

# OPINION

## Tips to keep kids safe in school

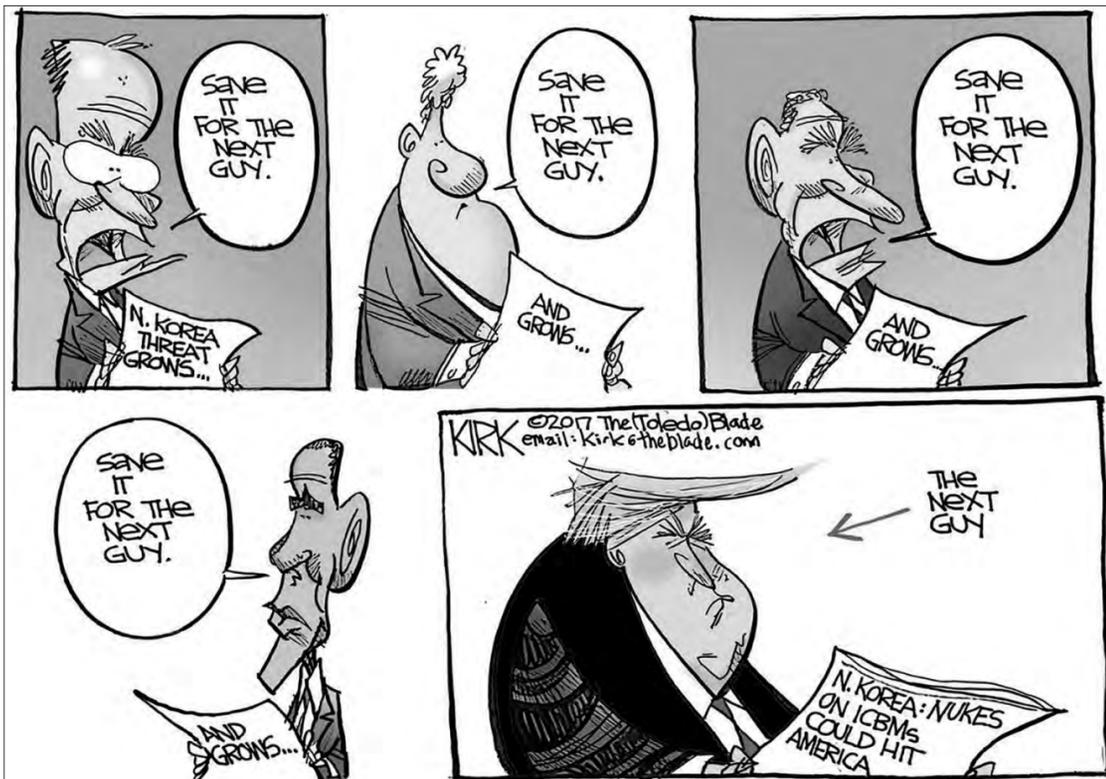
Research shows school-age children are nine times more likely to sustain an unintentional injury on the playground or in school than be the victim of school violence.

An estimated 2.2 million children ages 14 and under are injured in school-related accidents each year, according to the National SAFE KIDS Campaign.

To help you keep your kids out of harm's way, here are some safety tips from SAFE KIDS, the Consumer Product Safety Commission and the American Academy of Pediatrics:

- Teach your child never to talk to strangers or accept rides or gifts from strangers. Remember, a stranger is anyone you or your children don't know well or don't trust.
  - When driving kids, deliver and pick them up as close to the school as possible. Don't leave until they are in the schoolyard or building.
  - Be sure your child knows his or her home phone number and address, your work number, the number of another trusted adult and how to call 911 for emergencies.
  - Check the playground equipment at your child's school. Look for hazards such as rusted or broken equipment and dangerous surfaces. The surface around the equipment should be covered with wood chips, mulch, sand, pea gravel or mats made of safety-tested rubber or fiber material to prevent head injury when a child falls. Report any hazards to the school.
  - Avoid any drawstrings on a hood or around the neck of jackets and sweat-shirts. Drawstrings at the waist or bottom of jackets should extend no more than 3 inches to prevent catching in car and school bus doors or getting caught on playground equipment.
  - Give your child some strategies for coping with bullies. He or she should not give in to a bully's demands, but should simply walk away or tell the bully to stop. If the bullying continues, talk to the teacher.
- Keep children safe. While our nation's schools are expected to be, and usually are, safe havens for learning, unintentional injuries and even violence can occur.

NEWS-JOURNAL  
EDITORIAL



### LETTERS TO THE EDITOR

#### No agreement from town, CSX disappoints reader

**To the editor:**  
What is it with CSX and Spruce Pine? I've been extremely disappointed that CSX would not cooperate with the town on simply sprucing up the exterior of the Depot, but now I read they could not come to an agreement for some space to park the do-

nated caboose near the Depot.

Is there not something the town could do to leverage their plight?

Neither of these issues seemed like much, if any, sacrifice on CSX's part, so that really leaves a bad taste in my mouth.

George Penick  
Spruce Pine

#### BRRH staff issues statement about labor and delivery

**Editor's note: The following is a joint statement from the medical staff of Blue Ridge Regional Hospital issued after a July 31 meeting to discuss the discontinuation of labor and delivery services at BRRH:**

"We, the medical providers of Blue Ridge Regional Hospital, want the public to know that we believe labor and delivery and surgical services are essential at our community hospital. Keeping these services open is in the best interest and health of the community.

To be clear, we do not see Mission as an 'enemy.' They have provided financial support our hospital could not have survived without.

However, Mission Health has demonstrated a repeated pattern of making decisions that have enormous impacts on our mountain counties without seeking input from our medical staff, community leaders or the larger community.

We want to see a change in the way Mission does business here. We want to have a greater say about the care provided at BRRH and we want your voice to be heard, too.

The first step in speaking up is understanding what happened and what's going on.

BRRH has state-of-the-art facilities and already meets the recommended standards for rural labor and delivery units. The American Academy of Family Practice supports specially trained family physicians like Drs. Mitchell and DeGuzman performing C-sections to improve access to care in rural areas. Yet Mission Health presented to the public that labor and delivery is being closed due to low volume of deliveries at BRRH, using research studies showing that

hospitals delivering fewer than 500 babies a year have a higher risk of a poor outcome when compared to centers that do more than 500 deliveries. However, this doesn't take into account our hospital's actual outcomes, which have been excellent.

Also, even if all women who planned on delivering at BRRH delivered in McDowell, the number of deliveries would still be well below 500 per year. This means that the same studies Mission used to close our labor and delivery unit don't support McDowell being any safer. They also fail to mention the studies that show driving long distances to deliver a baby increases risk and can be related to poor outcomes. Mission administration does not appear to understand that the national statistics they used do not apply to our unique situation of providing local care in the rural mountains.

It appears to us that the motive to close labor and delivery was largely financial. Hospitals across the country face financial challenges. Labor and delivery units usually lose money. This happens when patients do not have insurance that pays for deliveries or have Medicaid.

To put that in context, half of all maternity care in North Carolina is covered by Medicaid. Seventy-five to 80 percent of the patients the Mission system serves are covered by Medicare or Medicaid. Reimbursement to hospitals by Medicare and Medicaid often does not cover the cost of providing care.

Also, North Carolina was one of the states that chose not to accept federal dollars to expand Medicaid, resulting in more uninsured patients overall. All those factors

put together means Mission Health System is required to provide hospital services to patients and absorb the losses from the uninsured and underinsured. So, when faced with such financial losses, they choose to cut or consolidate services.

Mission Health creates plans for services based on the number of people our hospital serves, which is a small number compared to other hospitals. Therefore, it is likely that Mission's plan will be to continue consolidating and reducing services at Blue Ridge Regional Hospital. Those of us with years of experience working in a rural area know there are critical services that we deserve to have at our local hospital. These include labor and delivery (for non-high-risk pregnancies), emergency and elective surgery, emergency room care, hospitalization for basic illnesses, and laboratory and X-ray services. We don't expect to have all kinds of specialty care here, and we are very thankful for our specialist colleagues in Asheville and elsewhere who are there for our patients when they need them.

We want the entire community to engage in truly equal negotiations, with the common goal of providing the best care possible.

We invite everyone to get involved. Consider what services you want your hospital to provide and help determine how we can support it.

Send a postcard to Save Labor and Delivery, P.O. Box 51, Burnsville, NC 28714. Also, consider joining the Mitchell-Yancey healthcare task force. The next meeting is 6:30 p.m. Tuesday, Sept. 5, at the Trinity Episcopal Church fellowship hall in Spruce Pine."

## MITCHELL NEWS-JOURNAL

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### Online POLL

#### NORTH KOREA

**QUESTION:** Do you think the U.S. military will engage in some type of combat with North Korea in the near future?

- A. Yes
- B. No

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