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'Hip, Historic . . . Almost Heaven'



CHRIS DORST | Gazette

Alisa Bailey, the new president and CEO of the Charleston Convention & Visitors Bureau, leads staff members in her "hit squad" to the state Culture Center to view one of the city's attractions through a tourist's eyes.

New CVB head wants everyone to sell Charleston

By Jim Balow
Staff writer

She's barely unpacked since coming home last month, but Alisa Bailey has already come up with a new tag line for Charleston. How does "Hip, historic . . . Almost Heaven" grab you?

As the new president and CEO of the Charleston Convention & Visitors Bureau, Bailey said she needs others to embrace the new line.

"We can sell Charleston as a safe place to visit, nestled in the mountains. You can be at Kanawha State Forest or Coonskin Park in five or 10 minutes," she

said. "To sell that, we need partners. We need buy-in from the business community, particularly the tourism business community. I think by selling Charleston to the leisure tourism community, it's going to reinforce to the business traveler — conventions and meetings — we

can differentiate ourselves from our competition."

Even during job interviews with CVB board members, Bailey pitched the idea of setting Charleston apart. She replaced Patty Bradley, who was fired last year in the wake of the em-

SEE HIP, 13A

McGraw goes after synthetic drug distributor

By Kate White
Staff writer

WINFIELD — With a table full of illegal synthetic drugs seized in Putnam County as a backdrop, the state attorney general announced he is suing a "major distributor" of the designer drugs.

Darrell McGraw's lawsuit, filed in Putnam Circuit Court on Monday,

asks for a preliminary injunction to immediately stop Nutragenomics MFG, LLC of Alpharetta, Ga., and its owner Drew Green from selling the substances to West Virginians via the Internet and otherwise.

The suit asks that a list of all sales to West Virginians be provided with their names, addresses and telephone numbers.

It also asks that money received

from the sales be refunded to the state, and that a \$5,000 civil penalty be imposed on the defendants for each violation.

A receptionist with DGT Management in Atlanta, another company that names Drew Green as CEO, said Nutragenomics closed last Friday, but could not say why. A call to Nu-

SEE MCGRAW, 13A



McGraw
Attorney general

Number of drug-addicted newborns rises dramatically

W.Va. among states with worst problem

By Lindsey Tanner
The Associated Press

CHICAGO — Less than a month old, Savannah Dannelley scrunches her tiny face into a scowl as a nurse gently squirts a dose of methadone into her mouth.

The infant is going through drug withdrawal and is being treated with the same narcotic prescribed for her mother to fight addiction to powerful prescription painkillers.

Disturbing new research says the number of U.S. babies born with signs of opiate drug withdrawal has tripled in a decade because of a surge in pregnant women's use of legal and illegal narcotics, including Vicodin, OxyContin and heroin, researchers say. It is the first national study of

the problem. Newborn drug withdrawal is rampant in Maine, Florida, West Virginia, parts of the Midwest and other sections of the country.

The number of newborns with withdrawal symptoms increased from a little more than 1 per 1,000 babies sent home from the hospital in 2000 to more than 3 per 1,000 in 2009, the study found. More than 13,000 U.S. infants were affected in 2009, the researchers estimated.

The newborns include babies like Savannah, whose mother stopped abusing painkillers and switched to prescription methadone early in pregnancy, and those whose mothers are still abusing legal or illegal drugs.

Weaning infants from these drugs can take weeks or months and often requires a lengthy stay in intensive care units. Hospital charges for treating these newborns soared from \$190 million to

SEE ADDICTED, 13A

Police target motorists passing school buses

By Rusty Marks
Staff writer

Sam Gasaway stopped his school bus in a turn on Charleston's West Side on Monday morning, extended a lighted sign labeled "STOP" and opened the door to let some children on board.

A car stopped beside the bus, then pulled on ahead, disregarding the stop sign.

A State Police trooper in the front seat saw the infraction and called to an unmarked car following behind. Within a block, the offending driver was pulled over and given a ticket.

"This is a weekly thing, if not daily," said Gasaway, who has been driving a school bus

for the past two years. "Friday, on my afternoon run, it happened three times."

School officials are teaming up with law enforcement officers all over the state to crack down on drivers who illegally pass school buses. Education officials said about 600 people a day disregard the stop signs on the sides of buses — and state law — and illegally drive around a school bus that is either picking up or dropping off kids.

Some of those drivers pass on the right, directly where students are getting onto and off of the bus. State School Superintendent Jorea Marple said the statistics are particu-

SEE BUSES, 13A

Even if your relatives had diabetes, you don't have to Appalachian myth stands in way of prevention, expert says

By Kate Long
Staff writer

"West Virginia patients come into my office," Dr. Frank Schwartz said, "and they'll say, 'Yep, Mom had diabetes, and it caused her to go blind when she was 63. So when do you think I'll get diabetes?'"

"And I'll say, 'You don't have to

get diabetes. You can prevent it.' "But it's like they didn't hear me. They'll say, 'But when do you think I'll get it? When do you think I'll go blind?'"

"And I'll say, 'You can cut your risk of diabetes in half if you exercise for a half hour three times a week and eat a reasonable diet,' and they'll say, 'I hope I won't lose my leg.'"

"It happens again and again," he said. "There's this very powerful cultural story line in Appalachia that says, if your grandma and your dad had sugar, you're going to have it, and there's not a thing you can do to stop it, and you'll go blind and your leg

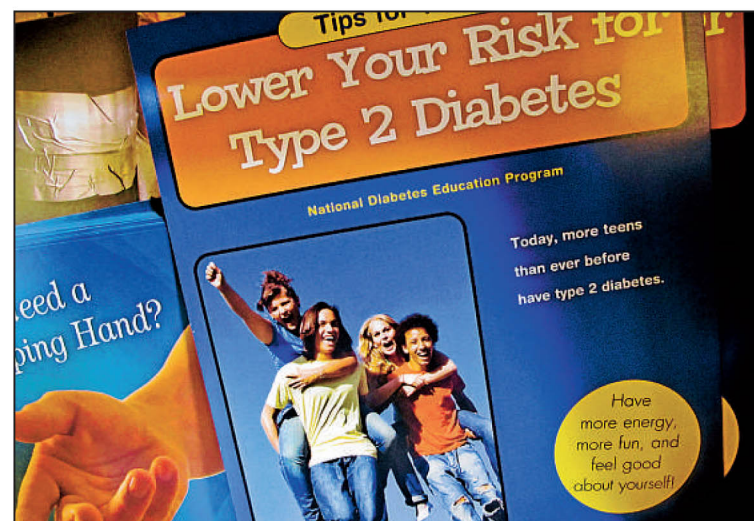


THE SHAPE WE'RE IN

will be amputated, and your kidneys will shut down.

"It's completely untrue, but that doesn't seem to stop it. Before we can start preventing diabetes on a wide scale, we need to deal with that story. If people believe there's nothing they can do, they won't try to prevent it."

SEE DIABETES, 12A



DIABETES

FROM PAGE 1A

Frank Schwartz, M.D., is an endocrinologist. He treats diabetes. He grew up in Parkersburg at a time when a kid "left the house in the morning and played all over town and didn't come back till supper. We walked two miles to school, so very few of us were heavy."

Now he directs the diabetes/endocrine program at the Appalachian Rural Health Institute at Ohio University in Athens, where he treats a lot of West Virginians.

He thinks a lot about the myths surrounding diabetes: Why is it so hard to convince people they can keep themselves from getting diabetes, even if their grandmother and mom had it?

He also obsesses over a second question: "Why does Appalachia have a higher diabetes rate than most of the rest of the country?" The two questions are somehow connected, he thinks.

Myth: Black people get diabetes because they're black

In 2010, Marshall University professors Richard Crespo, Lawrence Barker and colleagues found, through analysis of Appalachian Regional Commission data, that people in distressed Appalachian counties get diabetes two years earlier than the national average.

"Distressed" means the average income and education levels are low, and services are scarce.

Six years earlier, in 2004, Schwartz and his students basically found the same thing. They surveyed people in the 11 "Appalachian" Ohio counties located next to the West Virginia border. In those eleven counties, all of which qualify as "distressed," 11.3 percent of the people were diabetic, compared to the overall Ohio rate at the time of 7.2 percent. "They were in line with West Virginia, not Ohio," he said.

Schwartz and students asked diabetics how old they were when they were diagnosed. Thirteen percent said they were under 21. "That's more than twice the national rate estimated by CDC," Schwartz said.

How many West Virginia young people were diagnosed at a similar early age? "Nobody's ever asked, as far as I know," Schwartz said, "but it stands to reason that it would be happening.

"Somebody should find out," he said. "It's an established fact that people who make less money and have less education develop diabetes and heart disease more frequently, so you'll see more children with problems in distressed counties, too."

West Virginia leads the nation in diabetes and obesity. Eighty percent of diabetics are obese. "Obesity is pushing the diabetes explosion," he said.

"Race is not causing it," he said. There's another myth, he said, that black people are genetically likely to be obese and get diabetes, so they are somehow responsible for the nation's diabetes problem. "That's not true.

"When I was a young doctor in Parkersburg, I'd go to national conferences, and experts would be saying diabetes rates were going up because American Indians and African-Americans are genetically more disposed to get diabetes. And the West Virginia doctors would be sitting there saying, 'But we see those kinds of high rates at home, and we're 94 percent white.'"

"Back then, people assumed race was causing it," he said. "They weren't stopping to think that African-Americans and American Indians also had less money and less education on the whole.

"Since then, a lot of research has shown that people who make less money and have less education are more likely to get diabetes, no matter what color they are. Just like people of any color who eat more calories than they burn off are more likely to gain weight.

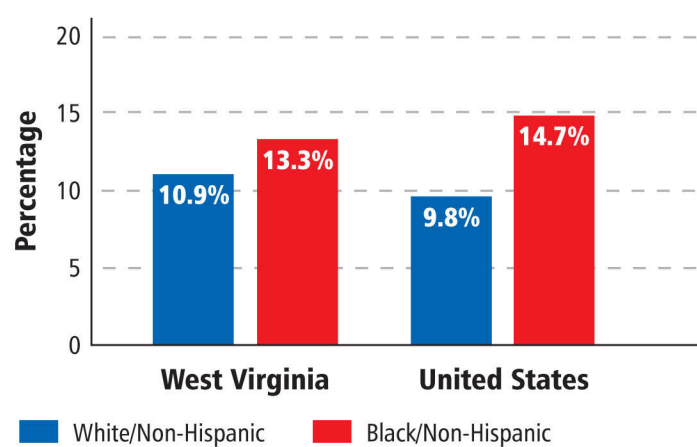
"In West Virginia, a high percent of white people have less money and education than the national average. A lot of white people are obese."

West Virginians of any color who make \$15,000 are twice as likely to get diabetes, compared with West Virginians of any color who make \$50,000, according to the Centers for Disease Control. And people who went no further than high school are more than twice as likely to get diabetes than people who have college degrees.

"So how do we convince people they can keep themselves from getting diabetes, even if their grandmother and mom had it? Or if they're black and they've been told they'll proba-

INCOME/EDUCATION DETERMINE DIABETES RISK MORE THAN RACE

The diabetes gap between white and black people is smaller in West Virginia than it is nationwide, in part because the diabetes rate is higher among whites than it is nationwide. People of any race who make \$15,000 are three times more likely to get diabetes than are people who make \$50,000, according to the Centers for Disease Control. People who did not graduate from high school are more than twice as likely to have diabetes, compared to college graduates.



The diabetes rate in Appalachian states is significantly higher than the diabetes rate of the United States as a whole, but lower than the rate of African-American, Latino and Native American people. "Income, education, and obesity have a great deal to do with it," said Dr. Frank Schwartz, director of the Diabetes Center at Ohio University.

Demographic	National diabetes rate
General population	7.8%
African-American	14.7%
Latino	14%
Native American	16.5%
Appalachian	11.3%

SOURCE: West Virginia Office of Child Nutrition

KYLE SLAGLE | Gazette

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Some states are doing billboard and TV/radio ads to tell people they can prevent diabetes. West Virginia has not yet done so.

"When you manage to get people past the story, good things often happen," Schwartz said. "Many people do just need good information. But information alone may not be enough."

Unemployment and prescription drug abuse and diabetes all impact each other, he said. "We talk about each of these things as if they were separate," he said, "but they aren't. Where there are higher levels of poverty, illiteracy, tobacco use, unemployment and now prescription drug abuse, there are also higher levels of depression and chronic disease. It's all interconnected.

"Communities have a part in this," he said. "If there's no grocery store, for instance, and the only food is at the Marathon that sells beer, chips and milk, it makes it harder for people to improve their diet." If there's no safe place for older people to walk or no gym where overweight children and teenagers can be active, that can make it harder to exercise, he said.

"For a long time, we've assumed the medical establishment should somehow take care of chronic disease by itself. That's obviously not working. The problem has gotten too big, and it's becoming clear that this is something for whole communities to solve."

To find more information on the research referenced in this article, go to www.theshapewerein.wordpress.com.

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