THE DAILY CLIPS

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Trustees OK plan for ECU freshman housing

College will lease around 300 apartments from area rental companies to help house a record number of incoming students.

BY JOSH HUMPHRIES
The Daily Reflector

Space concerns prompted the East Carolina University Board of Trustees to approve a plan Thursday for off-campus housing for some incoming freshmen next year.

The board gave the go-ahead to a plan to lease around 300 apartments from area rental companies that met a stringent set of standards used for dormitories.

This will be the first time that ECU has leased off-campus housing for on-campus students. Officials said the students will be treated as if they live in a dorm.

The apartments will have to have a sprinkler system, central fire alarm system hooked directly to the Greenville Fire Department, utilities, 24-hour maintenance response, security lighting, on-premise security service, parking and be on a route for ECU transit.

The students who are placed in the apartments will be on a waiting list for on-campus housing said Kevin Seitz, vice chancellor for administration and finance.

The university is expecting a record number of students this year, and there will not be room for every student on campus as the semester begins. Students placed in the apartments will be moved back to campus as space becomes available.

On-campus rooms become available when students do not show up or decide to leave school, Seitz said.

The 6-month lease is to cost around $600,000, and the funding is to come from the student housing budget.

ECU is the fastest growing school in the UNC system, said Chancellor Steve Bal-

See ECU, A11

ECU
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This year, we need to recognize that the challenges will be huge,” Ballard said. “The state economy will face a downturn for the next two years, and there may be big cutbacks in higher education.”

The board also elected officers for the coming year.

Bob Grezczyn, president and CEO of Blue Cross and Blue Shield of North Carolina, was re-elected chairman.

David Brody, vice chair, and Robbie Hill, secretary, also were re-elected to their posts. All three will serve one-year terms.

Grezczyn, a member of the ECU board for five years and a 1973 graduate, said he appreciates the opportunity to lead the board for a second term and will continue to work with board members, the chancellor and the campus community.

Grezczyn, in his report to the board, praised the General
Assembly's approval of $70.5 million to complete construction for ECU's new dental school and another $36.8 million to upgrade the family medicine center.

"We did not get the indigent care funding that I think we needed," Greczyn said. "It is part of the mission of the Brody School of Medicine and East Carolina University to make sure we can attract the best students to our medical school."

The board continues to seek funding for the care of indigent patients — those who are unable to pay for services — from the General Assembly.

"I remain extremely frustrated with the lack of funding for indigent care," said Ballard. "It wasn't for lack of effort on our part. It is at the center of the commitment to serve the under-served."

The board would like to see a reimbursement of $5 million to the Brody School of Medicine for direct costs incurred for providing medical care to indigent patients in eastern North Carolina. But the board will continue to offer the care as it seeks relief from the state.

Brody, a Kinston developer and philanthropist, joined the ECU board in 2003. Hill, a Kinston health care executive, has been a board member since 2001 and is chair of the health sciences committee.

The board also welcomed its newest member, Andrew Griffin. Griffin is a senior finance major who was elected by the student body to serve as president of the Student Government Association. The SGA president serves on the board of trustees with a vote.

Josh Humphries can be contacted at jhumphries@coxnc.com and 329-9565.
Site work begins for new dorm

The building is expected to be ready for East Carolina University student occupancy for the fall semester of 2009.

BY MIKE GRIZZARD
The Daily Reflector

Site work is under way for the construction of a private dormitory overlooking the Tar River on First Street in downtown Greenville. The building is expected to be ready for East Carolina University student occupancy for the fall semester of 2009.

Place Properties of Atlanta is developing the four-story, 193-unit building, to be called First Street Place. Jeff Githens, a development associate with Place Properties, anticipates the project to be complete by next August and that leasing will begin this fall.

Place Properties has housing communities and facilities in 14 states, primarily in university and military markets. It has private dorms in Raleigh (Wolf Creek), Charlotte (901 Place) and Pembroke (Pembroke Place).

"We've done one other project with them, and they make a nice property," construction supervisor David Michael said from his Wilmington office. "... It's a privatized dormitory, which there probably is a big need (in Greenville)... The state can't keep up with the demand, so the private side comes in and works it out."

See DORM, A11

DORM
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Githens said Greenville fits the profile that Place Properties targets, citing ECU’s "growing enrollment and academic programs - both undergraduate and graduate," a "progressive community that has put much focus into redevelopment of its downtown and creating a strong connection between the downtown and the university," and demand for student housing closer to campus.

"The location is an ideal setting for a student apartment community - close to campus, the river walk and downtown amenities," Githens said in an e-mail response to questions about the project.

He said all precautions to avoid flooding were being taken given the proximity to the Tar River.

"There are no concerns with flooding on this project," Githens said. "The new building at its lowest point is 15 feet above the 100-year flood stage."

"The vast majority of the building is 25 feet or more above the 100-year flood stage. All parking is also above the 100-year flood stage."

First Street Place will be comprised of 113 one-bedroom loft studios, 65 two-bedroom, two-bathroom units; and 15 three-bedroom, three-bathroom units, according to Githens.

"Every resident will have their own surface parking space," he said. "Amenities will include clubhouse facilities with a state-of-the-art fitness center, tanning bed, computer lab, and beach-entry swimming pool in the courtyard. The Greensway will also be extended through the property along the river."

Place Properties is a diversified real estate company with expertise in financing, developing and managing award-winning housing communities and facilities for the university and military markets.

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Brody school ends year in red, but beats projections

BY TOM MARINE
The Daily Reflector

The Brody School of Medicine ended the 2007-08 fiscal year $1.7 million in the red, but still beat projected figures, Brian Jowers told the East Carolina University Health Sciences Committee at its monthly meeting on Thursday.

Jowers, executive director for ECU Physicians, said the medical school was budgeted to lose $2.2 million. Although he said the Brody School still lost money, it did better than expected.

"We're headed in the right direction," Jowers said following the meeting. "It is my goal to come in with a balanced budget this fiscal year."

Jowers said his office focused extensively on expenses and parts of the billing process to lower costs.

"We do have some serious financial challenges," said Dr. Phyllis Horns, interim vice chancellor for Health Sciences and interim dean of the Brody School of Medicine. "But things are looking up."

Dr. Michael Rotondo, professor and chairman of the department of surgery at the Brody School, gave a brief update about the strategic plan at the medical school.

He said it is now going through a period of public vetting, including comments from faculty members in town-hall meetings.

"I think it is going to be a very valuable document," Rotondo said. "It is progressing quite well."

Rotondo said the next step of the strategic plan is to implement tactics that will achieve its strategic goals.

Dr. Nicholas Benson, vice-dean of the Brody School, updated the board about $1.5 million awarded by the North Carolina General Assembly for medical school expansion at ECU and the University of North Carolina at Chapel Hill.

Benson said the funds will be split between the two schools.

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McCarthy contract is finalized

Second-year ECU basketball coach set to receive $225,000 per year.

BY TONY CASTLEBERRY
The Daily Reflector

East Carolina's Board of Trustees approved a five-year deal for men's basketball coach Mack McCarthy Wednesday.

The second-year head coach will be paid a total of $225,000 per year. He'll get a prorated salary of $200,000 through Nov. 30, a total payment of $100,000, and $150,000 from Dec. 1-March 31, 2013. In addition to the base salary, McCarthy will receive a guarantee of $75,000 for each year of the contract in exchange for participation in television, radio and Internet programs as well as Pirate Club appearances and speeches.

"I appreciate the confidence shown in my staff and I by the Board of Trustees, Dr. (Steve) Ballard and (director of athletics Terry) Holland in affirming us as the people to lead East Carolina University basketball into a successful future," McCarthy said in a statement released by ECU. "Be assured that we are hard at work improving every phase of the Pirate basketball program. My family and staff couldn't be more excited about this challenge and opportunity."

Several bonus opportunities are included in the contract.

If the Pirates, who went 11-19 under McCarthy last season, make it to the NCAA tournament, McCarthy will receive a $100,000 bonus. He'll receive the same bump if ECU ends a season with a .500 or better record in Conference USA regular-season play.

The coach will get a $50,000 bonus if the Pirates outrebound their C-USA opponents in 10 or more of the 16 league contests and another $50,000 surplus if Holland determines the team has made positive academic progress in a contract year.

See CONTRACT, C5

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**CONTRACT**

Continued from C1

Taking the "acting" off his head coach tag didn't seem to make much difference to McCarthy, but knowing that he and his staff should be in place for the next five seasons certainly beats the uncertainty that surrounded the team the last few seasons.

"I think it just gives the program a sense of stability," McCarthy said at the luncheon. "The only time you heard (acting) was in settings like this or in print maybe, but we never treated it like that."

"We assumed that we were going to be here and approached it in that regard. It was never talked about with the team. We coached the basketball team like we were going to be here forever."

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Trapdoor spider to bear Colbert’s name

THE ASSOCIATED PRESS

GREENVILLE — Talk show host Stephen Colbert has a big decision to make: Which spider species should bear his name?

The Daily Reflector of Greenville reports that Jason Bond, an associate professor at East Carolina University, has agreed to name a species after Colbert, host of Comedy Central’s “The Colbert Report.”

Bond is a biologist who specializes in spiders and millipedes. He and students study both new and known species and provide names for the new ones.

Colbert developed spider envy after learning Bond had given the name of Myrmekia phila neil-youngi — for legendary rocker Neil Young — to a trapdoor spider. The talk show host demanded a spider be named after him.

Bond “appeared” on the show June 24, interviewed by Colbert over the phone. Bond told Colbert he could choose one of 27 trapdoor spiders, which lurk underground, waiting until they sense something walking by to grab it.

So, now that the show is back from a two-week vacation, Col-

Stephen Colbert will choose which spider is named ‘Aptostichus stephencolberti.’

bert must choose a species to carry the name “Aptostichus stephencolberti.” Because Colbert doesn’t pronounce the “t” in his last name, it will be silent in the spider’s name as well.

“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 said.
Joe says no

The state House speaker should not be blocking a bill that would help people pursuing access to public records.

If someone with an inquisitive streak wants access to public records from, say, a local government or state agency that doesn't want to give them up, the fight can be long and expensive. Sometimes, the legal bills run to the tens of thousands of dollars, even if the public's right to such records under North Carolina law ought to be obvious.

Yet as things stand now, those people who successfully sue the government over access to records are at the mercy of judges, who may or may not award adequate fees to be paid by the losing party. Legislation introduced by Sen. David Hoyle, Democrat from Gaston County, and passed unanimously by the Senate, would make payments of "reasonable" legal fees automatic in such cases.

Against that common-sense change stands House Speaker Joe Hackney, who apparently has decided to make the bill go away in his chamber, telling a House committee chair not to consider it. This isn't like Hackney, normally a backer of open government who as speaker has sought to have the House engage in fair debate from all sides. His stated reason for deep-sixing the measure is that he didn't want to have it acted upon in the last days of this legislative session. That sounds more like an excuse than a reason, and Hackney simply has made a bad call.

Yes, such a bill would indeed benefit news organizations such as The News & Observer, which has led its share of battles over public records access. And yes, The N&O has editorialized many times over the years against rush-jobs on Jones Street with regard to legislation that moves on through in a hurry.

But in speaking to the first point, it should be noted that individuals, as well as newspapers, often seek records. And governments and agencies may deny access because it's easier to do things without public monitoring, despite what the law says, or perhaps just because those in power think they can get away with it.

It's also true that when news organizations challenge the government over access to records, they are acting in line with their role as watchdogs for the public. But where a newspaper might be able to foot the legal bills in such a case, win or lose, people acting on their own may not have the financial resources to pursue records requests if it means going to court.

As to the issue of last-minute action, in this case Hackney's reasoning falls apart. This issue has been stewing in the Legislative Building for weeks, and was passed by the Senate. It is not as if a legislative leader were trying to sneak something in without discussion and debate.

The public's business is the public's business. Sometimes, conducting it in public, particularly when there are sharp differences on an issue, is uncomfortable for those in power. They'd just as soon do things quietly.

But the virtue of public discourse and the public's right to know is something that goes back to the very foundation of this democracy. When that right is denied, it is a serious matter, as North Carolina law recognizes, and when someone wins a legal action, getting government to do the right thing should not carry with it prohibitive expense.

This is a good bill, and Hackney should not have used his power to quash it. While the legislature remains in session, it's not too late for him to change his mind.
Stephen Colbert to have spider named after him

The Associated Press
Thursday, July 17, 2008; 3:21 PM

GREENVILLE, N.C. -- Stephen Colbert has a big decision to make:
Which spider species should bear his name?

The Daily Reflector of Greenville reported Thursday that East Carolina
University associate professor Jason Bond has agreed to name a
species after Colbert, host of Comedy Central's "The Colbert Report."

Bond is a biologist who specializes in spiders and millipedes. He and
students study both new and known species and provide names for the
new ones.

Colbert developed spider envy after learning Bond had given the name of Myrmekiaphila neilyoungi _ for rocker Neil
Young _ to a trapdoor spider. The 44-year-old comedian demanded that a spider be named after him.

"Where's my spider?" he said. "I have lots of animals named after me: turtles, eagles, Ontario Junior League hockey
mascots. The world demands an eight-legged tribute to Stephen Colbert and I do not mean another barbershop quartet."

Colbert interviewed Bond by phone for his June 24 show.

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

Bond told Colbert he could choose one of 27 trapdoor spiders, which lurk under the ground, waiting until they sense
something walking by to grab it.

Now that Colbert is back from a two-week vacation, he must choose a species to carry the name "Aptostichus
stephencolberti." Because Colbert doesn't pronounce the "t" in his last name, it will be silent in the spider's name as well.

"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 said.

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it's dark. I try to move, but I'm wrapped like a mummy in warming blankets. A second ago, it seems, it was daylight and a nurse was asking me my name. Tubes protrude from my right side. They feel like garden hoses. Smaller ones sprout from my arms. One is in the big vein in my neck, the one that bulges when I laugh, except I don't laugh as much as I used to, before my heart began failing. I free my left hand and wave feebly. "You want to know what time it is?" a nurse softly asks. I blink. "Eleven o'clock." It's night? Seven or eight hours must have passed.

For many of them, I learn later, a surgeon with thin gray hair and sharp blue-gray eyes bent over me. They had deflated my lungs, and through a four-inch incision under my right breast he tunneled through my chest. Bypass surgery six years ago had left dense scar tissue. Beyond it lay my motionless heart. "We can fix it," he had told me a few weeks before, "if we can get to it." He would use a tiny camera and lights, long endoscopic scalpels like stainless-steel chopsticks and perhaps the robot they call da Vinci.

They had chilled my body core to about 80 degrees, nearly halting my metabolism. In nature, I would be dying of hypothermia, but here a machine oxygenated and circulated my blood. The surgeon's progress slowed. Though he had pioneered robotic and minimally invasive heart surgery, he had warned me this might happen.

For weeks now, I had bolted awake, dreading that in mid-operation he'd have to switch to a sternotomy. That's how they had opened my chest for the bypass. I had been unconscious, oblivious to the details, but a few years afterward had suited up in a surgical gown and mask to watch a bypass for a story I was writing. I remembered the patient's torso drenched in copper-colored antiseptic. I remembered the soft buzz of the small reciprocating saw as they split his breastbone and, with a muffled pop, pried it apart and inserted a retractor to hold it open. Doctors in Charlotte said my previous surgery had made it so dangerous they were afraid to crack open my chest again. They didn't consider this less-invasive procedure an option. The clock moved. Before the surgeon had started work, his assistant had told him it looked hopeless.

Eleven o'clock. Darkness. Under the blankets, I move the fingers of my left hand like spider legs, inching up my stomach. I feel my navel, my rib cage and, now, the middle of my chest. There's stubble where they shaved it, just in case. My fingers search. No bandages! A tube runs down my throat. I'd laugh if I could.

This is partly about medical technology such as endoscopy, robotics and cryosurgery and partly about W. Randolph Chitwood Jr., the cardiothoracic surgeon many believe is the best in the world at them. In January, in a hospital in the one-time tobacco town of Greenville, he cut open my heart and sewed a nickel-alloy ring about 1¼ inches in diameter around the base of my badly leaking mitral valve so that it again seals between beats. Then, with a probe chilled by argon gas to 130 degrees below zero, he scarred my heart — good scars this time — to block errant electrical impulses that cause atrial fibrillation. That's what, through a stethoscope, had made my heartbeat sound like a stutterer with hiccups. Either eventually would have killed me. Together they were wasting no time. Three days after I woke up, I walked out of the hospital. I went back to work in two weeks.

But this is equally about Greenville, the spot it has come to occupy in the state and national medical landscape and how, 40 years ago, at the mercy of politics, regional rivalry and academic competition, it almost didn't

Chitwood's team makes incisions for robotic surgery while, opposite, he studies a 3-D image of the heart.
get to appear on that map at all. One turn of events underscores its present status. When I set out to find a surgeon who might be able to fix my heart without the sternotomy, Charlotte doctors referred me to one at Duke University School of Medicine in Durham and another at Cleveland Clinic in Ohio, by reputation the world’s best heart hospital. When I contacted them, I found that Chitwood had trained both in Greenville.

When it comes to medicine, Greenville is an unlikely locale for those North Carolinians accustomed to seeking care in larger cities. “It’s probably more recognized outside the state than at home,” says Al Delia, a former East Carolina University researcher who’s now an economic developer in Kinston. Case in point: He recently received an inquiry from John Paul II Hospital in Krakow, Poland, which was interested in affiliating with the medical school and Pitt County Memorial, its teaching hospital.

More of Chitwood’s patients — he has performed 600-plus endoscopic valve operations like mine and 400 more using the da Vinci robot he helped design — come from outside North Carolina than from in it. The patient next to me in the cardiac unit was from California. Four years ago, Chitwood — formally vice chancellor for health sciences at East Carolina University’s Brody School of Medicine and director of the East Carolina Heart Institute — turned down an offer to join Harvard’s faculty. A Boston newspaper described him as “a household word in the world of cardiac surgery.”

But Chitwood’s reputation shouldn’t overshadow Greenville’s own rise as a medical center. “Unlike many parts of Eastern North Carolina, which are economically stagnating or growing just a little, Greenville is a boom town,” says John Tucker, a native who left for Davidson College in the 1970s and returned to become ECU historian. “It’s turned the city into a medical utopia, compared to what we had when I was growing up here.”

After I recovered, I talked to Dave McRae, CEO of University Health Systems of Eastern Carolina. He outlined how the network had grown. He estimates that Pitt Memorial, its flagship, was worth about $12 million in the 1970s. It’s now a sprawling, $800 million complex with $600 million of construction planned. Projects at ECU’s medical school, plus private clinics and offices, could push the total to more than $1 billion of medical construction started or finished here in the next five years. “We’ll double the size of the campus, just here in Greenville. That’s not the university — it’s just health care.”

Those are the hard numbers. Then there’s the human impact. When Virginia Hardy, associate dean of academic affairs at the medical school, was growing up in the 1970s, there were only a handful of doctors in Pitt County. “There were eight of us in the family, and with one exception, we were all delivered by midwives,” she says. The county now has 647 doctors — one for every 220 residents, the third-highest ratio in the state.

Medicine is rapidly becoming dominant in this city of about 75,000. It’s the home of the health system, which has a footprint that covers 29 counties, nearly a third of the state. About 5,500 of its 8,500 employees work here. Darting back and forth around the clock,
angling low over west Greenville with its scores of medical practices and clinics, the EastCare fleet of three medical helicopters — the state’s largest — transported 2,634 patients last year, ferrying them from accident sites and the five other hospitals that the system owns or manages and five more that it’s affiliated with. Those patients and more than 37,000 others came to Pitt Memorial and the medical school last year. Like me, they came for heart care. Or strokes, diabetes, grave pediatric illnesses and various other life-threatening ailments. That’s tertiary care, Steve Lawler, the hospital’s president, explains. Others were victims of car wrecks, farm accidents and fishing-boat mishaps, often flown here because it’s the only Level One trauma center east of Raleigh.

If Pitt Memorial is the pulse of Greenville’s medical industry, the medical school, which graduated its first class of doctors in 1981, is its heart. The school is staffed by doctors such as Chitwood — he has trained more than 350 others to use the da Vinci robot for cardiac operations — and Walter Pories, the surgeon who developed gastric bypass for weight control. The procedure now known as Roux-En-Y originally was called Greenville Gastric Bypass, and Pories has shown more recently it might be used to cure some types of adult diabetes.

I knew the numbers, the credentials. At least, I did in my head. But as the days of January dwindled and my surgery approached, the credentials I was most interested in preserving were my own: husband, journalist and former medical writer — I coincidentally had interviewed Chitwood in May 2000 when he performed the first robotic heart-valve surgery in North America — and now the owner of a badly deteriorating heart. Did I mention quaking self-doubter?

Have you lost your mind? I drive our little gray Honda north on Interstate 85, leaving behind the big hospitals of Charlotte, both just five minutes from my doorstep. I dodge with big trucks as we skirt exits to Winston-Salem, home of Wake Forest University Baptist Medical Center, then Durham and Duke and down I-40 to Raleigh and its big WakeMed system, all among the nation’s best. Mostly I drive in silence, my wife beside me.

East of Raleigh, U.S. 264 bypasses sleepy crossroads like Sims and Bailey, places I had never been despite 40 years as a reporter in North Carolina. Old tobacco barns, grain bins and irrigation ponds line the highway. It’s four lanes, like an interstate, but at times on this midwinter Monday morning ours is the only car
in sight. The lump in my throat grows. This had been my idea. When my Charlotte doctor had suggested that I go to Cleveland, I had insisted on coming here. I talked to Chittwood on the phone. He signed off with, "We'll take good care of you." Now, as I drive east, tall pines seem to close in on both sides of the highway. Oh man, what have I done?

Leo Jenkins was a New Jersey Yankee, a Marine who fought on Guam in World War II and an educator who died in 1989, 11 years after retiring as chancellor of East Carolina University. In January, he — or at least what he wrought — helped me make my decision. After more than a decade of bitter debate, the General Assembly voted in 1974 to establish the state's fourth four-year medical school — Duke, Wake Forest and UNC Chapel Hill had theirs — in Greenville. McRae recalls the divisiveness. "Some wanted the medical school in Charlotte, and others thought the UNC school in Chapel Hill should be expanded. I lived in Raleigh then, and it was in the headlines every day. They were going to put the medical school down east in a rural part of the state at a school that didn't even have a Ph.D. program."

Jenkins, who had joined the faculty of what was then East Carolina Teachers College in 1947 and had become its president in 1960, campaigned for the medical school like he was storming a beach. "To say the least," Tucker says, "he was gung-ho." The UNC Chapel Hill student newspaper described him as "the sly, wall-eyed Leo Jenkins," cartoonists lampooned him, and Piedmont politicians vilified him. It's a legacy that has lasted, says Nicholas Benson, vice dean of the medical school. "We sometimes wonder when our legislative initiatives in the General Assembly go forward if some members still have the attitude, 'Hey, I remember what Leo Jenkins did in the late '60s with the big push for the medical school, so why should I support ECU now?' Memories die hard."

But aided by a powerful bloc of eastern politicians, he made the legislature listen. The medical school was much more than a prize for a university campus. It was vital to a region where the options for thousands of residents boiled down to dying young, living poor or moving away. "There were many counties without a single physician," says Delia, president of North Carolina's Eastern Region Development Commission in Kin-
ston. "Now, graduates are doing what the legislature intended — staying in the region to improve the health care of residents of Eastern North Carolina." It also has contributed to the economic health of the region. A study by the Association of American Medical Schools, based on 2005 numbers, shows it has a $14 billion annual impact, ranking 10th among the nation's medical schools. Its $150 million annual payroll provides for nearly 2,000 jobs. "There's nothing I can think of that would have had this kind of impact on Eastern North Carolina," Delia says.

Bill Bedsole, CEO of Beaufort County Hospital in Washington, outlines how University Health Systems and Greenville touch most of Eastern North Carolina. His 158-bed hospital opened in 1958 and can hardly afford — or justify to hospital regulators — multimillion-dollar machines such as magnetic-resonance imagers. Patients had to be examined in a mobile unit sent by Pitt Memorial once a week. But after forming a joint venture with the Greenville hospital — in effect, borrowing on paper some of its vast patient numbers — Beaufort County Hospital was able to land one of its own. "The benefit to our patients of having an MRI available 24/7 is tremendous," Bedsole says.

As he speaks, an EastCare copter flutters down on a landing pad. "We can take care of emergency needs here, but Pitt County has trauma surgeons on standby 24/7. And we don't have invasive cardiology, so all our patients are stabilized and transferred to Pitt. Before, they had to go to Chapel Hill or Raleigh." That's where I come in — invasive cardiology. Mine is as
invasive as it gets. That's how I come face to face with Mamie, Mr. Buzzy, Wendy and a lot of contradictions.

She's in her 60s, grew up on a farm as I did, and she discusses hog killings and country life with authority. On the morning of my surgery, aide Mamie Roland helps me with my antiseptic shower. She returns with an electric razor. "Here comes Mr. Buzzy," she says, waving it menacingly. She lays it on the foot of my bed as she prepares to shave my arms, groin, stomach and the middle of my chest. Just in case. When she turns away, I hide it under the sheet. As she hunts for it, grumbling, my grin gives me away. We share a big laugh.

Wendy Radcliff, a cardiovascular nurse practitioner, helps ease my anxieties, patiently explaining heart surgery and the next minute — we're both car buffs — bantering about rebuilding souped-up engines. Like most I meet here, she grew up in Eastern North Carolina and is down-home friendly. As days go by, I'm impressed by their competence and efficiency. Partly, I learn, that's due to Pitt Memorial's sophisticated information-technology system, but there's more to it. "You have to be a little better," Lawler, the hospital president, would explain several months later, "when everybody is skeptical of you."

He reminded me that Leo Jenkins had promised legislators that a medical school would bring better health care to Eastern North Carolina. Patients like me might come here from everywhere for specialized care, but the medical school is as basic as cornbread and collard greens. Its students — 73 graduates this year — are all from North Carolina, an entry requirement, and of the 1,800 doctors it has graduated, 59% still practice in the state. Two-thirds enter primary care, such as family medicine. "They're on the front lines," Benson, the vice dean, says.

Nurses, too. ECU's College of Nursing has about 1,000 students, with 193 graduates in 2008, the most of any school in the state. They attend classes in a $60 million, 300,000-square-foot nursing school that opened in 2006 near the hospital. Nearly 90% practice in the state — more than 60% in Eastern North Carolina.

The stocky guy in a blue business suit standing at the foot of my bed a couple of days before my surgery might be the biggest contradiction of all. Chitwood, 62, is a member of the elite Royal College of Surgeons in England, among other things. He's explaining that, after my surgery, he has to fly to Fort Lauderdale, Fla., to be installed as president of the 5,400-member Society of Thoracic Surgeons, but he'll be back to follow up on me. He later tells how he gave up his first job, back in the '70s, to do this. Industry lost a chemist; medicine gained a surgeon.

Chitwood's father and grandfather were doctors in the mountains of southwest
Virginia, where he grew up, but he started out in Wilmington, Del., as a textile chemist for DuPont. He learned to look for patterns in numbers. He still does. He and his department — today, 11 surgeons — have done 1,000 or more operations a year for about 20 years, feeding results into a database and mining it to see what works best. "We called it process engineering. Find where the defect is in the process and correct it. It's the same whether you're trying to get dye to stick to a rug or getting the patient out of the operating room safely." My surgery and recovery unfold like clockwork — at this point, at this time, you should be feeling this or doing that.

That's logic. So is the reason Chitwood came here in 1984 after completing his residency at Duke. ECU dangled a big carrot — chief of the division of cardiac surgery. "They decided they needed a heart program, so I came and did what everybody told me to — build a heart program. I don't think they ever thought it'd get this big." Lured to the University of Kentucky Medical Center in 1988, he returned a year later to become vice chairman of the medical school's surgery department and director of Pitt Memorial's heart center.

"My vision," he says, "was that we could do it differently." The question was how to lessen the trauma to patients already desperately ill. The answer was minimally invasive surgery, penetrating the chest through small incisions between ribs and inserting tiny cameras and fiber-optic light to guide the surgeons. In 1996, he performed the world's first endoscopic heart-valve replacement on a 47-year-old Charlotte man. But it was an uphill struggle. "I got a lukewarm reception at national meetings," he recalls. "It was, 'This might be possible, but it's not traditional.'" He pushed ahead, designing many of the long, specialized instruments now widely used in endoscopic surgery.

In the late '90s, Sunnyvale, Calif.-based Intuitive Surgical Inc. asked him to help adapt endoscopic technology to the robots it develops. The result is the da Vinci Surgical System, widely used in heart, prostate and other surgery. When he performed the first American valve operation with the machine eight years ago, it attracted international
attention. Since then, ECU’s medical school, renowned for turning out primary-care physicians, has won acclaim for a high-tech speciality, its teaching center for robotics training hundreds of surgeons. “Randy could have taken his attributes to Charlotte, Cleveland, Milan, Italy — anywhere — and been successful,” Benson says.

Why hasn’t he? Consider the Harvard courtship. “I had to say, OK, wouldn’t it be great to be a Harvard professor?”” Chitwood admits. “That was my ego. But here my robotics program was going great, we had our research lab going well, we had a large clinical practice with excellent surgeons. When I sat down with my wife to talk about it, she said, ‘You’ve become nationally and internationally known from right here in Greenville, N.C. You don’t have to go anywhere.” Nevertheless, he put Harvard’s advances to use. When ECU and University Health Systems officials learned he was being recruited, they wanted to know what it would take to make him stay. “I said, well, I’ve had the vision of building a heart institute, and I’m not sure it’s ever going to come to fruition here.”

Today, a six-story, 375,000-square-foot, brick-and-glass building rises beside Pitt Memorial. This is the $160 million East Carolina Heart Institute, due to open early next year. It will add 120 beds — the figure could rise to 168, all heart beds if Chitwood has his way — to Pitt Memorial’s existing 745. Based on the latest North Carolina Hospital Association figures, that would push it past Carolinas Medical Center in Charlotte, with 861, and make it second only to Duke University Medical Center’s 989. Nearby, the medical school is building a $60 million cardiac research and education center.

Chitwood will run the heart hospital and research center. The hospital, of course, will be for patients like me. The research center, true to Leo Jenkins’ vision, will take a broader approach to health care and the economy of Eastern North Carolina. “You’re getting, first, an economic bellwether for Eastern North Carolina, with the jobs, construction, the new nurses we’ll need — everything in that building,” Chitwood says. “But we also want to make the work force better, healthier. Not just from the disease-treatment side but from the prevention side.”

Since January, yellow construction tape seems to have spread over western Greenville. A $90 million dental school is expected to open in 2011. The state has the nation’s third-lowest number of dentists per capita, and four eastern counties have no dentist. A $47 million family-medicine and geriatrics center is expected to open in 2010. Both would not only treat patients but focus on keeping them well. That sounds good to me. And I’m not the only one.

Chitwood had bypass surgery several years back, and when I talked to him a few weeks ago, I jokingly asked where. “Right here. Had Mark Williams, one of my surgeons, do it,” he replied. “I’d worry about a surgeon who’d go to another center for his own surgery. That happens, you know.” I ask if he’s taking care of himself nowadays. He mutters under his breath: “Need to lose some weight.” The vein in my neck bulges when I laugh.

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