THE DAILY CLIPS

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Larry Boyer, right, gives a tour to Chancellor Steve Ballard during Wednesday’s opening of Joyner Library’s Collaborative Learning Center.
Justin Falls/The Daily Reflector

Freshmen Anna Graves, back left, and Eliza Barnes have their picture made in front of a green screen by Lisa, front left, and Joe Barricella during the opening of Joyner Library’s Collaborative Learning Center.
Justin Falls/The Daily Reflector

**Collaborative Learning Center opens at ECU**

By JOSH HUMPHRIES
The Daily Reflector
Wednesday, September 1, 2010

Today’s students learn differently than their parents did, and a new floor plan and technology at East Carolina University’s Joyner Library reflects the change.
ECU celebrated the opening of the Collaborative Learning Center at the library Wednesday afternoon that dramatically increases the space available for group work.
“All of this is responsive to the kind of university we are trying to make,” ECU Chancellor Steve Ballard said. “It is a different kind of enterprise and much more collaborative.”
The renovation to the first floor of the library has increased seating from 345 to more than 525, and there are 35 more group-study rooms available.
New ergonomic seats, high-tech computer stations, tables, lounge chairs and booths will provide better study and group work conditions.
“Students need a bigger bag of tricks now — different ways of learning — and technology is central,” Ballard said.
“This is responsive to our No. 1 university goal, which is student success.”
State-of-the-art technology in the new presentation practice room will allow students to record presentations and group projects, play them back and download them to a flash drive.
The Pirate Tutoring Center and University Writing Center have moved to the first floor of Joyner Library.
Officials offered tours through the new sections and gave out T-shirts to students during the opening celebration.
“Joyner Library’s new state-of-the-art Collaborative Learning Center will support ECU students by providing an encouraging environment for study, research, and social interaction,” Larry Boyer, dean of academic library and learning resources, said.

Student Government Association Vice President Josh Martinkovic said the renovation represents a huge change.

“This is definitely going to be a great resource for students throughout the year and into the future,” he said.

Contact Josh Humphries at jhumphries@reflector.com or (252) 329-9565.
Betty Taconza, a volunteer with the American Red Cross, puts together a sleeping cot at North Pitt High School on Wednesday afternoon. Mandatory evacuations for Ocracoke and Hatteras islands were issued, so an emergency shelter opened at the school outside of Bethel.
Rhett Butler/The Daily Reflector

The “M” indicates where Hurricane Earl is likely to have winds greater than 110 mph. The “H” shows where Earl’s winds should weaken to 74-110 mph.
National Hurricane Center/NOAA

Earl poses little threat in Pitt County, officials say
By Ginger Livingston
The Daily Reflector
Wednesday, September 1, 2010
Local emergency officials were anticipating Greenville residents could go about their regular schedules today as Hurricane Earl continues its trek toward the North Carolina coast.
Unless the storm veers from its predicted path, the National Weather Service said Wednesday the Greenville area could expect winds of 6-11 mph during the day and gusts up to 31 mph later tonight. There is about a 30 percent chance of rain throughout the day with amounts totaling less than one-tenth of an inch.
“With the current track and what is being predicted by (the National Weather Service) we’re not expecting activation of our emergency operations center.” Noel Lee, director of Pitt County emergency management said.
However, individuals still should prepare their households for the possibility of hazardous weather and storm damage, he said.
“People still need to monitor the weather for any changes in the storm,” Lee said.
Mandatory evacuations for Ocracoke and Hatteras islands were issued early Wednesday, so an emergency shelter for the coastal evacuees opened Wednesday at North Pitt High School outside of Bethel. The shelter remained empty as of 5 p.m. Wednesday, officials with the American Red Cross said.

Greenville area hotels and motels reported they were getting a few reservations from people leaving the coast.

“I have a feeling it will happen later (Wednesday) evening. We’ll probably have more walk-ins,” Linda Pleasants, general manager of Holiday Inn Express, said.

Officials with the U.S. Coast Guard had already contacted the hotel about reserving rooms for storm responders. Managers at Hilton Greenville and Best Western also reported getting reservations from coastal residents and visitors.

Pleasants and the other managers said they don’t anticipate evacuees seeking shelter to conflict with people coming to Greenville for Sunday’s East Carolina University football opener against Tulsa.

Officials with Pitt County Schools, East Carolina University and Pitt Community College said Wednesday afternoon that classes will proceed as scheduled today, and any changes would be announced after reviewing updates this morning.

“Making the decision to delay school, dismiss early or cancel school is a difficult one that involves a great deal of behind-the-scenes work,” Heather Mayo, Pitt County Schools’ spokeswoman, said. “Pitt County Schools officials are in constant contact with the Pitt County Emergency Management Department to help determine whether it is safe for our staff, parents, students and buses to travel.”


The North Carolina National Guard dispatched 81 members to various locations throughout the east to begin preparing to support emergency operations. An additional 150 Guardsmen were placed on standby. Two UH-60 Blackhawk aircraft and crews were being readied at their headquarters in Salisbury.

Greenville Utilities Commission employees were ready for whatever problems might come from the storm.

“Year round there is always a weather hazard we have to prepare for,” Roger Jones, director of electric systems said.

“We’re monitoring the storm and we’re always as prepared as you can possibly be,” he said. “We’re always trimming trees and our inventory is good. We’ll just have to see how things develop and how the storm will play out.”

Contact Ginger Livingston at glivingston@reflector.com or (252) 329-9570.
The shadows in Chapel Hill

And why was the chancellor of one of the premiere public institutions in the United States sitting before the news media last week in a rare press conference offering an apology of sorts to the university's friends and family? Because there now are two investigations involving the football program at the University of North Carolina at Chapel Hill. One from the governing body of college sports, the NCAA, seeks information on whether players were having improper conversations with agents.

A university source told The N&O that the other investigation, to be conducted by the university itself, will examine whether athletes got inappropriate help on papers. The N&O's report said a former tutor who had worked for football coach Butch Davis personally (to help his son) may be part of the scenario.

Let's first state that all the facts are not in and investigations are not complete, so the bottom-line responsibility for whatever turns up is far from determined. It would be wrong to speculate.

But in calling a press conference that involves the chancellor, Holden Thorp, officials sent a signal that something important is going on. And the best and only thing those officials can do at this point is to be forthcoming with their bosses, meaning not just the deep-pocket boosters who in effect run the athletics show, but also all of the taxpayers. Thorp at least deserves credit for coming forward at this point; at many schools, that wouldn't be the case.

The academic support setup for athletes at Chapel Hill and on other campuses where big-time, big-money sports have thrown priorities out of whack is extensive. It involves a large support network (tutors, etc.) to help players who have to devote so much time holding up their end of the athletic scholarship bargain. And it is part of what could be called the "athletics industrial complex." At the top are coaches such as Davis, whose compensation runs in the $2 million-plus range annually, and who are charged with winning, which brings TV revenue, and which fills the stadiums, which in turn makes it possible for the boosters to fashion an even grander stadium (which they're doing).

More money is made, more money is spent, and the cycle causes that "complex" to expand like a snowball rolling downhill from an Aspen peak to the valley below. Along the way, a university becomes in effect a sponsor for a virtually year-round entertainment extravaganza.

But it is a hazardous business. And periodically, as we've seen in the last decade or so, schools smack up against a hazard, whether it's an academic problem or another form of embarrassment for a university, and we're speaking of all those who've had troubles, small and large. Most university leaders at such places have told everyone at some point that their athletics programs have been as pure as that mountainside snow in Aspen. We keep things in perspective here, they say, nothing's going to sneak up on us.

Chapel Hill's far from the only place where the rear-view mirror seems to have broken off, or is at least askew.

Surely Thorp, a chemist by trade, would prefer a spotlight to cast a shadow in the shape of a beaker or a book, some experiment or tome by a faculty member engaged in groundbreaking academic research, or perhaps even the shadow of a great teacher in action, inspiring the students with Shakespearean recitations. Instead, that shadow is in the shape of a pigskin.

And now, on the verge of some believed of joining the great football behemoths in habitual victory, bowl games, perhaps even a national championship, UNC-Chapel Hill hits the big time with the distinction of being one of a number of schools "under investigation."

As an alum, I hope nothing comes of any of this, and that the university emerges with a clean bill of health. But the truth is, a happy outcome to a couple of investigations is no cure for this chronic illness. Many a university leader has expressed concern about the size of the snowball. But salaries have skyrocketed, the boosters have taken over athletics, the sale of universities' good names to apparel companies has continued and the stadiums, bigger and bigger, are starting to make Old Rome seem modest.

Maybe the most annoying pronouncements of all come in response to questions, asked of many university leaders all 'round the country, as to whether this whole sports thing is out of hand. When problems arise, learned brows furrow and then university leaders intone something like this: "Well, we worry about these things, the money, but this enterprise is in place, is very successful, and we can't put the genie back in the bottle." In other words, we're not about to throw ourselves in front of a locomotive, even one that's on the wrong track.

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UNC-Chapel Hill to clarify break policy for workers

BY KATELYN FERRAL
STAFF WRITER

CHAPEL HILL — UNC-Chapel Hill will work to fairly enforce a rest policy after at least two housekeepers were suspended this summer for taking unauthorized breaks, an administrator said Wednesday.

The policy requires Facilities Services employees — housekeepers, grounds workers and others — to tell a supervisor before taking rests outside their one-hour lunch and two 15-minute breaks.

Four employees, including the housekeepers, were disciplined for breaking the rules, Van Dobson, executive director for Facilities Services, told the UNC-CH Employee Forum. The housekeepers were suspended for five days without pay; but their pay was later restored after management learned the employees did not know they could be punished for violating the policy, he said.

“Holg would just ask you to trust me that it’s applied evenly and reasonably,” Dobson said. Managers will discuss how best to enforce the policy at a meeting next month, he said.

About 40 people attended the meeting Wednesday, including forum delegates, housekeepers and a group of protesters who want the policy changed.

“There is a management culture that has to change,” said Miriam Thompson, labor chairwoman for the Chapel Hill-Carrboro branch of the NAACP. “We need to recognize performance and not infantilize the workers when they take a rest during the day.”

Dobson said the policy lets employees take brief breaks as needed, including bathroom breaks and water breaks, if they notify a supervisor first.

“As employees, we are all subject to discipline, subject to work rules — not just Facilities Services,” he said. Choosing to take a rest without approval is a “matter of personal conduct,” he said.

Several delegates asked what constitutes a legitimate break and said housekeepers and others should be judged on whether they get the job done.

But university officials maintained the rules are fair.

“We are stewards of taxpayer funds, so we do have to make sure that jobs are appropriate and that folks handle those jobs and opportunities appropriately,” said Brenda Malone, vice chancellor for human resources at UNC-CH.

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To watch this video news item, go to www.nationalgeographic.com then "Daily News."

Hurricanes Could Carry Gulf "Oil" Inland

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As Atlantic hurricane season heats up, storms could send toxic hydrocarbons lingering from the Gulf of Mexico oil spill surging inland, scientists say.

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Hurricane Could Push Spilled Gulf Oil Into New Orleans

Gulf Oil Spill News and Pictures

UNEDITED TRANSCRIPT

Could pollutants from the BP oil leak in the Gulf of Mexico end up as far north as New England?

That could happen if a hurricane or tropical storm hits the Gulf region and moves northward.

> Siddhartha Mitra, Geochemist, East Carolina University

"On land, no one’s really thought about the effect of material coming over from the ocean, marine areas
onto land.”

Geochemist Sid Mitra, from East Carolina University, is studying how far hydrocarbons, released as the oil breaks apart -- and some of them toxic--, can reach inland.

Mitra was in the Gulf region recently, taking baseline readings for a long-term study.

Siddhartha Mitra, Geochemist, East Carolina University

“Once the air goes through the filters, and the plugs, and it passes out here, essentially everything we’re interested in that’s in the air is caught either on the filters or on these plugs.”

They’re sampling air and water BEFORE a hurricane strikes, then will return during and after a hurricane or tropical storm to take more readings.

What they’re looking for are hydrocarbons associated with the oil. They break away from oil into the air during evaporation, or burning, and also break away in the water, both naturally, and with dispersants applied to break up the oil.

Siddhartha Mitra, Geochemist, East Carolina University

“Any type of carbon molecules, carbon containing molecules, that are in the surface slick or surface areas of the Gulf of Mexico would be picked up by hurricanes and low pressure areas that go through the Gulf, and that material could also be dropped by precipitation on land further upland, away from the coast.

If the dispersant chemicals are mixed in, they could also be carried inland by rainfall and wind currents. If the material is toxic, there could be toxic effects.

“Oil and water don’t mix, in general. But many of the compounds that are in oil, start dissolving very readily. Those are the hydrocarbons, many of which are toxic at low concentrations.”

Inside a hurricane, bands of rain, drawn up from the ocean, meet in the eye wall, the most violent section. Here, winds of up to 200 miles per hour spiral upward, carrying moisture and any particles in the water. A fully formed hurricane can reach up to 500 miles in diameter, and while the winds diminish when it moves inland, the rain continues to fall as it moves northward into the United States.

“So our samples will be representative of the entire Lake Maurepas, not just one spot in Lake Maurepas.”

Mitra says the oil spill has created a sort of reverse problem that needs to be studied. Scientists are usually studying how pollutants go from land into the sea.

“There have been very few studies looking at how carbons, hydrocarbons, any material from the ocean, can make it up onto land. Most of us who study global carbon cycle, we worry about rivers draining
material into the ocean.”

On this trip, Mitra took samples in Louisiana, Alabama and Mississippi and northward to North Carolina. The research is funded through the National Science Foundation.

Siddhartha Mitra, Geochemist, East Carolina University

“People who are living in upland areas, thinking I don’t need to be concerned much about the health effects of the oil spill, because I don’t live near the coast, If you have rain that has some of these hydrocarbons in it, many of which are toxic and carcinogenic, and hurricanes drop this rain in areas far north, upland areas of the Gulf states, sometimes hurricanes from the Gulf coast make it as far north as New England .. that rain could very well have these hydrocarbons in it, and essentially, dropping hydrocarbons along the way."

“It may not be raining oil, but it could be raining hydrocarbons that come from the oil in the Gulf of Mexico.”

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New Trophy for Colleges: Capital One Cup

By VINCENT M. MALLOZZI

College sports have a new trophy to hoist.

At a Wednesday news conference in Manhattan, a team of former N.C.A.A. athletes unveiled the Capital One Cup, which will be awarded to the top men’s and women’s Division I programs based on cumulative on-field performance across multiple sports. Colleges will earn points based on their teams’ top-10 finishes and in final official coaches’ polls in 13 men’s and women’s sports, including cross-country, golf and tennis for men, and volleyball, softball and rowing for women.

“This will be an opportunity for school administrators to see the importance of their non-revenue programs,” said Doug Flutie, the former Boston College and N.F.L. quarterback who won the 1984 Heisman Trophy. “On college campuses, the self-pride in those programs will continue to escalate.”

Official standings will be released at the end of the fall, winter and spring athletic seasons. In July, the two athletic programs with the highest aggregated point totals will be announced as winners. Each university will be presented with a trophy, along with a $200,000 scholarship donation from Capital One, at the ESPY Awards.

Athletic departments have competed for the Sears Cup or the Directors Cup since 1993. That award combines men’s and women’s scores and includes programs from Division I, II and III. North Carolina won that award in its first year, but Stanford has won it every year since.
Dr. Jeff Bronstein, a professor at UCLA’s department of neurology looks at a patient's MRI. More patients are challenging doctors, especially when it comes to expensive diagnostic tests.

More 'empowered' patients question doctors' orders
By Mary Brophy Marcus, USA TODAY
In the past, most patients placed their entire trust in the hands of their physician. Your doc said you needed a certain medical test, you got it.
Not so much anymore.
Jeff Chappell of Montgomery, Ala., recalls a visit a couple of years ago to a Charlotte emergency room, near where the family used to live, with his wife, Jacqueline, who has adrenal failure.
"I blew up loud enough for everyone in the ER to hear me explain that while we were insured, an MRI was about a $1,000 co-pay," Chappell says.
The couple knew her symptoms well (primarily stomach pain), knew that an MRI was not necessary under the circumstances and knew that a cortisone shot was what she needed.
"The doctor walked off in a huff," Chappell says, but later came back and "compromised" by agreeing to give his wife the shot, but not before taking an abdominal X-ray to rule out other problems first.
Many physicians say an increasing number of patients are getting involved in decisions about their medical care, including medication choices, whether they need a specialist, and especially whether they need expensive diagnostic tests, which some health economists say are driving up the cost of health care.

'Shared decision model'
"There have been big changes," says Patrick McManus, residency director of family and community medicine at Thomas Jefferson University in Philadelphia.
"Some of my older patients are still more deferential, but more and more, we talk with patients now about the shared decision model — looking at costs and benefits and risks."
Though some doctors find the newer "empowered" patients taxing, others, including McManus, welcome involvement and questions, especially since they recognize more patients are ponying up for larger co-pays or are uninsured and covering entire medical fees themselves.
And when it comes to medical testing, some of the newer, more invasive tests can have risks a patient should be aware of and discuss, too, he says.
"It's so important for patients to know what they're getting tested for — the risks and limits of testing. And to know how sensitive the test is: how likely it is not to miss disease if you've got it, and how likely a positive result is actually a true positive," McManus says.

In her new book, The Empowered Patient (Ballantine Books, $15), CNN senior medical correspondent Elizabeth Cohen says doctors' offices are often chaotic and disorganized, so patients need to stay on top of their care before and after testing. And they should double-check questionable lab reports.

Q&A: Elizabeth Cohen's tips on being a medical advocate

When her obstetrician received a test result during one of her pregnancies, Cohen says, "he stapled the paper with his index finger and said 'If this number was right, you'd be dead.'"

Is it OK or not?

It's common for some patients to not know what they're getting tested for.

"I meet a lot of people, new patients, who don't know what tests they've been given," says Carrie Burns, an assistant professor of medicine in endocrinology, diabetes and metabolism at the University of Pennsylvania School of Medicine.

In fact, Burns says, she has had long-time diabetes patients come in who don't know what an A1C is — it's a commonly ordered blood test given several times a year to monitor average blood glucose levels — or whether they've had one.

Some patients just don't ask questions, Burns says: "It may be because they don't want to know all the information. They just want to know if it's OK or not. Maybe they were raised in a time when medicine was more paternalistic."

But she says she appreciates those patients who ask what a test is all about.

"Being empowered is important," Burns says. "Ask for copies of your testing, make sure you get test results back from your doctor, and call if you do not."

Everyone is wary

Other doctors say they could live without the scrutiny.

"When these empowered patients walk in, it's really tough," says David Metz, associate chief of gastroenterology at Penn, who does a broad range of tests.

"People walk in sometimes and say, 'I'm recording this discussion.' On the doctoring side, it's not that easy. I say, 'You can do whatever you like, but I'm going to give you a letter at the end of this reiterating everything you need,' " Metz says.

"We do a lot of testing for a lot of conditions," he says, including blood tests, endoscopic studies, including those where a camera is swallowed, CT scans, MRIs, barium X-rays, nuclear medicine tests and breath bacterial tests.

Though some assertive patients can be problematic, Metz says, the root cause of their behavior and overtesting is the health care system, which he says is broken.

Payment is unequal

For example, Metz does routine colonoscopies on patients he never meets until the morning of the colon-cancer-screening procedure. The patients are sent to him by their primary care physicians for their baseline screening at age 50. Insurance does not cover a pre-procedure visit.

He says that sometimes creates risks because, though the patient sends in a health form before the test, not everything is always conveyed ahead. Patients show up with complications that sometimes make it difficult to do the procedure, he says.

Health economists also growl about medical testing costs and the way they're managed.

"There's a ton of overspending. We've created a system where overspending is rampant and built-in," says Tom Getzen, executive director for the non-profit International Health Economics Association, which was formed to increase communication between health care economists.

He says medical testing is rife with what's referred to as "cost-shifting."

"You might go in and get an X-ray that costs $10, but someone else without insurance is paying $500. But it doesn't cost $500 every time you put a person through that machine," says Getzen,
who explains that the insured patient got the lower rate because his employer swung a bulk deal with the testing company.

"At least at the ballpark, I know what I'm gonna get. I'm paying 5 bucks for a burger, and so is the next guy," Getzen says.

He says hospitals are huge overtesting culprits. They take big losses, and tests help pay the bills, he says.

Other specialties witness overtesting and overspending, too.

"Newer, sensitive imaging tests will pick up nodules and cysts that result in a huge work-up, and then it ends up being benign," says Brett Fenster, an assistant professor of medicine at National Jewish Health in Denver.

"The time that patients are worried about having the 'big C'; the expenses incurred for further testing; the potential that something will land in their chart that keeps them from getting insured in the future; the worry and concern their family and they go through while waiting for results — losses all around."

**No news isn't good**

In her book, Cohen concedes that she sometimes has a hard time speaking up.

"Don't worry about what your doctor thinks of you, either," she says. "Tell him you didn't like that it took him two weeks to get back to you on test results and ask, 'How can we do this better next time'"

For financial and health reasons, Fenster says that before any test, patients should ask, "How is this going to change what happens to me down the road? Is it going to give me a prognosis and impact my treatment, or will this be a dead end?" If it's the latter, maybe the test could be skipped, he says.

Another reason to question before testing: Tests don't always offer black-and-white answers, says Jefferson's McManus.

He says he orders routine body mass indexing and cholesterol and blood pressure screenings every day in his office. Tests such as cardiac catheterization, to see whether arteries are clogged, colonoscopies and genetic tests should be discussed with more care with patients because false positives or negatives can occur. Mammograms also have a higher rate of false positives, he says.

When it comes to genetic testing, patients should be given information about the test and have an opportunity to ask questions, both before it's ordered and after the results are in, says Erin Miller, a certified genetic counselor at The Heart Institute at Cincinnati's Children's Hospital Medical Center.

"The risks and benefits of testing are unique to each patient and family," Miller says.

Chappell, who says he had a positive ER visit at the same hospital after his son wiped out at a skatepark a few months later, says every patient should be his or her own advocate, and it helps to have a spouse or family member be one, too, whether you're in your doctor's office, the ER or the hospital.

"Someone needs to know what's up," Chappell says, "and needs to be watching out for your care."
HOW TO BE A 'BAD' PATIENT

Be a "bad" patient, one who pipes up when you have a question or concern. "It doesn't mean you have to be an obnoxious one," says CNN senior medical correspondent Elizabeth Cohen, in her new book, The Empowered Patient (Ballantine Books, $15).

Tips on how to do that:

• Women have an especially hard time speaking up, Cohen says. Trust your gut if something feels off.
• Don't assume everything's hunky-dory if you never hear back about test results, she says. One out of 14 times you have an abnormal test result, doctors will fail to let you know, according to Archives of Internal Medicine research out last year. Cohen says it shouldn't take more than a day or two for simple lab-work results, a week or more for complicated tests.
• If you experience pain during a test or a medical technician seems out to lunch or begins running a test you don't think was ordered, "Say, 'Let's stop for a moment, what are we doing, can you explain?' " says University of Pennsylvania endocrinologist Carrie Burns.
• If a tech can't give you answers you need, ask to talk with his supervisor or your doctor, says Peter McGough, chief medical officer for University of Washington Medicine Neighborhood Clinics in Seattle.