THE DAILY CLIPS

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News, commentary, and opinion
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The Greenville Daily Reflector
The Raleigh News & Observer
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The Wall Street Journal
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BY TOM MARINE
The Daily Reflector

Carol Jenkins walked into the Greenville Community Shelter Clinic on Monday night with a noticeable limp.

Her left knee was swollen, she said, and a sharp, shooting pain ran around her knee cap every time she put pressure on the leg.

"Do whatever you can do for me," Jenkins told the clinic staff in her New York accent. "This knee has been giving me a lot of trouble. It's stiff all the time."

Jenkins, who has been living at the Greenville Community Shelter for nearly two months, spent the next two hours being examined by medical students and doctors before leaving with a half-filled bottle of generic pain relief medication.

Eleven patients, most of them from the shelter, would come to the clinic that night seeking medical attention. For Jenkins and the rest of the homeless population, they say nothing is easy — not even getting pain medication for a body ache.

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HEALTH

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"Their problem is they don't have access to care," said Lynda Bridges, a medical student at the Brody School of Medicine and member of the board of directors for the clinic, which provides free, basic medical services. "We have (treated) people that were hearing voices and not getting the medication they need."

Due to the limited number of health care options available to them, Bridges said many in the homeless population must get their medical treatment from local clinics or at the emergency department at Pitt County Memorial Hospital, where federal law requires health professionals to admit all patients.

The Emergency Medical Treatment and Active Labor Act requires all hospitals that receive funds from Medicare and Medicaid to provide emergency health care to everyone who needs it, regardless of their ability to pay.

"They go to the emergency room when we are closed because they can't be turned away," Bridges said. "It is a problem. It's a waste of resources and it frustrates the emergency room doctors."

Dr. Timothy Reeder, clinical director of the Pitt County Memorial Hospital emergency department and associate professor of emergency medicine at East Carolina University, said he is not aware of PCMH keeping track of its homeless patients. However, he said that information could come up during the discharge process when the hospital staff identifies where patients live and what ability they have to pay for their medical treatment.

"Sometimes we know because they tell us," Reeder said. "But it is not something we ask on a regular basis, unless it is related to what we are treating."

Reeder said homeless patients are not much different from other indigent patients who are either uninsured or have no means to pay for their medical care. In fact, he said most times the hospital staff doesn't even know what insurance or medical coverage patients may have until they are discharged.

In some cases, Reeder said he suspects there are patients that stay longer in the hospital because they do not have a permanent place to stay.

"The hospital wouldn't put anybody out if they didn't have a safe, secure place to go," he said.

Statistics provided by PCMH show uninsured patients make up about eight
percent of the total patient population, while Medicare and Medicaid patients constitute more than 60 percent. During the 2007 fiscal year, University Health Systems of Eastern Carolina provided $57 million in unreimbursed indigent care for uninsured and underinsured patients.

Of that figure, $42 million was written off as bad debt by PCMH and $15 million was considered outright charity care. These costs, which are essentially free health care, are expected each year and the hospital plans to absorb it, a PCMH spokesman said.

Similar to PCMH, the Public Health Center does not keep records of patients who are homeless, said Dr. John Morrow, Pitt County public health director.

"If we know a patient is homeless, we certainly take that into account for their treatment options," Morrow said. "Again, if the patient doesn't reveal those things to us, we have no way of knowing."

Morrow said one of the biggest public health concerns in the homeless population is communicable disease control, which can include tuberculosis, HIV-AIDS and other sexually transmitted diseases.

"It is not necessarily the fact that they are homeless that concerns us," he said. "It's the factors that led them to be homeless, such as the lack of a social support structure or the lack of medical insurance.

"It's unstable. That is the key thing that defines it."

According to the National Resource and Training Center on Homelessness and Mental Illness, between 20 and 25 percent of the single adult homeless population suffers from some form of severe and persistent mental illness. That means there is a disproportionate number of mentally ill people among the homeless population when compared to the general population.

"If you don't have a strong mind, you would lose it over there," said Jenkins, referring to her time in the shelter. "You'd be discouraged too if you were looking for housing and employment and nothing was coming your way."

Reeder said when looking at the entire homeless population, meaning both short-term homelessness and long-term homelessness, the No. 1 cause for people to be chronically homeless is mental illness. Substance abuse also can play a large role, he said.

To help provide health care and gain some experience, students from the medical school are volunteering at the clinic, which is scheduled to operate every Monday and alternating Thursdays.

Jennifer Vu and Bobby Scott, both of whom are medical students at the Brody School and board members for the clinic's board of operations, said there is a huge demand from both the Brody students and the local homeless population to keep the clinic open every week.

"There are pre-med students and Brody students that want to do this," Scott said. "Anytime a doctor signs up, within a day the volunteer list is full."

However, they said getting a trained physician — who must be present to supervise the medical students and write prescriptions for the patients — to volunteer has become a problem.

"It's very frustrating because I feel like I'm begging doctors to come supervise us," Bridges said about running the clinic, which was only open two times during May and June.

Because of this inconsistency, Bridges said they have been forced to turn people away because so many show up for medical care. Keeping the clinic open every week, she said, would help the entire situation because the patients will wait to seek treatment if they know the medical students and physicians are coming back.

"They experience the exact same problems as other people in eastern North Carolina, it's just that they don't have insurance," Bridges said in reference to the homeless population. "They come to us for ibuprofen and aspirin. That four dollars may be dinner for them."

In addition to the clinic, the James D. Bernstein Community Health Center provides primary care, dental care and pharmacy services for low-income people in Pitt and surrounding counties. The 15,000-square-foot facility is owned and operated by Access East, an independent, charitable, nonprofit organization.

"They are extremely grateful," Bridges said of the shelter's residents. "They are very thankful because they know we are trying to help them and it gives them a sense of pride that they are helping with our education."

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The Day

ACROSS THE STATE

Many not sold on state's pay system

RALEIGH — North Carolina government employees are complaining about the state's new payroll system, saying it's short-changing many of them.

The News & Observer of Raleigh reported Tuesday the State Employees Association has gotten hundreds of complaints about the new system.

The system's call center has received more than 64,000 questions and complaints since December.

Some workers say their paychecks have been more than $1,000 short. They say pay stubs are confusing and it's hard to determine how much they are owed.

State Controller Robert Powell says problems were expected.
Easley wants pay issue fixed

Payroll system shorts state workers

By Lynn Bonner
Staff Writer

RALEIGH — Gov. Mike Easley told state Controller Robert Powell to make certain all state employees who have been underpaid in the last nine months get the money they're owed.

Easley spokeswoman Sherri Johnson said Tuesday that the governor wants Powell to work with state agencies to identify workers who have not been paid, or whose pay was incorrect, and make up for what they've been shorted.

Easley nominated Powell to his job in 2001.

Powell's office oversees the operation of BEACON, a new payroll and personnel system. The office introduced the pay system in mid-December. It has cost about $87.5 million so far and pays about 90,000 employees.

Since Powell turned on BEACON, more than 65,000 people have called the help center with questions and complaints.

Some workers have been waiting months for more than $1,000 owed to them. BEACON calculates employee leave incorrectly because of bad computer code.

Powell, who defended BEACON in an interview this week, could not be reached for comment Tuesday night.

Johnson said Powell is working to get employees paid before he retires at the end of the month. Easley also wants Powell to write up a plan that addresses "issues of concern" related to BEACON.

David McCoy, Easley's budget director, will take over as state controller when Powell retires.

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Campbell grateful for return

BY A.J. CARR  STAFF WRITER

GREENVILLE - Considering where he was this time last year, it seems Terence Campbell might still feel fearful.

On Feb. 25, 2007, East Carolina's 6-foot-5, 320-pound offensive lineman suffered a blood clot in his heart that was diagnosed as acute coronary thrombosis. Surgery helped fix it.

But the setback forced him to miss last season, plus about a year of running and lifting. It also left him pondering whether to try football again or forget it.

After receiving clearance from a team of doctors in January, Campbell chose to play and again is grinding through the August heat and humidity.

"When I first started [in spring practice], I worried," he said. "Any little thing would scare me. Now I don't think about it. It feels like it never happened." That was a major hurdle, getting past playing scared.

Now Campbell hopes to regain his form of 2006, when he started all 13 games at the tackle, slots and made Conference USA's All-Freshman team.

That season the Pirates' heavy-weight recorded 47 knockdown blocks, third highest on the team.

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and played 880 snaps.
He has a significant way to go to recapture that clout, but the Pirates are counting on him to contribute this season.

"We think he's going to be fine and play a ton of football," said co-offensive coordinator Steve Shankweiler, who coaches the offensive line. "He's much further along than he was in the spring."

Head coach Skip Holtz observed that Campbell is "knocking the rust off," doing it with a "million dollar smile," showing a lot of, well, heart.

Since his attack, Campbell has become nutrition conscious, favoring a diet with more fruit and vegetables and less fried foods. He's sort of an Emeril in shoulder pads, frequently cooking his own meals.

Additionally, he takes medication to help control blood pressure, cholesterol and his heart rate.

The attack left a scar on his heart wall. But East Carolina team physician, Joe Armen, said the "overall function" of Campbell's heart returned to normal following surgery to dissolve the blood clot.

Campbell, who grew up in Maxton and starred at Purnell Sweatt High, was a preseason all-conference pick by Phil Steele Magazine in 2007. Of course, he never played a game.

He still recalls that frightening February day in '07. He was coughing, felt numbness in his arm and pains in his chest.

So Campbell checked with head ECU trainer Mike Hanley and soon was at the hospital, undergoing tests, then heart surgery two days later.

It could have had a "catastrophic" ending if Hanley and the sports medicine staff hadn't been acutely tuned to the situation, Armen said.

While in the hospital, Campbell thought about his future and wondered if his playing days were over.

"That was hard to take, that I would have to live without [football]," he said. "But I knew there's more to me than football."

Campbell is an honor student in communications, enjoys writing, and has an interest in sports journalism.

He has always taken school seriously, according to his mother, Jenette Campbell, who remembers her son getting upset after making his first B in high school.

"As a child, he always wanted to do the right thing ... always wanted to excel in school," Jenette said. "He put high standards on himself."

The year away from football tested Campbell, whose physical activity was dramatically limited.

People of faith, Terence and his mother prayed. They also consulted several doctors about the risk of playing football again.

Campbell got official clearance in January and Jenette gave him the OK as well, but still says "be careful and listen to your body."

"[Terence's] faith, patience and perseverance tells a lot about his character," Armen said. "He's an extraordinary young man ... [And] he's getting a second chance at life."

Campbell intends to make the most of it, and with a thankful heart.

"I'm very blessed," he said.
NCCU satellite can be reborn, minister says

BY ERIC FERRERI
STAFF WRITER

DURHAM – Bishop Eddie Long says the recently dissolved, unauthorized N.C. Central University satellite campus that operated at his suburban Atlanta megachurch for four years can be resurrected.

He may be alone in that belief. Long, the pastor at New Birth Missionary Baptist Church in Lithonia, Ga., is a 1976 NCCU graduate and a trustee of the Durham university. He did not respond last week to requests for comment for a Sunday story in The News & Observer detailing the NCCU program that operated at his church.

On Tuesday, his spokesman, Dan Rene, provided a statement in which Long suggests, contrary to what NCCU has said, that the program could start up again. Starting in fall 2004, NCCU offered courses in criminal justice, hospitality and tourism, and business administration at the church site.

"The NCCU team is currently working diligently with the Southern Association of Colleges and Schools, the regional accrediting agency, and other key entities to provide an opportunity for the New Birth students currently enrolled to complete their program," Long said in part. "We are confident that the accreditation issues will be resolved soon and that NCCU can once again offer their distance education program at New Birth."

But NCCU stopped admitting students last year, has shut down the program and has notified current students that new programs are being developed to help them complete their educations. The university has not notified the accrediting agency of any plans to submit a new plan for the New Birth campus, though it could in the future, said Tom Benberg, chief of staff for SACS's commission on colleges, the arm of the agency that deals with universities.

But it would need to be a new version of the program, Benberg said, adding that the association is unlikely to accredit the program retroactively.

The New Birth program was dissolved in June after SACS refused to authorize it. NCCU had violated a requirement that the university notify the accrediting agency of any substantial changes to its academic offerings. The university did not tell the association about the New Birth program when it began in 2004.

Earlier this year, a SACS official, in a letter to the university, also raised questions about the academic credentials of some instructors at the Georgia campus. One instructor's degree was listed only as a "doctor of graduation," according to the letter.

Last week, NCCU officials said degrees earned by graduates of the New Birth program were valid because NCCU, which ran the program, is properly accredited. But an association official said those degrees do not carry the same weight as a regular NCCU bachelor's degree because the New Birth program was not considered the last time the agency accredited NCCU. As a result, New Birth graduates may run into trouble with some potential employers or in trying to get into graduate school.

Students currently enrolled may face similar problems. Though NCCU is now developing a "teach-out" program to help those students finish their educations, the Southern Association will not recognize any course work done at the Georgia site, Benberg said.

"It appears that's a done deal," he said. "I don't know how you get back and change that. It's just a very difficult situation."

The program's closing has affected 39 students, NCCU officials said. The university is working with the accrediting agency and the UNC system to determine how best to proceed, said Miji Bell, a university spokeswoman.

The New Birth program was created in 2004 under the leadership of then-Chancellor James Ammons and Beverly Washington Jones, a dean who later became provost, a position she held until this summer. Last week, UNC system President Erskine Bowles ripped NCCU's past leadership and called for an investigation.

Jones has declined to comment. Ammons, now president at Florida A&M University, did not respond to requests for comment from The News & Observer but was quoted in a trade publication, Inside Higher Ed, as saying he had no recollection of the program's origins.

In an e-mail exchange, Ammons told Inside Higher Ed that he "cannot recall all of the details regarding that particular program because I don't get involved in the day-to-day operations of academic programs," instead leaving those matters to the provost and faculty.

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Get into the flow of college rankings

BY ADRIAN BEJAN

DURHAM

W

ho needs a presidential election? There will be plenty of excitement later this month when polls come out to bring joy and anguish to red states and blue states alike, not to mention to millions of anxious teenagers and parents.

Yes, it's almost time for those annual rankings of colleges and universities in U.S. News & World Report. Some schools will embrace the latest figures as confirming their rising excellence or, if the results are less favorable, will reject the magazine's methodology as being so flawed that the rankings aren't worth the paper they're printed on.

At the risk of sounding like a philosopher who placidly says "life is like a river" at inopportune times, I have some advice for worried college administrators, parents, students and others:

These college rankings are like a river, too, and it's not worth getting upset expecting them to change course anytime soon.

I study something called "Constructal Law," which says that patterns persist in nature when they reach an efficient shape that makes it easier for flowing things to reach their goals. Think of the shape of a river delta, a tree or a web of blood vessels. There's a reason why they are so similar.

This is constructal flow. My colleagues and I have found that it governs everything from the design of lungs, bacterial colonies and plant roots to how animals run, fly or swim.

Constructal Theory Extends Far Beyond the World of Physics and Science. It is also a powerful force in social movements such as urban design or — and here's where we get to the rankings — the flow of ideas, talented faculty and students to universities they find most attractive. Rankings reflect the academic pecking order, and that order is governed by these rules of nature, which are as resistant to rapid change on college campuses as they are in nature.

Every student or professor who enters a university has a view of which universities are better and wishes to be in the best ones. These are very large numbers of individuals wanting the same thing: to be in the best channels of societal flow.

Admittedly, their numbers are not as big as the number of droplets in a river basin, but their urge is the same: to go with the flow, to be in channels that provide greater access.

In determining the top schools, "name" matters, from the Universities of Bologna and Padova, to the Sorbonne, Oxford, Cambridge and Harvard. Fame is why the publication of an idea begins with the author's name and institution. Fame, or visibility, is synonymous with greater access through the vascular structure of society, whether it's measured in terms of discoveries, citations or numbers of talented students.

Because of these flows, the ranking of universities is hierarchical, like the airways of the lung, the street plans of cities or the highway networks of a country. Ideas, education and students flow on the globe like water in a river basin. University X is not the piece of land in a particular spot on the map. Rather, it is a node on the entire world map and part of a complex system.

University administrators who hope to change the rank of their schools by hiring away a big-name professor from another school or erecting a huge new building will generally be defeated by nature. Their actions need to fit within the entire academic ecosystem. Artificial actions that are not demanded by the overall system are analogous to trying to conquer the flow of a river with dams or channels. Success may be possible in the short-term, although it requires constant maintenance (spending), especially when the artificial solution does not resemble the natural one.

In the end, the water knows where to flow, the dams break, the channels dry up and the natural design wins.

A university is its professors, their disciples and their disciples' disciples. It is the ideas that flow through these human links and into the books of our evolving science and culture. This global vasculature does not evolve on the scale of annual publications but, rather, over time. The streams may swell but their hierarchy tends to remain the same from year to year. The upcoming college rankings won't change where the river of education wants to go.

Adrian Bejan, the J.A. Jones distinguished professor of mechanical engineering at Duke University, is co-author of the recently published "Constructal Theory of Social Dynamics."