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LAUPUS HOSTING EXHIBIT

Suitcases open window to lives past

BY DANIELLE KUCERA
The Daily Reflector

Hundreds of people filled suitcases with their belongings and left their lives behind when they were involuntarily admitted to the Willard Psychiatric Center in New York during the early 1900s. Those suitcases, tucked away in an obscure attic, would never enter their hands again.

The fourth floor of East Carolina's Laupus Library is the temporary home of the traveling exhibit "The Lives They Left Behind: Suitcases from a State Hospital Attic." It displays the stories of 10 people who spent portions of their lives in the Willard Psychiatric Center — discovered when strangers unpacked their suitcases in 1999.

The exhibit opens Friday and remains through Sept. 9 on the fourth-floor gallery of the Evelyn F. Laupus Library during regular hours.

When the Willard Center closed after 126 years of operation in 1995, Beverly Cartwright, a staff member there, pried open a door she discovered under pigeon-infested rafters of an attic. Behind it sat almost 400 suitcases of all shapes and sizes, each opening a small window at the lives of those who were forced into the life of its original owner.

In 1999, Darby Penney and Peter Stastry worked to piece together the history contained within the luggage. They uncovered stories of aspiration and accomplishment, but also of loss and isolation. With the information they found, they created the exhibit and wrote a book.

The exhibit aims to bring the lives of these people to the surface, offering visitors insight into the treatment of those with mental illnesses.

It consists of a series of free-standing kiosks displaying the stories of those who resided in the Willard Psychiatric Center, and a video of brief statements from people in various congregate living facilities today.

What people experience today does not differ greatly from the experiences people had in the past, said Ruth Moskop, assistant director for history programs at the Laupus Library.

"Despite all the medical advances that have been made, the outcome is pretty much the same as 50 years ago," she said.

Each day, thousands are admitted to hospitals for emotional distress. Although hospital stays are shorter than they were 50 or 100 years ago, the exhibit points out, they are not marked by a greater amount of recovery.

Many who resided in the Willard Psychiatric Center were admitted under questionable circumstances, Moskop said.

"A man was tossed in a mental hospital because he got upset because his food was served on a broken plate," she said, adding that racism could have been a factor because the man was black.

"In some situations, it just looks like people were overburdened by the things that happened to them."

Although library officials aim to raise awareness about treatment of those in mental health centers today, another goal is to establish the Laupus Library as publicly accessible place.

The library is the only academic health sciences library east of Interstate-95, and serves the entire eastern region. It is also the first place in North Carolina where the exhibit has been featured, said Dorothy Spencer, director of the library.

"The primary users of the library are professionals and health students, but it is also available to other community members," Moskop said.

"The exhibit inspires compassion for the people who suffer from mental illness. The stories are really compelling and they raise a lot of questions."

Ruth Moskop
Laupus Library

EXHIBIT
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Laupus Library

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Our Views

PCC help

College campaign must find success

East Carolina University cannot alone claim credit for Pitt County’s emergence as a leader in higher education. Pitt Community College complements the growth of the state’s third largest public university, and is itself an invaluable resource for this community.

PCC announced in February its first capital campaign, an $8 million effort to prepare for its growing student population. As with East Carolina’s on-going Second Century Campaign, the success of that effort is crucial to the future of the school and this region.

While East Carolina seems to cast a long shadow, Pitt Community College serves this community with equal vigor and determination.

Additionally, the college acts as a center for worker training, ensuring that Pitt County has a work force of distinction.

But Pitt Community College, like many other institutions of higher learning in North Carolina, is preparing for a massive influx of students in the coming years. In 2006, when Pitt County voters approved a quarter-cent sales tax in part for construction at PCC, the school boasted an enrollment of more than 20,000 and was growing at a rate of 15 percent annually. The school also ranked last in the state’s community college system for classroom space per student.

In February, PCC President Dennis Massey announced the start to the first capital fundraising campaign in school history. The lion’s share of that money will be devoted to construction of a health sciences building, which will address the county’s need for health care training. Remaining funds will be applied to construction, scholarships, professional development and academic programs.

The private portion of the Futures First Capital Campaign generated $5.8 million from the Eddie and Jo Allison Smith Family Foundation, the Pitt Memorial Hospital Foundation, the N.C. Community College System and Pitt County. School officials announced in June that 78 percent of the remaining $2.2 million had been pledged or collected, leaving only a fraction outstanding.

While East Carolina seems to cast a long shadow, Pitt Community College serves this community with equal vigor and determination. Though it aims to meet a different need in Pitt County and across the region, it, too, deserves a high level of support.

The success of this effort promises to further solidify Pitt County’s reputation as a leader in higher education. It should have the full backing of those able to help.
Glaucoma becomes clear in device developed at Duke

A doctor gains an advantage over an aggressive disease that afflicts 6 million

By Sabine Vollmer
Staff Writer

For eight years Sandra Naylor went to one eye doctor after another, but none could explain why, exactly, her vision was blurry.

It wasn’t until she was referred to Dr. Sanjay Asrani, a Duke University glaucoma specialist, that Naylor learned she had an unusual form of glaucoma — one that could cause her to suddenly lose part of her eyesight.

Not so long ago, Asrani wouldn’t have been able to diagnose her, either.

But now, because of his curiosity and the skills of a colleague, he has a one-of-a-kind instrument that can catch an aggressive type of glaucoma that affects an estimated 6 million people worldwide and is on the rise.

So far Asrani has studied the instrument’s capabilities on 63 patients. His results, published recently in the Archives of Ophthalmology, a peer-reviewed medical journal, have glaucoma experts excited.

“It has tremendous potential,” said Dr. Andrew Iwach, executive director of the Glaucoma Center in San Francisco. “Anything that can lead to early detection can be a huge asset.”

Studies show that early detection of glaucoma is the key to preventing vision loss. The disease is caused by a build-up of fluid. As a result, the pressure inside the eye increases and can irreparably damage the optical nerve.

Ophthalmologists rely on eye exams and diagnostic tests to catch the disease early.

SEE GLAUCOMA, PAGE 4B

What is Glaucoma?

Glaucoma is an eye disease that damages the optic nerve and causes blank spots.

It is caused by blockages that lead to fluid build-up and rising pressure inside the eye. Symptoms include blurry vision, severe eye pain or rainbow-colored halos around lights.

Glaucoma is the leading cause of blindness in the United States and costs the government more than $1.5 billion in health care expenditures, Social Security benefits and lost tax revenues, according to the National Institutes of Health.

The risk of developing all types of glaucoma increases after age 60. Ophthalmologists recommend that screening for glaucoma start at age 40.

For more information, visit:

www.geteyesmart.org/eyesmart/diseases/glaucome.cfm
www.glaucome.org/index.php
www.nei.nih.gov/health/glaucome/glaucome_facts.asp

Sources: Journal of Epidemiology and Community Health, EyeSearch, Duke University
McClatchy Tribune, The News & Observer

READ THE REPORT See a simulation of vision loss due to glaucoma at newsobserver.com/business.
GLAUCOMA
CONTINUED FROM PAGE 1B

Instruments to stop glaucoma. But what works reasonably well with most types of the disease isn't much help with narrow-angle glaucoma, Naylor's condition. Narrow-angle glaucoma can lead to sudden blockages and painful attacks. It accounts for about 10 percent of all types of glaucoma, but is three times as likely to lead to blindness.

To prevent an attack, most instruments offer clues at best, said Tom Brunner, a biomedical engineer and the chief executive of the Glaucoma Research Foundation, a San Francisco nonprofit.

"You can't examine the angle," Brunner said. "The optics of the eye won't let you see in there."

Asrani's instrument changes that. Five years ago, he went to Joseph Izatt, a Duke engineering professor and frequent collaborator, with the problem: how to see inside the eye, where the iris meets the cornea. Izatt led him to a graduate student, and the two spent the next three years adapting new and existing technology to meet their needs. By 2006, they had come up with an instrument that, similar to a video camera, produces detailed, digital black-and-white images of that part of the eye.

A Duke spinoff

So far, Asrani is the only doctor to use the instrument, which the Food and Drug Administration has not yet approved. A smaller, portable version is under development at Bioptigen, a Research Triangle Park company that commercializes medical diagnostic devices invented in Izatt's laboratory. Izatt is a co-founder of the company, which is a spin-off of Duke University. If the instrument receives FDA approval, the technology could come to market in about two years.

It could also be used to detect other eye problems, such as cysts, and guide eye surgeons in the operating room. But for now, preventing vision loss in people predisposed to narrow-angle glaucoma is its primary purpose.

"If you catch it early enough, the patient doesn't get a glaucoma attack," Asrani said.

Naylor, a retired court reporter who lives in Raleigh, said the ophthalmologists she saw could never agree on what was wrong with her eyes. A specialist in Mississippi recommended glaucoma surgery in March 2007. Two months later, another in California advised against the surgery.

After examining Naylor's eyes, Asrani urged her to have laser surgery in both eyes to prevent a glaucoma attack. The surgery will create tiny openings in her irises from which built-up fluid can drain.

Asrani was able to make the diagnosis because his instrument made the inside of Naylor's eyes visible in wide slices nearly a quarter-inch deep. Magnified on the computer screen, the image of one of Naylor's eyes showed her iris, the colored ring around the pupil, and the cornea, the protective, transparent cover of the eye. The cornea and the iris usually meet in an angle open enough that the two won't touch. But in Naylor's case, the angle was so narrow, parts of the iris were sticking to the cornea. Asrani pointed to these areas and explained that they could lead to a blockage and trigger an attack.

Looking at the screen and comparing images of her eye to those of a normal eye, Naylor could see what was causing her troubles.

"Now it's clear," she said.
Old-fashioned physicians inspire new concept of ‘medical homes’

Doctors paid to coordinate care

By Julie Appleby  
USA TODAY

States, the federal government and private insurers are experimenting with an idea to cut costs and make patients happier: Paying primary care doctors extra money to oversee and coordinate patients' care.

The pay boost rewards doctors who reshape their practices to re-create an era when a trusted family physician helped patients through hospitalizations, coordinated specialist care and provided routine screenings. Such efforts may save money by reducing hospitalizations, ER visits and disease.

Dubbed “medical homes,” the concept is a modern twist on an idea first promoted in the 1960s. Under most pilot projects being tested, primary care doctors who have established medical homes will receive additional fees — ranging from just a few dollars a month per patient to more than $35,000 a year per doctor — from states, Medicare or other insurers.

Medicare this year will choose eight states to test whether paying primary care doctors more per month to treat patients with chronic illnesses in medical home settings results in better care and lower costs than traditional practices.

The concept aims to change rushed doctor's appointments and fragmented specialist care by creating patient care “teams,” which could include nurse practitioners, nutritionists or other medical staff. Medical homes also offer longer office hours, electronic medical records and same-day appointments.

The idea is that patients would turn to a trusted adviser, either the doctor or another team member, for preventive and routine care — and rely on that person to help coordinate needed screenings, specialist visits and other care, says Terry McGeeney, head of TransforMED, a subsidiary of the American Academy of Family Physicians that helps doctors create such practices.

While health maintenance organizations and managed care companies aimed for such coordination, many didn’t pay doctors adequately for it, instead rewarding them financially for restricting care, says McGeeney. Under medical homes, he says, doctors won’t prevent patients from seeing specialists or ordering tests.

It’s not clear how well such plans will work. North Carolina saved $231 million in 2002-03 by setting up medical homes in its Medicaid program.

Joseph Antos, an economist at the conservative American Enterprise Institute, says no one argues with the goal, but: “If all we’re doing is rearranging the deck chairs on the medical Titanic, and spending more money, that’s clearly not something we want to do.”

The idea appeals to doctors such as Joseph Mambu, who set up his Pennsylvania practice as a medical home. They recreate “the old-fashioned doctor who has the time to get to know you,” he says.

“This is our last, best hope to save primary care.”
Michael DeBakey, 'best surgeon who ever lived'

Thousands survive today through pioneer's expertise

By Robert Davis and Steve Sternberg
USA TODAY

From the soldier wounded on the battlefield to the medical student digging for answers, the legacy of pioneering heart specialist Michael DeBakey will be felt across the world of medicine today, tomorrow and beyond.

DeBakey died Friday in Houston at age 99 at the hospital where he worked; Baylor College of Medicine and The Methodist Hospital.

But because of his lifelong, perfectionist's passion to help patients, DeBakey leaves behind a huge imprint on modern medicine. Clamps, pumps, tubing, techniques, protocols, scientific breakthroughs, a vast medical library and entire health care systems and approaches all bear his mark — and often his name.

"Medicine is an extremely complex system, and he contributed to every part of it," says Norm McSwain, a surgery professor at Tulane University in New Orleans, where DeBakey studied medicine, "If you look at it from the big perspective, he is the best surgeon who ever lived."

DeBakey operated on 60,000 people, including the Duke of Windsor, Marlene Dietrich and comedian Jerry Lewis. But whom DeBakey treated did not change how he treated them.

Fellow surgeon Kenneth Mattox says DeBakey treated patients who came into the trauma center "just as specifically as he treated the royalty who came to see him from around the world."

DeBakey's values, Mattox says, came from the childhood lessons learned in Lake Charles, La.

Michael Ellis DeBakey was born Sept. 7, 1908, to Shaker Morris and Reheja Zorba DeBakey, who had emigrated from Lebanon to the USA as children.

They were self-educated and successful, with a drugstore and investments in rice farming, real estate and construction.

"Every Sunday when he was growing up, they would go to an orphanage," Mattox says. One day DeBakey's mother forced her son to give another boy his base-
Inventing the tools of heart surgery, circa 1958: Surgeon and problem-solver Michael DeBakey uses his wife's sewing machine to make synthetic blood vessels. His career spanned 70-plus years.

The photo shows Michael DeBakey holding a piece of paper, likely a diagram or a note, while seated at a desk. He appears to be in the middle of a conversation or a presentation.

DeBakey was known for his innovations in cardiovascular surgery, including the development of synthetic heart valves and the creation of the first artificial heart.

He said something back to her and she said, 'Michael, you have many caps. This child you have just given your cap to has none.' That kind of value stayed with him all of his life.

DeBakey went on to help create entire systems to help others. After World War II broke out, DeBakey went to work in the U.S. Army Surgeon General's Office. With childhood friend Gordon Holcombe, he set up the first M.A.S.H. units and a network of health services for returning veterans. That network evolved into the Veterans Administration.

After the war, while serving on a Hoover administration medical task force, he persuaded President Hoover to use the collection from the shabby, neglected library of the U.S. Surgeon General as the basis of a new, independent National Library of Medicine in Bethesda, Md.

In 1948, DeBakey also began lobbying for the creation of the research center now known as the National Heart, Lung, and Blood Institute.

DeBakey loved to learn.

He recalled in a 1998 interview with USA TODAY how, as a child, "we were virtually required to go to the library each week, borrow a new book and read it."

One week, DeBakey said, he came home from the library in a funk because "the best book they had, they wouldn't let you take home. I told my father about that. He asked what book it was. It was the Encyclopaedia Britannica."

His dad bought a set.

As a surgeon, DeBakey applied his problem-solving skills to everything from clogged arteries to lung cancer to surgical infections. He also made it possible for thousands of other surgeons to cure people. He invented many of the tools now used routinely in heart surgery, including matching the first synthetic blood vessels using his wife's sewing machine.

One of his favorite accomplishments was the DeBakey Left Ventricular Assist Device, which he created with help from NASA. The pump supports failing hearts.

"Thank God, I've lived to see this," DeBakey said in 1998.

In recent years, Mattos says, DeBakey was particularly concerned about more money going to the management of healthcare systems than to patient care.

Antonio Gatto, dean of Cornell University School of Medicine in New York and a DeBakey collaborator for 25 years, says, "I know of no one who has made a greater contribution, not only in cardiovascular medicine, but also as a medical statesman and leader."
Local News

Archaeologist questions the lack of research

Wonders why more not done in Bath

By CLAUD HODGES

Newsroom Manager

BATH — East Carolina University archaeology professor Charles Ewen thinks more should have been uncovered in Bath by now.

"When I came to Bath to research, I found it puzzling that not much digging had gone on here," Ewen said Saturday morning to a crowd of about 50 at the Bath Visitor Center.

"I found it puzzling because there's so much to do here."

Over the past several years, some archaeological work has progressed; however, he said he looks forward to finding much more in the future that is heretofore unknown about Bath.

"The Real Dirt on North Carolina's Oldest Town: ECU's Archaeological Program in Bath," was an hour of entertainment from Ewen, who certainly showed why he must be a very engaging, popular college professor.

He was downright funny much of the time.

"There's no treasure out there — Blackbeard didn't bury any treasure out there," Ewen said. "There is no record of any pirate ever burying treasure, except Captain Kidd; but, he went back and got it."

Ewen encouraged residents of Bath to be inquisitive about their surroundings.

"If you live in the Bath area, you should be interested in the land around you because there was definitely someone living there before you," he said.

Artifacts have been found by his team of archaeologists that can trace existence in Bath to the 1600s.
"Curiously, we haven’t found much that would say that American Indians lived much around Bath," Ewen said.

He said some Indian artifacts have shown up in his students’ findings; but it seems that the Indians were merely visitors.

His findings show that John Lawson did end up in the Bath area in the early 1700s after Lawson left Charleston, S.C., traveled west, then turned northward and eventually made it to the eastern shores of North Carolina.

Ewen said his students have found ballast stones, chimney bases and stoneware that can be traced to the 1700s.

"We found a bottle seal marked ‘L. Elliot 1741,’" he said. "That’s quite unusual because dates are hardly ever found on glass, or any other material excavated, for that fact."

Ewen said he thinks Bath was originally surveyed and planned to become a much larger place than it has become.

"We’ve found what we think is a mapping of 71 lots for Bath upon its founding," he said. "How much of Bath was occupied then? I think it was actually speculated."

He said he doubts if the plans for its early growth were ever realized.

Ewen said he hopes to find much from activity in Bath occurring away from the Pamlico River in the formative days of Bath’s existence.

"I think most people must have been living next to the river in the late 18th century," he said. "But, I think something must have been going on further inland."

He said he hopes to find something of this.

"We’ve found some from every time period in Bath, from the 18th century to the 19th century to the 20th century," Ewen said. "It’s truly fascinating, but there’s bound to be more."

He said most of what has been found in Bath has been found by his teams in the first couple of feet of ground.

"After that, you hit the water table or red clay," he said.

Ewen said he wants to do as much as he can in Bath before developers take over.

"Bath is fixing to double," he said. "That’s why we’re doing this survey now. We just don’t know as much as we’d like to know about what went on in Bath."

Ewen said he is surprised that he has not found more so far in his studies of Bath because the developers have not really gotten started on building Bath for the future.

"Disruption by developers just hasn’t happened like it will," he said.

Ewen said he hopes to find much more in his archaeological digging of Bath and looks forward to the exploration.

"I’ve got tenure now, so I can pursue things a little easier now," he said. "I can be wrong about as much as I want."