degree in communication broadcasting and a master of arts degree in educational media, both from ASU, where he also earned an education specialist degree.

He has a doctorate in educational leadership and policy analysis from East Tennessee State University.

In his capacity as vice chancellor of academic affairs and diversity at ASU, Williams successfully raised $565,000 for diversity scholarships.

Williams also has been a senior associate consultant from 2002 to the present with Noel Levitz, a nationally known consulting firm on higher education enrollment and retention. Delaware State University is among the 13 schools that he has worked with as a consultant.

Williams is married to Robin S. Williams, associate professor of technology at ASU. They have two children, Austin and Gavin.

He is scheduled to assume his new DSU post in late July.
A genetic trait increases risk of dangerous clots

By Jane E. Brody
New York Times News Service

When David Bloom, 39, went to Iraq in 2003 to cover the war for NBC News, his wife, Melanie, naturally feared for his safety. Would a bullet or a bomb claim him? A land mine? An ambush?

Instead it was a blood clot lodged in his lungs that ended his life. Melanie Bloom subsequently learned that her husband carried a genetic abnormality, factor V Leiden, that greatly increased his risk for developing blood clots.

David Bloom had three other risk factors for clots: a long plane ride to Iraq, erratic eating habits that could have caused dehydration, and cramped sleeping space in Army vehicles. But had he not had this genetic quirk — or had he known about it and the higher risks it carried — he might have escaped his fate.

A hidden problem

Factor V Leiden (pronounced factor five) is the most common hereditary clotting disorder in the United States, present in 2 percent to 7 percent of Caucasians, less often in Hispanics and rarely in Asians and African-Americans.

The disorder accounts for 20 percent to 40 percent of cases of deep vein thrombosis, or DVT, the clot that Bloom developed in his leg before it broke loose and traveled to his lungs, resulting in a pulmonary embolism that caused his death.

Factor V Leiden is more often than not a hidden disorder, until someone in a family — often someone like Bloom, who was athletic and healthy — develops a deep vein thrombosis or another unexpected clot. Because screening for this problem is not routine, factor V Leiden is usually not detected until several members of a family develop clots or one person develops a succession of clots.

Even then, a possible carrier of the gene defect may not be tested.

Dr. Rina Shpoptick, medical director of the Hemophilia and Thrombosis Center of Nevada, described the case of Ann, 20, who reported to the center about her doctors' reactions to her family history. Ann told doctors that her otherwise healthy cousin had suffered a major heart attack in his 40s and was found to have factor V Leiden. Her grandmother died while pregnant, and her aunt, uncle and grandfather died of heart problems.

Ann reported that she had had blood pressure problems since age 8, and developed a serious blood pressure disorder during pregnancy and that her brother had just tested positive for the defect.

Yet she was advised by two doctors not to be tested, she said. The reasoning was that the disorder was rare, that she would have to pay for the test (it is not expensive) and that if she was found to carry the gene it could affect her ability to buy affordable life and health insurance. (Federal legislation has just been passed to protect against discrimination and potentially life-threatening clot. Someone with two of the damaged genes has a 25- to 50-fold increased risk. Approximately one person in 5,000 among whites in the United States and Europe has two of the mutated genes.

Because the risk of suffering a clot is about one in 1,000 people a year in the general population, the increased risk associated with factor V Leiden is not to be taken lightly: 5 to 7 in 1,000 people each year for those with one mutant gene and 25 to 50 per 1,000 in those with two mutant genes.

In someone with factor V Leiden, clots can arise in veins anywhere. The abnormality can increase the risk of heart attack, stroke, miscarriage, gallbladder dysfunction and toxemia of pregnancy. Clots are also more likely to develop after surgery and childbirth and in women taking oral contraceptives or estrogen therapy.

The disorder results from a mutation in the factor V gene that participates in forming clots in response to an injury, for example. Without two fully functional factor V genes, the body's ability to put a brake on clot formation is inhibited.

Normally, a molecule called activated protein C, or APC, prevents clots from becoming too large by inactivating coagulation factor V. But factor V Leiden impairs this protein's ability to suppress the coagulation factor because it is longer lasting and stickier.

A parent who carries the mutated gene has a 50 percent chance of passing it on to each child. Someone who inherits one mutated gene faces a five-to-10-fold increased risk of developing a serious and potentially life-threatening clot. Someone with two of the damaged genes has a 25- to 50-fold increased risk. Approximately one person in 5,000 among whites in the United States and Europe has two of the mutated genes.

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In people with one mutated gene and 51 percent in those with two abnormal genes if they smoked, were overweight and were older than 60.

Screening

Two blood tests can detect factor V Leiden. One, the APC resistance assay, is 95 percent accurate and could be used for screening. It measures the anticoagulant response to activated protein C. A definitive but more costly diagnosis, also performed on blood, can be made by genetic analysis of the factor V gene.

One or both tests is recommended for people with DVT, pulmonary embolism, premature stroke, repeated miscarriage, a family history of clots or a known factor V mutation in a blood relative. Thus, Bloom's three daughters should be tested, because each has a 50 percent chance of carrying the defective gene.

For people with a personal or family history of clots, testing can help avert clotting complications when they undergo major surgery, are treated for cancer, anticipate pregnancy or plan to take oral contraceptives, estrogen therapy or a
FACTOR V FACTS

THE CONDITION: Factor V Leiden is the most common hereditary clotting disorder in the United States, present in 2 percent to 7 percent of Caucasians, less often in Hispanics and rarely in Asians and African-Americans.

A HIDDEN RISK: Factor V Leiden is more often than not hidden until someone in a family develops an unexpected clot. Because screening is not routine, factor V Leiden is usually not detected until several members of a family develop clots or one person develops a succession of clots. Even then, a possible carrier of the gene defect may not be tested.

THE IMPACT: The abnormality can increase the risk of heart attack, stroke, miscarriage, gallbladder dysfunction and toxemia of pregnancy. Clots are also more likely to develop after surgery and childbirth and in women taking oral contraceptives or estrogen therapy.

SCREENING BENEFIT: Testing can help avert complications when people undergo major surgery, are treated for cancer, anticipate pregnancy or plan to take oral contraceptives, estrogen therapy or a drug like tamoxifen.

CLOTTING

Continued from D1

In women with factor V Leiden, for example, treatment with an anticoagulant during pregnancy can reduce the risk of pregnancy loss. Women needing contraception might be wise to avoid birth control pills and instead choose a method that would not increase their risk. And a person who is hospitalized or needs surgery can be treated with blood thinners and mechanical compression boots.

Though factor V Leiden alone does not seem to raise the risk of arterial clots, something as simple as daily therapy with low-dose aspirin may help prevent a heart attack or stroke in people with factor V Leiden if they have additional risk factors.

Preventive action is also important during long periods of immobilization, including long car and plane rides.


Drinking plenty of water to prevent dehydration, avoiding alcohol, taking frequent walks and wearing elastic stockings can lower the risk of clots on such excursions.
Gastric bypass cuts risk of cancer

Critic says study is not conclusive

By Thomas H. Maugh II and Denise Gellene
Los Angeles Times

Gastric bypass surgery — a treatment for obesity that is already known to reduce heart disease and diabetes — decreases the incidence of cancer by 80 percent over the five years following the procedure, Canadian researchers reported Wednesday.

The incidence of two of the most common tumors, breast and colon, were reduced by 85 percent and 70 percent respectively, Dr. Nicolas Christou of McGill University in Toronto said.

The study confirms the findings of two papers in August that showed the surgery reduced overall deaths from cancer. The new study goes a step further by showing reductions in the incidence of several specific types of cancer, said Dr. Philip Schauer of the Cleveland Clinic Lerner College of Medicine, who was not involved in the study.

"This is really powerful information," said Schauer, who is the immediate past president of the American Society of Metabolic & Bariatric Surgery. "It reaffirms that obesity is a profound risk factor for cancer" and shows that "weight loss does seem to affect the development of new cancers."

But Dr. Edward H. Phillips, a bariatric surgeon at Los Angeles' Cedars-Sinai Medical Center, was skeptical about the findings because cancer takes a long time to develop and the patients were studied for only five years.

He noted that it is now common practice for surgery candidates to undergo mammograms, colonoscopies and endoscopies to screen for cancer before the weight loss surgery.

"It could be that we are selecting people out of the population who don't have cancer," biasing the results, he said. He said losing weight will reduce the incidence of cancer but it will take longer than five years for the effects to surface.

Christou said that such screening "is not the standard of care" in Canada, where the subjects were recruited. Furthermore, many of the patients had undergone surgery as much as 15 years before the start of the study, leaving plenty of time for cancers to develop.

There are two main types of bariatric surgery. The simplest is banding, in which an inflatable silicone band is placed around the stomach to reduce its capacity, allowing the patient to feel full after eating much less food.

In a gastric bypass, the stomach is sewn shut to reduce its capacity to three or four ounces, and the intestines are connected directly to the newly created pouch, bypassing part of the area where food absorption occurs.
UNC foundation buys 12-acre tract

By Tim Simmons
Staff Writer

University Square and Granville Towers, key pieces of property in Chapel Hill's redevelopment of Franklin Street, have changed hands for $47.5 million.

The 12-acre tract was bought by The University of North Carolina at Chapel Hill Foundation, a private group that works closely with the college.

The property was sold after a company owned by the Kenan family trust, US/CT LLC, approached the foundation about a year ago.

US/CT took ownership of the parcel in 2001, several years after Frank Kenan died.

Bill Aycock, a lawyer involved in the sale, said Kenan's family knew he would sell the parcel only to UNC-CH, and they felt now was an appropriate time.

Roger Perry, president of the foundation's board, said the group has no immediate plans to redevelop the area, but changes will eventually be made.

"We would not have bought this piece of property just to keep it as it is," said Perry, who is also chairman of the university's board of trustees and president of the development company East West Partners.

But Perry said current contracts will be honored among the mix of retail, office, parking and UNC student housing.

Some of those contracts still have years to go, and the transaction itself is not required to close before July 1, 2009.

The only certainty of future redevelopment is more parking spaces given the chronic shortage, said UNC-CH Chancellor James Moeser. Parking decks are one possible option.

The property will be owned by the foundation and not the university, an important distinction, because the university does not pay property taxes.

Chapel Hill Mayor Kevin Foy called it a "wise arrangement that will protect and potentially expand our tax base."

The 2007 tax bill for the property was more than $868,000.

Perry said rent payments will cover debt obligations until redevelopment begins.

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