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ECU: No comment on Holland aid report

By Jimmy Ryals
The Daily Reflector

An East Carolina University official Monday declined to confirm or deny that the student who had received “inappropriate” financial aid from the university was Athletics Director Terry Holland’s brother.

Citing anonymous sources, The Kinston Free Press reported Monday that Holland’s brother, 51-year-old Jonathan Gregg Holland, was the student and part-time employee at the center of a university audit released Saturday. Other media outlets have since reported similar accounts, also based on unnamed sources. The audit released by the university stated that a Holland relative had received more than $25,000 in student aid and wages for working in the Athletics Department from fall 2006 to Sept. 30, 2007.

ECU spokesman John Durham would not confirm or deny the reports naming the student.

“Something to say? Post your comment about this story at reflector.com”

“To confirm a student’s name would be the same as providing that student’s name, and that is prohibited by FERPA (Family Educational Rights and Privacy Act),” Durham said.

ECU’s online directory lists a student named Jonathan Gregg Holland.

According to a Nov. 1 report filed by Stacie Tronto, director of ECU’s internal audit office, a student relative of Holland’s received nearly $17,000 in tuition assistance while working for the Athletics Department in 2006 and 2007. As the university lacks written policies on distributing student aid outside the financial aid structure, the arrangement broke no campus rules, Tronto wrote.

It did constitute an inappropriate use of funds, she concluded.

The university severed its relationship with the employee and ended the financial assistance before Oct. 1 of this year, according to the audit. Reached at home Saturday night, Terry Holland declined to comment on the audit. He did offer some thoughts on the matter in an e-mail Sunday to editors of The Daily Reflector and the author of a letter to the editor on coverage of the audit.

“Our approach to the work agreement was a cautious one for obvious reasons and once the auditor indicated discomfort with the perception of the work agreement, it

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was immediately discontinued even though there had been no audit report at that time,” Holland wrote. “Up to that point, there had been no ‘red flags’ even though the work agreement and the relationship to me was pretty widely known for over a year.”

“However, I am a team player and if this is the way it needs to be handled for the benefit of ECU’s long term objectives, I am OK with that,” he added.

Jimmy Ryals can be contacted at jryals@coxnc.com and 929-4568.
Public Forum

Medical assistants' training extensive

I want to address the Nov. 25 letter, “Requirements behind ‘nurse’ title many.” Unfortunately, many people still do not know the duties of a medical assistant as well as other health professionals. Medical assistants are specifically taught administrative, laboratory and clinical procedures performed in a physician’s office.

Many medical assistants do give oral medications, injections, some IVs and take phone and oral orders from physicians, but unfortunately, are not usually paid as much. What duties they perform depends on what the doctor designates; however, they are well prepared. Students are taught to use their correct titles but often the patients see them as nurses. Sometimes even the doctors and office managers lump all clinical employees together as nurses.

Medical Assisting is a recognized occupation, has its own professional organization, national certification exam and also extensive training in a two-year associate’s degree program. A certified medical assistant (CMA, AAMA) has taken a national medical assisting examination and passed to get the CMA credential. As a nurse and a medical assistant, I have taken the North Carolina nursing license exam and the national medical assisting certification exam. Both were equally hard, so I can verify the high standards of both occupations.

I am very proud of the fine medical assisting graduates we have had. Some of them have practiced for many years in our area medical offices, some have moved into office management positions (and may supervise all other clinical employees), some teach at community colleges and others work in research. I would invite anyone to come visit our department to find out more about the extensive training and duties of the medical assistant.

MARSHA HEMBY
RN, CMA
department chairwoman
medical assisting
Pitt Community College
John H. Horne Sr.

Dr. John Hannah "Jack" Horne Sr., 93, retired Dean of Admissions Emeritus at East Carolina University, died Monday, Dec. 3, 2007, in Laurinburg after a brief illness. The family will receive friends at Scotia Village on Elm Street in Laurinburg tonight from 6-8. Internment will be private in Greenwood Cemetery, Greenville. There will be a service at Wilkerson Funeral Home in Greenville on Wednesday at 2 p.m.

Dr. Horne was born March 31, 1914 in Rocky Mount to the late George Rousche and Genevieve Hannah Horne. By the age of 5 he was an orphan, having lost his parents, a sister, and an infant brother. Thereafter he and his brother George "Buddy" were reared in Spencer by their aunt and uncle, Carrie Horne and John Archie Hutchins.

After graduating from Spencer High School, he attended the University of Chicago and the University of North Carolina at Chapel Hill from which he earned a bachelor's degree in Zoology and, later, Master's and Doctoral degrees in Education. He married the former Marguerite Mae Cochran of Lacona, Iowa in January of 1946. In 1948 the Hornes moved to Kinston where they lived for ten years. In 1958 they moved to Greenville and resided there until the fall of 2004, when they moved to the Carriage Club retirement community in Charlotte. In 2005, following the death of Mrs. Horne, Dr. Horne moved to Laurinburg and resided at the Scotia Village retirement community.

Except for military service, 1942-1945, his career was in education. He was a science teacher, and later, the Principal for ten years at Grainger High School in Kinston before joining the Department of Education faculty at East Carolina Teachers College in Greenville. In 1960 Dr. Horne was appointed Registrar and Director of Admissions at ECU. Enrollment grew and he later became Dean of Admissions, serving in that capacity until he retired on July 1.

During World War II he was assigned to the 315th Combat Engineers outfit which was attached to the 80th infantry and participated in the Normandy invasion at Utah Beach, the Battle of the Bulge, and other campaigns. He was awarded the Silver Star, Bronze Star and Purple Heart.

Dr. Horne served as a Trustee at Campbell University and was an active member of Immanuel Baptist Church in Greenville, serving as a deacon, Sunday School teacher, and member of many committees, including the building committee.

He will be widely remembered for the profound effect he had on many of his students, for his love of hunting and fishing and his devotion to his church and his family.

He was predeceased by his wife of nearly 60 years, Marguerite Cochran Horne; his parents; two brothers; a sister; and Mr. and Mrs. Hutchins.

Survivors include his children, son John Jr. and wife, Laura, of Laurinburg; daughter, Ann Williford and husband, Bill, of Atlanta; four grandchildren, Brockett Horne, Hadley Horne Kifner, Claire and Joseph Williford; two great-granddaughters, Analia and Julieta Guevara; and his sister, Carolyn Hutchins Dewey of Charlotte.

In lieu of flowers, anyone desiring to make a memorial may consider the ECU Retired Faculty Scholarship Fund, c/o Bea Chauncey, President, 2005 A Quail Ridge Road, Greenville, NC 27858, Hospice of Scotland County, 610 Lanchwood Drive, Laurinburg, NC 28352 or to another charity that would celebrate Jack's memory.

Arrangements are by Wilkerson Funeral Home and Crematory, Greenville with assistance from McDougald Funeral Home & Crematorium in Laurinburg.
College grind

North Carolina politics was fast and furious last week. In a matter of days if not hours, all five major-party candidates for governor denounced the community college system's decision not to exclude illegal immigrants as potential students. The candidates spoke of upholding the rule of law, of not winking at students' illegal-immigrant status, of not wasting resources on people who, once they graduated, couldn't legally hold a job.

No offense to the young folks, of course.

Governor Easley saw right through it. His comment deserves quoting:

"The people we are talking about were brought here as babies and young children through no fault of their own," said the governor, who is a former state attorney general. "They distinguished themselves throughout our K-12 system. Now, I'm not willing to grind my heel in their faces and slam the door on them."

Of course, the term-limited governor isn't running for anything next November. In today's political climate, tough talk about illegal immigrants is just the ticket for state-level office-seekers.

In large part that's due to Congress' failure to enact a comprehensive set of immigration reforms. Such a package would have strengthened the U.S. border but also offered hope to people such as those — a comparative handful — seeking community college admission. Someday, after fulfilling a series of requirements, they might find a future as American citizens.

It didn't happen. Instead we're seeing the anti-illegal immigrant impulse play out at local and state levels. Around the nation sheriffs scrutinize arrestees' status with an eye toward deportation. Proposals to license (and thus regulate) illegal-immigrant drivers are toxic. And a move to open up North Carolina's community college system to all students who meet the academic criteria (many campuses had already done so) draws intense fire.

No matter that these students from in-state high schools must pay out-of-state tuition. Or that some other states admit such students to community colleges. Or that America has never been at its best when it directs the weight of the state at powerless people. No matter.

So give Mike Easley a hand. The governor may be politically incorrect, but he has kept his head when other politicians have lost theirs.
Holland relative got ‘inappropriate’ benefits

BY JERRY ALLEGOD
STAFF WRITER

GREENVILLE — The East Carolina University athletic department gave $25,000 in “inappropriate” payments to a relative of athletic director Terry Holland, according to an auditor’s report and a statement from the university.

The school did not publicly identify the relative. The Free Press newspaper of Kinston cited anonymous sources to report that the relative is Holland’s brother, Gregg, who is in his late 40s or early 50s and has been enrolled as a student. Two university sources confirmed that Monday.

Holland said in an interview he could not discuss the student or the work situation because of federal law designed to protect student privacy. Holland referred questions to ECU spokesman John Durham, who released a copy of the auditor’s letter but would not elaborate.

Attempts to reach Gregg Holland were unsuccessful.

The student involved is described in the report only as someone who is not an athlete but

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worked part-time for the department since the 2006 fall semester. Stacie Tronto, director of the ECU Office of Internal Audit, wrote that the student appeared to have received preferential treatment.

"There is, at a minimum, the perception that the relative of an employee of Athletics is treated differently with regard to the amount of aid this student receives in comparison to other non-athlete students in similarly situated positions," she wrote.

ECU chancellor Steve Ballard said in a statement he considered the matter resolved. He said through a spokesman he would not discuss it or Holland.

Holland has been ECU's athletic director since 2004, when he was hired to help shape the program into a national contender. He has overseen coaching changes in the major sports, notably in basketball and the football team — which is headed to its second straight bowl game. Pirates fans hailed his hiring as giving a major boost to the university's athletic stature.

University auditors began questioning the payments involving Holland in mid-September after receiving an anonymous tip. Holland stopped the payment arrangement within 10 days, school officials said.

The student received $16,659 for tuition, fees, books, room and board, the report says. ECU officials said the student also received $8,500 in salary for department work from last spring until the contract was terminated Sept. 30.

The arrangement was an "inappropriate use of university funds," officials said in a statement. But auditors said it did not violate any rules because they "could not locate a specific policy that these actions violated." A senior administrator is drafting new rules, the university said.

Durham, the ECU spokesman, confirmed that Holland has been a student at ECU but details on his exact age and area of study were not available.

According to a release from the university, Tronto said there was "no attempt to conceal" the aid.

The money for the aid came from the athletics facilities budget and did not affect the awarding of scholarships or other athletics department operations, the news release said.

Durham said Monday the money did not come from state appropriations, but from money generated through other sources.

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Spies, swabs and sanitizers

Hospitals arm themselves to wipe out superbug MRSA

By Phil Galewitz
Special for USA TODAY

A recent federal report on the growth of "superbugs" — deadly bacteria resistant against most antibiotics — has renewed public attention to how hospitals are faring in their decades-long war.

Hospitals across the USA have been stepping up their fight against all types of infections, especially superbugs that have been found to be more common and more deadly than previously believed.

Among the methods some hospitals are employing:

► Using secret observers to check on whether doctors and nurses are washing their hands.

► Swabbing the nose of every patient to check for the presence of certain bugs.

► Installing alcohol sanitizer dispensers in hallways and outside patient rooms to make it easier for staff and visitors to clean their hands.

► Testing the surfaces of beds, rails, countertops and health equipment for bacteria.

In October, a federal report estimated that nearly 19,000 people died in the USA in 2005 after being infected with a virulent drug-resistant bacterium called methicillin-resistant staphylococcus aureus, or

“They may look like they are just looking at a chart, but they are observing whether employees wash before touching a patient.”

— Nina Shik, University of Kansas Medical Center, on hospital "spies"
MRSA — more than the number killed by HIV/AIDS. A study released on Thursday in the journal Emerging Infectious Diseases found that hospitalizations related to MRSA nearly doubled between 1999 and 2005, from 127,000 to almost 280,000.

"It's a battle for us, a big battle," says Nina Shik, infection control manager at the University of Kansas Medical Center in Kansas City.

The hospital had an MRSA outbreak in its burn unit in 2005. The culprit was found to be pillows, which had small holes in them that enabled the bacteria to pass from patient to patient. When the hospital changed the type of pillow, the infection rate dropped.

Secret observers mobilized

While MRSA, labeled a superbug because it is resistant to so many antibiotics, affects healthy people in the community, about 85% of cases are in health care settings, such as hospitals. Hospitals have long been known as breeding grounds for MRSA because bacteria can be transported from patient to patient by doctors, nurses and unsterile equipment. The bugs also gain an edge because patients' immune systems are often compromised.

Numerous studies have documented that on average, doctors, nurses and other health care workers fail to clean their hands properly more than half the time.

To fix that problem, hospitals such as University of Kansas are using secret observers to spy on their co-workers to make sure they are washing up. "They may look like they are just looking at a chart, but they are observing whether employees wash before touching a patient," Shik says. The hospital talks to staffers who are not washing their hands and shares the data with each department.

The hospital is also focusing at-

How to avoid MRSA and other staph infections

➤ Ask your doctor or surgeon about possible risks of infection associated with a procedure and what steps will be taken to reduce the risks.
➤ Watch before and after an examination. Do doctors wash their hands? If not, ask them to do so. Look around. Is the hospital clean?
➤ Compare the hospital's infection rate with the national rates published by the Centers for Disease Control and Prevention. Ask how many trained and certified infection-control practitioners are employed. The appropriate number of infection-control personnel per occupied hospital bed is about one for every 100.
➤ After any procedure, persistently ask about cleanliness. If a catheter is in place, inquire whether it's still needed. Bacteria can enter the device and quickly spread through the body. Ask whether incisions are dressed appropriately and whether any sign of infection has appeared.

Source: University of Kansas Hospital

Careful from the get-go: Epidemiologist Pamela Falk takes a nasal swab from patient and retired physician A.J. Jinkins to test him for MRSA upon admission to the University of Texas Medical Branch.

When these "colonized" individuals enter the hospital (typically for an unrelated reason), they bring MRSA with them.

"I'm not sure it's cost-effective to test everybody," says Keith Kaye, medical director of infection control at Duke University Hospital in Durham, N.C. His hospital tests only ICU patients.

Pitt County Memorial Hospital in Greenville, N.C., this year began testing all patients for MRSA. About one in 12 patients tested positive, higher than administrators expected. While each test costs $60 — the fee is tacked on to the patient's bill — the hospital had to invest another $1 million in labor costs and equipment.

Keith Ramsey, director of infection control, says the hospital's MRSA-caused pneumonia rate dropped 65% this year, and MRSA-caused urinary tract infections were down 60%.

"We decided this would be the best return for our investment," Ramsey says.