THE DAILY CLIPS

July 17, 2008

News, commentary, and opinion
compiled by the East Carolina University News Bureau from:

The Greenville Daily Reflector
The Raleigh News & Observer
The New York Times
The Wall Street Journal
USA Today
The Charlotte Observer
The Fayetteville Observer
The Greensboro News & Record
Newsweek
U.S. News & World Report
Business Week
Time

East Carolina University News Bureau
E-mail to durhamj@ecu.edu Web site at http://www.news.ecu.edu
252-328-6481 FAX: 252-328-6300
Peaden faces two felony counts of possession of a stolen firearm and one misdemeanor count of possession of pyrotechnics, because illegal fireworks were found at the store, ABC Law Enforcement Chief Calvin Craft said.

The North Carolina Constitution prohibits anyone from holding an office in which they are not eligible to vote. Were Peaden to be convicted of the felony charges, he would no longer be eligible to hold the school board seat. However, he can keep his seat until the case is settled, according to state law.

Alison Schafer, legal counsel and director of policy at the North Carolina School Board Association, said a recent change in the law would leave the enforcement of Peaden’s removal, if he is convicted, to the state attorney general’s office.

“If he is found guilty, then the attorney general would bring an action to declare the office vacant,” Schafer said.

Peaden was elected to the school board in 2004. His term expires in 2010.

Peaden also serves on the board of directors of University Health Systems of North Carolina. Members of that board are appointed by the UNC system Board of Governors and Pitt County.

Peaden was appointed in March of 1998.

Barbara Dunn, public relations coordinator at Pitt County Memorial Hospital, said Tuesday that officials there are consulting with their attorney to determine the best course of action before offering comments on the situation.

Peaden could not be reached for comment Wednesday. His lawyer, Mark Owens Jr., said he would not be commenting on his client’s case.
ECU trustees slated to elect new officers

The Daily Reflector

The East Carolina Board of Trustees meets this morning to elect new officers and discuss other matters.

The board will meet at the Health Sciences Building on 5th Street at 9 a.m.

The board will discuss a lease of around 300 apartments for student housing next year to address overcrowding concerns on the campus as the university continues to grow.

If the proposal is approved, the board will spend about $600,000 to house the 300 students.
ARACHNID IMMORTALITY

Scientist discovers Stephen Colbert's burning desire for spider namesake

BY KRISTIN DAY
The Daily Reflector

There are few people in this world to whom you should never issue a challenge. One of them is Stephen Colbert — simply because he will drag you into his world of mockery and witty cynicism without you even realizing it.

All in good humor, of course.

That's what happened June 24 to ECU Associate Professor Jason Bond after he chose to name a spider after Neil Young — a slap in the face to Colbert, host of "The Colbert Report," a satirical news and talk show on Comedy Central.

At least that's what Colbert says.

And it's not over yet.

In the Bond lab, the biologist specializes in taxonomy, or classification, and phylogeny, evolutionary relatedness, of spiders and millipedes. Through field work and researching museum collections, he and his students study both new and known species, then they name those without a moniker.

"Naming species is not as if you're giving a specimen a nickname," Bond said. "...

See SPIDER, A9

WATCH A VIDEO of "The Colbert Report" featuring Jason Bond at reflector.com

"So tell me about my spider," Colbert said. "Does it shoot poison darts, does it lay eggs in your ears?"

Bond told Colbert he had to choose one of 27 trapdoor spiders, which lurk underground, wait until they sense something walking by and grab it. The video of the spider in action impressed Colbert most.

"Oh, my God, that's incredible," Colbert exclaimed. "And it's named after me!"

As Bond spoke, several "visual approximations" paused on screen — cartoon and feature-film versions of Spiderman, a Halloween costume and Toby McGuire in street clothing. Bond said he knew about the pictures ahead of time and thought it was clever. His mom, however, in typical, loving parental bias, was not pleased with the picture of McGuire representing her son.

"She was worried someone would think it was me," Bond said. "And (she said) I'm much better looking than that."

Bond said the "Report" staff was talking about multiple segments, but he didn't know of what that would consist. The show returned from a two-week vacation this week. Sometime after its return, Colbert will have to choose a species and can reveal its new Bond-given name: Apestichus stephenbcolberti.

Bond said he's happy to name a spider after the late-night talk-show host because of the exposure it will bring to biodiversity, citing the importance of those who document the effects individual species have on the ecosystem. He said he's been inundated with e-mails from people who want to name species after loved ones; he might even auction off these names to raise money for ECU research.

But he's also more than willing, because he's a fan and calls Colbert "a comical voice of opposition to some of what has happened in our country."

"I've particularly been a fan since the speech he gave at the White House Correspondence Dinner," Bond said.

"Because names are important, it is quite an honor ... I wouldn't name a species after him if I didn't think it was appropriate."

Bond also has named species after his wife and Nelson Mandela. He has two other names in mind as well, but he's not divulging that information just yet.

Contact Kristin Day at 329-9579 or kday@coxnc.com.
BY SHARI ROAN
Los Angeles Times

Stay home if you're sick. That's the best way to stop the spread of contagious diseases, such as influenza tuberculosis and gastrointestinal viruses. Besides, you can't do your job capably or safely if you don't feel well. But many Americans simply tough it out when ill, going to work with pain, cramps, headaches, fevers or worse. Often, they have no choice.

As many as 43 percent of American workers in private industry don't have paid sick days, according to 2007 data. If they call in sick, they lose pay and, sometimes, jobs.

That number has risen over the years, part of a larger trend to cut back on sick leave. Among workers who do still have the once-venerable benefit, many have found their days reduced or lumped together as part of their vacation time. The United States — unique among industrialized countries — doesn't mandate a minimal number of paid sick days for workers.

"Sick time is changing," said Kim Stattner, an expert on absences for Hewitt Associates, an international company that provides human resources programs and consulting. "The practices and designs are not as generous as they once were."

As employers cut back, however, lawmakers are stepping in, with the support of labor organizations and health officials. In May, legislation cleared the California Assembly that would allow workers to earn one hour of paid sick time for every 30 hours worked. The bill, called Healthy Families, Healthy Workplaces (AB 2716), has been sent to the Senate, where its prospects for passage are considered fair.

As many as 10 other states also are mulling such laws. In North Carolina, the Healthy Families and Healthy Workplaces Act, a bill that would provide workers with paid sick leave, went to committee for review during this year's short session of the General Assembly.

Two cities, San Francisco and Washington, have already enacted legislation. In San Francisco, full-time, part-time and temporary workers earn one hour of paid sick leave for every 30 hours worked, assuming they have been on the job for at least three months. Workers at companies with fewer than 10 employees can accumulate up to five days per year; and workers for companies with 10 or more workers can accumulate up to nine days. The Washington, D.C., law requires workers to be on the job for one year before becoming eligible for paid sick leave. Workers can earn three to seven days depending on the size of a company and whether they work full or part time.

About 135 developed countries have laws requiring employers to provide paid sick leave to full-time employees. In the United States, Sen. Edward M. Kennedy, D-Mass., and Rep. Rosa L. DeLauro, D-Conn., have introduced a bill, the Healthy Families Act, that would require businesses with 15 or more employees to give workers at least seven paid sick days per year.

"The public supports it," said Ruth Milkman, a professor of sociology at the University of California, Los Angeles, and director of the Institute for Research on Labor and Employment. "In San Francisco, the law was so popular that the people who were opposed to it didn't even mount a challenge. Paid sick time is a human need that is self-evident."

An estimated 79 percent of low-wage workers and 80 percent of part-time workers do not have paid sick time, according to the Institute for Women's Policy Research, a Washington, D.C-based organization that based its analysis on U.S. Department of Labor statistics. The demand for workers in the service sector has grown substantially over the last two decades, but those jobs are much less likely to carry sick pay, said Jeremy Smith, a lobbyist for the California Labor Federation. Fewer workers today are covered by union contracts, which traditionally dictate paid sick time for their members, he adds.

Small companies are also cutting the benefit, Stattner said.

"Some employers look to generate savings from cutting sick time because they are trying to mitigate the cost increase of medical benefits," she said.

Those employers and many others will resist legislation to mandate a certain number of paid sick days, say labor leaders.
SICK DAYS
Continued from D1

said Peter Ronza, an advisor on employee compensation for the Society for Human Resource Management.

"They still love their people, but they can't afford the kind of benefits that 3M or Best Buy or General Motors can afford," he said. "California is saying, 'OK, we need to have this as a paid benefit.' But it turns out to be something small businesses can't afford."

Many employers have already begun to tinker with sick days.

The brokerage giant Merrill Lynch raised eyebrows last year when it sliced guaranteed sick days for employees from 40 to three. According to Stattnner, most companies that provide paid sick days offer about 10 a year. (Employees of the federal government get 13 a year.) Fewer companies than in past years allow employees to carry over unused sick days from one year to the next, but many provide a short-term disability benefit featuring partial pay for six to eight weeks. Moreover, some companies allow employees to purchase long-term disability insurance policies.

"Today, sick time is intended for casual or incidental absences," Stattnner said. "The short-term disability is for more serious health conditions requiring multiple weeks away from the office."

Employers are also instituting plans that lump vacation, sick and personal days in one pool, a benefit referred to as "paid time off." A survey by Hewitt showed that 30 percent of employers offered paid time off in 2006, up from 18 percent in 2000.

The idea behind general paid time off is that employees will be more judicious in how they use sick time. But such pools often don't reflect the realities of real life, Ronza said. "What if you get sick and you use up all your time in the same year that you have a wedding planned?"

Others view the time-off pools as a sneaky way to reduce paid sick days and ease the managerial headache of keeping track of employees' separate balances of sick, personal and vacation days. When employers offer 15 days of time off instead of two weeks of vacation and two weeks of sick time, for example, the reduced number of sick days can slip by relatively unnoticed.

"It's a way of cutting back on paid time off," says Vicky Lovell, director of employment and work and life programs for the Institute for Women's Policy Research. "Employers don't have to care why someone is out."
Providers team up on care for uninsured

Carolina Health Net has enrolled 800

BY SADIA LATTIF
STAFF WRITER

When Feliciana Gachuzo's son, Ricardo, cut his head and had to go the emergency room three years ago, he had to wait several hours before he could be seen.

Now Ricardo, 6, is being evaluated for possible attention deficit disorder — something Gachuzo, who is originally from Mexico, had never heard of. She said she worried about getting the evaluation at first, believing that seeing a doctor would be difficult and costly. But this time, Gachuzo isn't having any trouble getting an appointment.

Gachuzo and her son are two of 800 patients enrolled in Carolina Health Net, a new attempt by Piedmont Health Services, UNC Health Care and the UNC School of Medicine to cut rising emergency room costs and streamline specialty care for uninsured patients.

"It's about getting the right care at the right place at the right time," said Brian Toomey, CEO at Piedmont. The non-profit agency runs six community clinics, including the one in Caswell County's Prospect Hill that Gachuzo uses.

Carolina Health Net identifies patients with frequent emergency room visits, diseases and multiple medications. It encourages them to enroll in the program, which connects them to primary care doctors at Piedmont and specialists at UNC. Patients such as Ricardo go to their local clinics for routine and follow-up care, and see UNC specialists with more ease when they need to.

"We can start (treatment) here at UNC, but then we need somebody to hand it off to," said Warren Newton, chairman of the department of family medicine. "We can talk to a person's family and get him launched into the program so that he has a regular doctor to talk to and help manage his disease, whatever it may be."

Emergency room visits continue to rise. At UNC Hospitals, the emergency room sees more than 62,000 patient visits per year, and the annual cost for indigent care exceeds $70 million.

Carolina Health Net covers four counties — Alamance, Orange, Chatham, and Caswell — that have more than 82,000 people without insurance. Nearly half of UNC's uninsured patients come from these counties.

Patients in Carolina Health Net also are encouraged to enroll in Medicaid if they are qualified.

Another issue the program hopes to resolve is missed appointments, which also raise costs, Toomey said. Too often a patient has to wait weeks or even months to see a specialist. By then, the problem may have resolved itself or become worse and required an emergency room visit. Or, work issues get in the way and a patient has to skip the appointment. In its first six months, Toomey said, Carolina Health Net has significantly reduced the no-show rate.

Cynthia Oakley and her husband have never had health insurance. Both self-employed, they enrolled in Carolina Health Net. "I use mostly the community health center, and in dire emergencies I'll go to the hospital," said Oakley, who was recently diagnosed with diabetes. "Going somewhere else isn't an option — there's no way we could pay the bills."

sadia.lattifi@newsobserver.com
or (919) 829-4768
UNC Health Care to buy Chatham Hospital

No layoffs foreseen in $11.3 million plan

CHAPEL HILL — Representatives of the UNC Health Care System and Chatham Hospital have signed a letter of intent for UNC Health Care to buy the 25-bed hospital in Siler City for $11.3 million.

UNC Health Care has worked closely with Chatham Hospital for 10 years and has managed it since 2006, Laura Clapp, chairwoman of the hospital's board of trustees, said in a news release.

Under the terms of the letter of intent, UNC Health Care would acquire 100 percent control of Chatham Hospital and its assets by becoming the hospital's sole corporate member. Chatham Hospital would remain a separate, private, not-for-profit hospital. All current liabilities and long-term debt of Chatham Hospital will remain in place.

In addition, UNC Health Care will:
- Assume control of Chatham Hospital's $34.7 million in liabilities.
- Transfer to Chatham Hospital $2 million.
- Commit $9.3 million to develop health-care services in Chatham County over the next seven years. Chatham Hospital's priorities include developing more medical office space and expanding radiology services.

The Chatham Hospital board will continue to be responsible for day-to-day operations. UNC Health Care will continue to provide management support.

Carol Straight, the hospital's chief executive officer since 2006, will remain as CEO. There are no plans for layoffs.

The announcement comes as the new hospital building is nearing completion in the Central Carolina Business Campus. Of the 25 beds, 21 are dedicated for general medical/surgical care, and four are dedicated to intensive care services.
Medical Board won't publish all malpractice settlements

BY SARAH AVERY
STAFF WRITER

RALEIGH — Patients will be able to access a public Web site that shows medical malpractice payouts their doctors have made, but the information will not be as comprehensive as initially planned.

Answering concerns from doctors, medical malpractice insurers and defense lawyers, the N.C. Medical Board voted Wednesday to make public only settlements of more than $25,000. In addition, the board scaled back the number of years it would initially publish the data. Rather than immediately post settlements that spanned the previous seven years, the board set the start date of the malpractice profiles at October 2007, when the legislature made the rule effective.

“The goal of the board is to protect the public,” said Dr. Janelle A. Rhine, the chairwoman who practices in Wilmington. “The information, even scaled back, will provide patients with more information about the doctors who treat them, Rhine said. The data are slated to go on the board’s Web page in fall 2009.

But the rule still may be challenged. The N.C. Medical Society, which lobbies for doctors, led opposition to the proposal, and was not entirely satisfied with Wednesday’s compromises.

“They moved in a reasonable direction, and that’s a positive thing,” said Stéphen W. Keene, general counsel for the medical society. “But they did not fully address our concerns.”

Keene said the society’s leadership will meet this weekend and decide whether to press forward with opposition. It could contest the planned change to the state agency that oversees rules, pushing the issue back to the legislature and possibly postponing enactment.

The biggest sticking point remains the timeframe for the malpractice data. Doctors and their lawyers argue that malpractice payments are often made with secrecy clauses that both sides agree to and are legally binding. By posting data from the past, they contend, those agreements could be breached. Some have threatened litigation over the matter, but no formal lawsuit has been filed.

Board attorneys have pointed to more than 20 states that have published malpractice payout information, and none said the issue caused problems.

“No one sued us, and the sky didn’t fall,” wrote W.L. Harp, executive director of Virginia’s medical board, which began posting 10 years worth of data in 2001.

The medical board also conducted a poll of North Carolina residents that showed a vast majority of respondents — 81 percent — support full disclosure of medical malpractice payments. Also, 84 percent said they would like the information to show the past seven years of data.

“Almost all adults in the state want this Web site to be made available with seven years of archived information from the beginning,” said Public Policy Polling, the polling company, “and most of them want all cases posted regardless of settlement cost or finding of substandard care.”

sarah.avery@newsobserver.com
or (919) 829-4932

LEARN MORE, WEIGH IN

Read the poll about putting doctors’ malpractice history online at newsobserver.com/news.

Do you want to know whether your doctor has paid damages? Tell us what you think at share.triangle.com.

THE NEW RULES

Under rules approved Wednesday, the N.C. Medical Board will post malpractice payouts on its Web page, www.ncmedboard.org, starting in fall 2009. Included will be:

SETTLEMENTS, VERDICTS AND JUDGMENTS OF AT LEAST $25,000. The board originally proposed posting all payouts, but doctors argued that amounts less than $25,000 reflect so-called “nuisance lawsuits” that they say are often settled for expediency rather than merit. The medical board determined that 90 percent of payouts would still be reported.

MALPRACTICE PAYOUTS SINCE OCT. 1, 2007. By adding each year after that start date, the Web site eventually will maintain a payout history that will go back seven years.

KEY DATES, including when the incident occurred and when the payout was made. The information will not identify patients.

WHETHER THE CASE LED TO DISCIPLINE, based on the board’s review of the care that prompted the legal action.

AN OPPORTUNITY TO EXPLAIN. Doctors and physician assistants who have made payouts can give a brief statement about the circumstances of the case.