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Teddy bear triage

Treating stuffed animals introduces youngsters to the medical field

By Brock Letchworth
The Daily Reflector

Tuesday, December 01, 2009

Kindergartners and first-graders at Wahl-Coates Elementary School got an introduction to health care professions Tuesday morning while providing their favorite stuffed animal or toy with medical treatment.

Students were participating in the first-ever Teddy Bear Hospital coordinated by the Pitt County Schools Health Sciences Academy. The event included a mock triage, treatment room and recovery area for the patients whose symptoms ranged from broken limbs to swine flu. The kids donned their own masks, surgical hats and gowns as they ushered their patients around.

Representatives of the academy, Eastern AHEC, University Health Systems and East Carolina University provided students with equipment and supplies used to treat the injured and sick.

Tara Parker, coordinator of the Health Sciences Academy, said the event was intended to help children become more aware and accustomed to hospitals and medical treatment while promoting awareness of careers in health care.

“They are learning about different health professions and the different doctors they might see if they or someone they know needs treatment,” Parker said. “We also hope this can relieve some of the anxiety about going to the hospital by putting them through a scenario with their teddy bear. Our hope is the next time they are in a hospital they will not be intimidated because they will know what to expect.”

Some teachers are incorporating the experience into the classroom by having students write about their patient’s medical issues prior to the event. They also will be writing about their experiences at the Teddy Bear Hospital.

University Health Systems Health Careers Administrator Lisa Lassiter said officials have noticed during recruiting for the Health Sciences Academy that many middle school don’t have a basic understanding about the hospital.

She said Tuesday’s experience will go a long way toward providing students with that knowledge because getting hands-on experience likely will appeal more to them than listening to a speaker.

“Anytime that you can start educating and exposing them at a younger and younger age, the better you are,” Lassiter said. “But this group is too young to just sit and talk to. I think this is going to be beneficial.”

Contact Brock Letchworth at bletchworth@reflector.com or (252) 329-9574.

WEST POINT, N.Y. — Declaring “our security is at stake,” President Barack Obama ordered an additional 30,000 U.S. troops into the long war in Afghanistan Tuesday night, nearly tripling the force he inherited as commander in chief. He promised an impatient public he would begin bringing units home in 18 months.

The buildup to about 100,000 troops will begin almost immediately.

— the first Marines will be in place by Christmas — and will cost $30 billion for the first year alone.

In a prime-time speech at the U.S. Military Academy, the president told the nation his new policy was designed to “bring this war to a successful conclusion,” though he made no mention of defeating Taliban insurgents or
capturing al-Qaida terrorist leader Osama bin Laden.
Health officials: Flu risk real, despite decline in cases

By Josh humphries
The Daily Reflector

Tuesday, December 01, 2009

Officials are still urging citizens to get vaccinated against H1N1 influenza, in spite of local decreases in the number of cases.

Dr. Keith Ramsey, professor of medicine at East Carolina University's Brody School Medicine and medical director of infection control for Pitt County Memorial Hospital, said there has been a decrease in the number of patients with flu-like symptoms over the past two weeks.

"I certainly think we can breathe a sigh of relief but people should still pay attention to when the health department offers H1N1 vaccine opportunities," Ramsey said.

"We still have a minority of folks that have been vaccinated against H1N1."

The Pitt County Health Department is offering H1N1 flu vaccinations while supplies last from 8:30-11:30 a.m. and from 1-4:30 p.m. weekdays at the department, 201 Government Circle, just off of Old Creek Road.

The H1N1 flu shots are available for pregnant women, children ages 6 months through 23 months and anyone over the age of 2 with a chronic health condition or compromised immune system.

The health department has a large supply of the 2009 H1N1 FluMist® and will offer this vaccine to any healthy person between the ages of 2-49.

The health department strongly encourages the following groups to get the vaccination:

Pregnant women
People who live with or care for children younger than 6 months
People between 6 months and 24 years of age
Health care and emergency medical services personnel
People between the ages of 25-64 with chronic health conditions or compromised immune systems

There is no charge for the H1N1 vaccine and no appointment is needed.

Cases of the flu are decreasing nationwide, but North Carolina is still classified as having widespread flu activity by the Center for Disease Control.

PCMH shut down a special after-hours flu clinic after visits dropped off two weeks ago.

Ramsey said the clinic was treating about 10 people per night when it first opened and the number dropped off. The clinic can quickly be reopened if a surge in the number of cases is detected by officials.

Ramsey said patients with flu-like symptoms have decreased in the emergency department, after-hours pediatric clinics and Med-Direct clinics.
He said it is hard to say at this point what affect the vaccine is having on the decreased number of cases because a minority of people have been vaccinated against H1N1.

But every flu season has a peak, typically in either December or February, Ramsey said, and the H1N1 flu season may have peaked early.

“We are hoping that a large number of people getting the vaccine will keep us from getting any more peaks,” Ramsey said.

There have been five reported cases of influenza B, a much milder version of the flu, which were the only cases reported in recent months here that have not been associated with H1N1, he said.

The CDC reported widespread flu activity in 32 states for the week ending Nov. 21, but flu activity has decreased overall.

More than 99 percent of all influenza viruses reported to the CDC have been cases of H1N1.

Contact Josh Humphries at jhumphries@reflector.com or (252) 329-9565.

At risk for H1N1 influenza

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Doug Clark: Young cancer survivor touches senator

Wednesday, December 2, 2009
(Updated 3:00 am)

By DOUG CLARK
Staff Writer

Taylor Bell wants to become a professional lobbyist after she graduates from East Carolina University with a political science degree in May. Why not? She's doing pretty well as an amateur.

Two weeks ago, she walked into Sen. Kay Hagan's Washington office and left with the Greensboro Democrat's promise to co-sponsor the bill that Bell was promoting.

Before you associate Bell with negative stereotypes about lobbyists, listen: She's a 23-year-old former star soccer player ... and lung-cancer survivor.

S 332, the bill Hagan promptly signed on to at Bell's request, is called the Lung Cancer Mortality Reduction Act of 2009. Among other provisions, it would expand research and prevention programs with the goal of cutting very high mortality rates by 50 percent by 2016.

Research and prevention? Doesn't everyone know what causes lung cancer?

Not in every case. Bell never smoked, but she developed a tumor in her lung that wasn't properly diagnosed when she was first examined.

"I was a big, big, big-time soccer player," the Wilmington native said in a phone interview last week. "It was my life."

As a high-schooler, she made an Olympic development team of the state's top 20 players. As a freshman at East Carolina in the fall of 2005, she competed on the varsity soccer squad.

"I wasn't starting, but I was getting playing time," she said. "Everything was going fine."

Then she began to experience tingling and numbness in her toes. Her stamina lagged. For the first time, she couldn't complete a fitness test of 10 120-yard runs in less than 18 seconds each. By Christmas, she was in too much pain to play anymore, but MRIs of her head and back didn't find anything.

The next year, she came down with pneumonia. "I thought I'd gotten hit in the ribs," she said. At student health services, she had a chest X-ray. A physician's assistant told her she had a spot on her lung but attributed it to the pneumonia. He gave her an antibiotic. Bell continued to feel sluggish but "thought it was college kid stuff."

Until October 2007, when she was struck with pain so severe she thought she had appendicitis or a cracked rib. A CT scan showed her left lung was collapsed and found a 3-4 centimeter tumor there. It was later diagnosed as a carcinoid -- lung cancer.

After surgery to remove a portion of her lung, Bell says she's cancer-free: "I'm good to go. There's an 85 percent chance it won't return."

She resumed her studies, works out and pushes for lung-cancer awareness.
People don't expect someone with lung cancer to look like Bell. "I'm cute, I'm skinny, I'm athletic, I'm a survivor," she said. "No one deserves to go through what I've gone through."

That message hit home with Hagan.

"It was an awesome experience," Bell said of her meeting with the senator, which was arranged by the Lung Cancer Alliance.

"Sen. Hagan immediately recognized me" because Bell and Hagan's daughter, Carrie, had played soccer against each other on traveling teams as teenagers.

Dusty Donaldson of High Point, also a lung-cancer survivor, attended the meeting.

When Bell told her story, Donaldson said, Hagan "was moved by compassion. You could see a mother's heart in Sen. Hagan, like 'This could be my daughter.' "

When Bell asked Hagan to co-sponsor the bill, Donaldson added, the senator said, " 'Well, of course I will.' It was really sweet. We all just hugged and thanked her."

Hagan recalled it as an emotional meeting. "I made sure I had a box of tissues out," she said Tuesday.

Later, Bell secured the support of her congressman, Rep. Mike McIntyre, for the House version of the legislation. And, at Donaldson's personal urging, Rep. Howard Coble also has become a co-sponsor.

Donaldson says the merits of the legislation are obvious, but the right messenger is important. Bell puts a sympathetic face on a disease that too often is shoved aside as a penalty for smoking.

"Taylor Bell was the perfect face for this senator," Donaldson said of the meeting with Hagan.

"Taylor is an incredible spokesperson for lung-cancer survivors," Hagan affirmed. "She can really articulate the need for research."

The former soccer player already is covering a lot of ground for her cause. Last week, she attended a cancer-related event in San Francisco. Much more of that is in her future.

"This is her calling in life," Donaldson said.
Duke finds no new cases of drug-resistant H1N1

No additional cases of Tamiflu-resistant H1N1 flu have been found at Duke University Medical Center, officials reported Tuesday.

Last month, four people in a cancer ward at the hospital were discovered to have contracted a resistant strain of the pandemic virus, and three died.

Hospital officials, along with the U.S. Centers for Disease Control and Prevention, began a testing program to see whether additional cases showed up. Duke reported Tuesday that patients on the ward, which is on the hospital's ninth floor, have been tested several times in the past 10 days.

"We're pleased with the results to date," Dr. Daniel Sexton, an infectious disease specialist, said in a prepared statement. "However, much work is still being done to better understand the nature of the four cases that were reported previously."

At least one family member of a former Duke patient in the cancer unit said he is concerned about the cluster of resistant influenza at the hospital. Chris Telesca, whose mother was at the hospital from Oct. 5 through Nov. 2, said his mother began complaining of flu symptoms on Oct. 15 and asked him to bring her a thermometer from home so she could check her temperature.

Telesca said his mother was released to a rehabilitation facility, only to be re-admitted to Duke on Nov. 9. She died a few days later, and Telesca said he has not been able to determine whether she was ever tested for flu.

"I'm very concerned about this," Telesca said.

Resistance to Tamiflu, a front-line defense to ease the symptoms and duration of flu, has occurred sporadically with the H1N1 virus. Three resistant cases were reported earlier in North Carolina, and a cluster occurred last month in Wales. Health officials note that the drug remains effective for most severe cases of infection, and the majority of people who get H1N1 flu have mild to moderate symptoms that do not call for Tamiflu.

In addition, cases of flu in North Carolina are declining from a peak in mid-October. While hospitalizations have hovered around 450 in recent weeks, the number of flu deaths dropped to two last week, state officials reported Tuesday.

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Debbie Hartsell

Ms. Debbie Hartsell, 55, died Monday, November 30, 2009. The funeral service will be conducted Friday at 11 am in Jarvis Memorial United Methodist Church. Burial will follow in Pinewood Memorial Park. Debbie, a native of Ithica, NY, had been a resident of Pitt County since 1967. A 1972 graduate of J.H. Rose High School, she earned her BS degree in business from East Carolina University. In her early years she was employed with Brody’s Department Store and Pair Electronics. At the present time she was employed with ECU Brody School of Medicine in the Business Department. Debbie was a member of Jarvis Memorial United Methodist Church, secretary for the United Methodist Women, and a member of the choir which she enjoyed immensely. She is survived by her parents, Ed and Pearl Hartsell; brother, Doug Hartsell of Washington, DC. The family will receive friends Thursday from 6:00 to 8:00 p.m. at Wilkerson Funeral Home and at other times at her parent’s home. Memorial contributions may be made to Jarvis Memorial United Methodist Church, 510 S. Washington St., Greenville, NC 27834. Online condolences at www.wilkersonfuneralhome.com

Published in The News & Observer on December 2, 2009
In Turkey-Day Football, Home-Field Advantage Often Overestimated

Wednesday, November 25, 2009

FOX NEWS

Many of college football's biggest rivals compete Thanksgiving weekend. Visiting teams are often thought to be at a considerable disadvantage, but recent research indicates that advantage is often overestimated.

"If you go to Las Vegas or even on [the ESPN pregame program] 'GameDay,' they usually give about a field goal or a little more advantage to the home team," said John Kros, an operations researcher at East Carolina University in Greenville, N.C. His research computes the average advantage to be about 2.3 points.

Conducted with two collaborators, Kros' research focused on more than 100 rivalries dating back at least 30 years in the highest division of NCAA college football. Researchers discarded games played at neutral sites and any rivalries in which opponents did not meet each year.

"We [used] 30 years because statisticians give that the stamp of approval in terms of smoothing out assumptions," said Kros.

For each long-term rivalry, Kros calculated the average margin of victory over all of the games hosted by the first or "home" team. Then they did the same for games hosted by the second or "away" team. By subtracting these two averages and dividing by two, they computed an estimate of home field advantage for each rivalry.

Across all 100 rivalries, the advantage of playing at home tended to cluster around 2.3 points. Kros found a similar result when calculating the median (the mid-point of an ordered list from worst loss to largest margin of victory) instead of the average for each situation.

"Something's showing up, I can tell you that," said Kros. "It's definitively different from zero."

Attempting to find a universal number for home field advantage is difficult for a variety of reasons, including the yearly turnover of players and coaches, the differences in team quality and the structure of the schedule.

Compared to other popular sports, the data from college football is much less interconnected. There are 120 teams in the top division. Teams almost never meet twice in a year like NFL division foes, and nowhere near as many times as MLB or NBA teams.

Kros used 30 years of scores to bulk up his data. This approach may make his findings more useful than broad approaches that consider every game, especially for long-established rivalries. However, his technique includes its own implicit assumptions.

"I worry a little bit about [this method] oversimplifying with just the game results and not including some measure of team strength in the calculations," said Rick Wilson, an operations researcher at Oklahoma State University in Stillwater. He published a paper about improving the major college football ranking methods, and although he hasn't included home field advantage, it is something he spends time thinking about.

Wilson suggested that including home field advantage is necessary to develop a "holy grail of objective measure" to describe the strength of a team, improving the rankings used to determine the competitors for the BCS championship game. Like many fans, however, he would prefer a six or eight team playoff.

"There's been a little bit out there written on [home field advantage] and most people, they haven't taken some of the other biases out," said Kros. He thought it was critical to remove games in which teams from larger conferences invite clearly inferior teams to their stadiums without any intention of scheduling a corresponding away game, because those games tend to be blowouts and would skew his analysis.
Finding the home field advantage for every individual college football team or opponent may be impossible. "It's a dilemma because we think we know that [the advantage is] more in one place than others, but we don't have enough data to really, truly, by the laws of statistics validate that," said Wilson.

To refine his calculations, Kros is considering looking at the problem from a couple of new angles. He plans to investigate the impact of basing the calculations on 20 years instead of 30, and whether or not the distance the visiting team traveled to the game makes a difference.

"Oftentimes as researchers there's conventional wisdom that something exists, but sometimes we either can't measure it, or we haven't gotten smart enough to know what to measure to try to figure out its impact," said Wilson.

"Deep down inside, subjectively, I think there's some home field advantage," said Kros. "The mathematics is not very difficult. You just have to keep everything straight."

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