

**Dean's Corner e-Newsletter**  
**July 1, 2003**

As we enter July, I can't believe how fast spring has come and gone. By the end of the month, we will be welcoming our new classes into the DO and PA programs. I have just returned from the first American Association of Colleges of Osteopathic Medicine (AACOM) annual meeting in Washington, DC. This is the organization that represents the DO medical schools. The organization is rapidly becoming a world leader on concepts related to medical education in the 21<sup>st</sup> century. Approximately a dozen of our leaders in medical education participated and presented at the meeting.

Washington these days is "a buzz" with discussions related to Medicare reform initiatives. Both the United States Senate and House of Representatives passed massive Medicare enhancement plans in late June, each of which includes a prescription drug benefit for all Medicare beneficiaries. These plans represent the largest changes in Medicare in its forty-year history. The House and Senate versions of this plan are vastly different. As they currently stand, the AOA has voiced its support for the House version because it incorporates provisions to increase physician reimbursement rates as well as measures to benefit rural health providers and patients needing prescription drugs.

Given the differences in the House and Senate bills, the Medicare reform plan will be considered by a joint House-Senate conference committee after the Congressional 4th of July recess before potentially being sent to President Bush for his approval. The Medicare program offers health coverage for >40,000,000 Americans who are either over the age of 65; or, are disabled.

Also last week, representatives of the osteopathic profession gathered together in Washington, DC on June 26th to commemorate the opening of "The Healer Within<sup>®</sup>" exhibit at the Smithsonian Institution. Co-hosts for the reception, which was attended by roughly 350 people, included the AT Still University-Kirksville College of Osteopathic Medicine, the American Association of Colleges of Osteopathic Medicine (AACOM), the American Osteopathic Foundation, and the AOA. We were honored to have several members of the United States Senate and House of Representatives, including Senator Jim Talent (R-MO), Senator Kit Bond (R-MO), and Representative Kenny Hulshof (R-MO), bring greetings and tributes to our profession.

In its travels around the country, the "The Healer Within<sup>®</sup>" exhibit has gained national notoriety, and its placement in the Smithsonian proves that the power of osteopathic medicine's preventive approach to medicine is spreading! The "The Healer Within<sup>®</sup>" will be on exhibit at the Smithsonian Arts and Industries building until September 2nd. If your travels find you in Washington, DC, I hope you have the opportunity to see the exhibit - it's worth the visit!

Please supply any pertinent information to my office (deantcom@hsc.unt.edu) by Thursday, for inclusion in this Newsletter.

**Student Affairs: (Dr. Mitch Forman and Ms. Claire Graham)**

- The Student Affairs Task Force has made recommendations regarding centralization of some Student Affairs services - this will allow us to provide more efficient & consistent high quality service to all of our schools and programs.
- The process has begun assisting incoming TCOM students in the matriculation process - the Registrar, Financial Aid and Student Development Offices are available to meet with students and to answer any concerns.
- The Student Portal of the HSC Web Site has important information regarding policies, procedures and addressing FAQs - it should be the first stop for students.

**Clinical Affairs / Faculty Practice: (Dr. Robert Adams)**

*Associate Dean for Clinical Affairs/Chief Medical Officer*

Two areas of extreme interest to the clinical division have drawn to a close during the past several days. The legislative session in Texas dealt with several issues important to our health care activities.

First, the completion of the state budget by the legislative session will now allow us to complete planning and budget preparations for next fiscal year. Although we don't yet have a final number, it appears that we do have enough information to begin the process. The good news is that the reductions don't appear to be of the magnitude discussed in the early part of the legislative session. However, the reality is that the reductions will have an impact on the institution and the clinical practice. The budget process for the revenues from clinical activities will change as we move toward a mission based funding methodology consistent with the Dean's vision. This will, in fact, provide a better opportunity to define the finances of the group practice in a way that will allow for benchmarking of expenditures and staffing. The budget for the group practice will provide a truer reflection of our patient care activities than ever before. We intend to eliminate the business office tax in favor of a fixed budgeting process for these activities with an expectation of decreasing this percentage of our budget. It is the intent of these budgetary changes and others to more clearly provide faculty and staff an understanding of where their hard earned clinical dollars go within the practice.

Second, the legislature passed tort reform with a cap of \$250,000 from physicians for non-economic damages (pain and suffering). This legislation will be in full effect as of Sept. 1, 2003, but will most certainly be tested in the courts. Certain elements of the legislation have previously been ruled as unconstitutional by the Texas Supreme Court. An ongoing initiative is the movement to create a constitutional amendment addressing this matter. An effort is underway to have this up for vote in October. We will do our best to keep you informed of this as it develops. The activity relative to tort reform has led to an increased number of claims in the past few months. This will undoubtedly have an effect on malpractice premiums. The legislature's action was to move this in the right direction and hopefully we will see positive results in the future, although it may take 2-5 years to sort out.

**Academic Affairs/Graduate Medical Education: (Dr. Don Peska)**

*Associate Dean for Academic Affairs*

The first applications from the Class of 2004 are beginning to show up at the education offices of our affiliate hospitals. Having assumed the position of Academic Office for the Texas OPTI, I am pleased to report that among those sites is our newest affiliate, Texas Tech University Health

Sciences Center. Through the tireless efforts of my predecessor, Dr. Deborah Blackwell, we have increased our total number of osteopathic graduate medical education positions in Texas to 158 of which 46 are internships. The goal is to have available an adequate number of quality funded training positions each year in the State of Texas to meet the needs of our graduating class. While we have made primary care our orientation, we also have been able to increase positions in the surgical specialties and begin offering subspecialty training in cardiology with more programs in the planning stages. The challenge can only be met through creativity, cooperation and partnership. As our affiliates have come to expect that from us, so too, will we apply these skills to new ventures in graduate education. We welcome the ideas and participation of all our faculty, students, and graduates to make this goal a reality.

**Medical Education: (Michael Martin, Ph.D.)**

*Acting Associate Dean for Medical Education*

No input.

**Clinical Research: (Dr. Michael Clearfield)**

*Associate Dean for Clinical Research*

Two large grants were funded last month the first is from the Department of Health and Human Services Health Resources and Services Administration for Training in Primary Care and Dentistry for the Department of Family Medicine. This is the second large training grant funded by HRSA for the department of Family Medicine, the first was to fund post-graduates the recently funded grant is to fund undergraduates.

The second grant is funded from the Osteopathic Heritage Foundation for a Multi-Center Osteopathic Pneumonia Study in the Elderly through the ORC. This is the first large scale multi-center study conducted through the ORC.

Both these grants represent the significant efforts of many individuals in the departments of Family Medicine and OMM.

Next year TCOM will host the keynote speaker for RAD. If you have a suggestion for the keynote speaker please forward me the name for consideration.

**PA Studies: (from PA Hank Lemke)**

Four UNTHSC PA Program faculty and 11 PA students attended the American Academy of Physician Assistants (AAPA) national meeting in New Orleans last month. The meeting was attended by nearly 10,000 practicing PAs and students and UNTHSC was well represented at activities there.

For the past decade, the AAPA has sponsored a Research and Education poster session for graduate PAs and students to present their activities. **PA Student Janelle Hardisty** – Class of 2004 – presented her poster “Time Course of Changes in Autonomic Function During Endurance Exercise Training in Humans” co-authored by PA Telford and Dr Smith of the GSBS. **PA Student Cheryl Houston** – Class of 2005 – presented her poster entitled “A Career Awareness Program, Targeting African American High School and College Students” co authored by PA Reed. **PA Michael Clark** and **PA Hank Lemke** also presented a poster at the session entitled:

“Factors Utilized by Graduate Physician Assistants in Selecting Their First Practice Setting” co-authored by Dr Chen of the PA program. Abstracts for all three posters were published in the program/schedule for the AAPA meeting.

**PA Carolyn Telford** and **PA Hank Lemke** served as delegates in this year’s AAPA House of Delegates, representing Texas PAs. Besides routine academy business, there was important debate regarding official Academy positions on the definition of “Family”, emergency contraception availability, stem cell research, and other current issues of concern to the healthcare community. **PA Patti Pagels**, present in the House of Delegates as chair of the AAPA’s Committee on Diversity, presented resolutions for consideration by the HOD. **PA Telford** served as the Student Society Faculty Advisor for the eleven UNTHSC PA students attending the meeting and participating in the Assembly of Representatives of the Student Academy of the AAPA.

This year, the **AAPA House of Delegates** was particularly special because of delegations who were visiting from Great Britain, the Netherlands, Taiwan, and Canada where the concept of PAs to meet shortages of healthcare providers appears to be gaining a foothold. In fact, the Netherlands has one PA program already in place in a university medical center in country and another is planned for the near future. Canada has been training PAs for its military for a few years now and will soon boast its first “civilian trained PAs” within the next year.

**PAs Hank Lemke** and **Michael Clark, PhD**, presented two 2-hour workshops on the auscultation of Heart Sounds in a clinical setting; attended by nearly 100 PAs. **PA Clark** was speaker and moderator for a CME symposium on "Cardioprotection with Beta Blockers: Breaking the Chain of Cardiovascular Events". Other speakers in this session included Robert M. Guthrie, MD from University of Ohio School of Medicine and Freny V. Mody, MD from the University of California at Los Angeles (UCLA). **PA Clark** attended the Board of Directors meeting for the Naval Academy of PAs as a member and helped man the exhibit booth for the Association of PAs in Cardiology.

Besides serving in her role as Chair of the AAPA Committee on Diversity, **PA Patti Pagels** gave 2 CME presentations on “Adapting the Medical History for a Diverse Population” at the AAPA meeting. Her presentation is planned to be highlighted in the nationwide upcoming edition of the *AAPA News*.

And... for the first time ever, the UNTHSC **PA Alumni Society** held its first official reception at a nationwide meeting of PAs! The event was attended by several of our alums. It was good to catch up with them and on their individual successes!

### **TOMA Update: (Terry Boucher, TOMA Executive Director)**

**TOMA SCORES MAJOR VICTORY IN LIABILITY LEGISLATION:** A long week of negotiations and strategy concluded with the Texas House and Senate overwhelmingly approving the Conference Committee Report on House Bill 4 - our health care liability reform bill. Gov. Rick Perry, Lt. Gov. David Dewhurst, Speaker Tom Craddick, Rep. Joe Nixon (R-Houston), and Sen. Bill Ratliff (R-Mt. Pleasant) led the way in crafting and passing a bill that should bring significant relief for physicians and help restore patient access to hospitals and doctors. Please take the time to write or call your Representatives and Senators to express your

thanks for their dedication and leadership. This bill was TOMA's No. 1 priority for the 78<sup>th</sup> Texas Legislature. Our coalition partners - especially the Texas Medical Association, Texas Hospital Association and Texas Alliance for Patient Access - all have plenty to be proud of. The health care portions of House Bill 4 take effect September 1, 2003. Our next step is getting out the vote for the September 13<sup>th</sup> referendum on the constitutional amendment that ratifies the legislature's authority to cap damages. Here is a rundown of the bill's major provisions:

- Caps on non-economic damages are: \$250,000 cap per claimant for any and all physician(s) and nurse(s) named in the lawsuit; \$250,000 per health care institution per claimant; and, a second \$250,000 per health care institution per claimant if the second institution is completely separate from the first.
- Periodic payments are mandatory for future medical expenses and discretionary for others.
- Many important procedural reforms cover expert witness reports and pretrial depositions.
- The definitions of a volunteer and a Good Samaritan were broadened to give greater protections to physicians who provide services under these circumstances.
- There were no collateral source rule reforms or limits on attorneys' contingency fees.

**OTHER EFFORTS PAY OFF UNDER THE DOME:** As the 78<sup>th</sup> Texas Legislature adjourned "*sine die*," we can count full or partial wins on most TOMA legislative priorities:

**PROMPT PAY:** A very strong bill awaits Governor Perry's signature. Thanks to Sen. Jane Nelson (R-Lewisville) and Reps. John Smithee (R-Amarillo) and Craig Eiland (D-Galveston).

**MEDICAID AND CHIP:** The original specter of a 33-percent cut in physician reimbursements has dropped to 5 percent and maybe zero thanks to a last-minute injection of federal funds.

**IMMUNIZATIONS:** We helped passed a package of four bills to boost Texas' woeful vaccination rates. Thanks to Sen. Judith Zaffirini (D-Laredo) and Rep. Jaime Capelo (D-Corpus Christi) for their work. We are still evaluating the impact of one anti-immunization amendment added to another bill.

**TOMA ANNUAL MEETING:** Just a reminder in case you have forgotten to register for the upcoming 104<sup>th</sup> TOMA Annual Convention and Scientific Seminar, June 18-22, 2003 at the Moody Gardens Resort in Galveston, Texas. You can obtain more information and register by sending in the registration form you received in the mail or you can download the form from the TOMA Website - [www.txosteo.org](http://www.txosteo.org). We look forward to seeing you at the TOMA Annual Convention.

### **Science and Health News:**

**Obesity epidemic set to get worse:** HELSINKI, May 29 (Reuters) - Obesity has spiraled into a worldwide epidemic affecting 250 million adults but a leading nutritional expert believes the worst is still to come. Overweight adolescents are on course to fuel an even bigger global health problem as they mature into obese adults, he says. "The younger generation, the generation after us, will be even more obese than we are, which doesn't make the future look very promising," Dr. Mikael Fogelholm said in an interview. The chairman of the 12th European Congress on Obesity, which begins in Helsinki on Thursday, said the prevalence of obesity among adolescents has increased more rapidly than among the middle-aged population. "We can't expect that the present generation will die and we will have a lean generation," added Fogelholm,

who is also the director of the independent UKK Institute for Health Promotion Research in Finland. A steady, and in some cases life-long, diet of high-fat fast foods and idle hours in front of the television and computer, has taken its toll on children. "Most obese adults now had not been obese children," Fogelholm said. "They obtained their extra kilos (pounds) after they were 25 or 30 years old. But now we have more and more people who are already obese at the age of 10, 15 or 20." "If the trend goes on, the future doesn't look better. It looks worse unless we can find a way to prevent obesity". Along with expanding waistlines, being overweight or obese increases the risk of type II diabetes, heart disease, strokes and certain cancer. In the United States, where over half of the adult population is obese or overweight, obesity costs about \$93 billion a year in medical expenses. Elsewhere obesity rates range from two percent in some developing countries, to 80 percent on remote Pacific Islands and about 20 percent in Western countries. Fogelholm believes the solution to the problem must begin with changes that encourage people, and particularly youngsters, to get more exercise and to make healthy food choices. But he stressed that must include changes in how city centers are planned, how food is marketed and the sizes of portions in which it is served. Ministries of transport, environment and education should be involved in health policies, he added. "It's a complex phenomenon especially from a behavioral viewpoint," he said. "If you think of smoking -- people either smoke or they don't smoke. But everyone has to eat and what they eat, how much and the amount of exercise they get make weight control a very complex behavior." About 1,500 doctors, nutritionists, researchers and geneticists are attending the conference which runs to June 1.

**Lobbying Efforts For and Against Limits on Malpractice Suit Awards Increasing:** The [New York Times](#) on May 28 examines lobbying efforts at state and national levels by advocates and opponents of limits on medical malpractice lawsuit awards. Insurance companies and other businesses seeking to limit awards in medical malpractice lawsuits believe the current political climate is "friendly to their cause," according to the Times. For instance, the House in March passed a bill ([HR 5](#)) that would limit noneconomic jury awards in medical malpractice lawsuits at \$250,000, and President Bush supports such reforms. Twenty state legislatures are considering medical malpractice legislation, and 11 states have already passed such bills this year. According to the Times, the bills, while different, include common elements such as caps on jury awards and elimination of joint and several liability, in which a defendant partially responsible for injury must pay the full award. At the state level, lobbying for limits on personal injury awards has "become intense," the Times reports. Many doctors have rallied in favor of limits on jury awards, while some hospitals have closed their obstetrics departments because of the high risk of lawsuits and price of malpractice insurance, according to the Times. In many states, trial lawyers, who generally oppose limits on jury awards, have begun "fierce counterattacks against coalitions of insurance companies, doctors and other businesses," such as advertising campaigns. Sherman Joyce, president of the [American Tort Reform Association](#), said, "This is a year where we had seen considerable opportunity at the state level, and the major reason is the health care issue has been driving the agenda." But Mark Phenicie, legislative counsel for the [Pennsylvania Trial Lawyers Association](#), said that malpractice awards are not the major factor driving up insurance costs, adding that "the stock market is low and interest rates are low, and insurance companies have to make their profits" by increasing malpractice coverage premiums. None of the lobbying groups would comment on how much money they have spent this year, the Times reports (Glater, New York Times, 5/28).

## **White House Pushes New Dietary Guidelines**

WASHINGTON (AP) - The White House says new government nutrition guidelines should tell consumers to cut back on foods like french fries made with artery-clogging fats and eat more fish and other foods that contain healthy fats. The White House Office of Management and Budget recommended in a letter Wednesday that the departments of Agriculture and Health and Human Services emphasize eating foods with omega-3 fats that lower the risk of heart disease and warn against eating trans fatty acids, which increase the risk. John D. Graham, who heads OMB's Office of Information and Regulatory Affairs - the Bush administration's regulatory watchdog - wrote that current standards fall short, targeting "only the reduction of saturated fat and cholesterol, with only a brief reference to the risks from trans fatty acids and benefits of omega-3 fatty acids." OMB issued the recommendations just as the government is working on new guidelines. Schools in the federal lunch program rely on two sets of guidelines when planning meals served to 28 million low-income children every school day: The Food Guide Pyramid, an educational graphic that prioritizes categories of food and hasn't been changed since 1992; and the dietary guidelines that are updated every five years, most recently in 2000. New versions of both are due out in 2005, but it's too soon to tell whether they'll include any of the OMB's recommendations, said Alisa Harrison, spokeswoman for the Agriculture Department. The government is selecting experts for an advisory panel to help draft new guidelines. "They will consider evidence not only for the relationships between diet and cardiovascular disease but for all aspects of health," Harrison said. The government already is being bombarded with advice from the food industry, consumer groups, experts, lawmakers and the general public on what the guidelines should say. HHS spokesman Bill Pierce said some people are suggesting that officials use popular plans like the Atkins diet, which promotes eating more protein and less carbohydrates, as the basis for new standards. But "we don't recommend diets," Pierce said. The guidelines are intended to tell consumers "the kinds of foods one should be eating and why." Worries over trans fatty acids have increased over the years as more studies show that eating them can clog arteries since they lower the level of good cholesterol, HDL, while raising the level of bad cholesterol, LDL. Trans fat is in hydrogenated oils, grease, shortening and an array of baked and fried goods.

The harmful fat is hidden from consumers because it is not labeled on products. That will change soon. The Food and Drug Administration, under pressure from the White House, is planning to require companies to list the amount of the harmful fat in their products. The FDA also is looking at putting a warning on foods that have trans fat, which consumer groups support but the food industry opposes. Manufacturers argue that a warning would confuse consumers and cause them eat more saturated fat, which also is unhealthy. Dr. Marvin Lipman, chief medical adviser for Consumers Union, welcomed OMB's recommendations for changing the dietary guidelines. "I think there is emerging evidence that omega-3 fatty acids help the heart, and I think the recommendation which is forthcoming from Health and Human Services, from the FDA, is that omega-3 fatty acids can help prevent a second heart attack," he said.

On the Net: Food Guide Pyramid and Dietary Guidelines: <http://www.nal.usda.gov/fnic/> or Office of Management and Budget: <http://www.whitehouse.gov/omb/index.html>

## **Health Policy News:**

**Congress Passes Medicare Legislation** - The Senate and the House passed their respective Medicare prescription drug bills, S. 1 and H.R. 1 in the early hours of June 27. The House bill includes an increase in the level of Medicaid Disproportionate Share Hospital (DSH) relief for FY 2004 and beyond. On the Senate side, Senators Kay Bailey Hutchison (R-Texas) and Ted Kennedy (D-Mass.) negotiated with Senate Majority Leader Bill Frist (R-Tenn), Senate Finance Committee Chairman Charles Grassley (R-Iowa), and Ranking Member Max Baucus (D-Mont.) to include a small level of IME relief in the final Senate bill with a commitment to work to increase the IME adjustment in the House-Senate conference.

**House, Senate Committees Approve HHS Spending Bills** - In a marked departure from the pattern of the last several years, both the House and Senate Appropriations Committees approved their FY 2004 Labor-HHS-Education appropriations bills before end of June. The full House Appropriations Committee June 25 adopted essentially unchanged the bill approved by the Labor-HHS-Education subcommittee on June 19. The Senate Labor-HHS-Education subcommittee approved its bill on June 25, with the full committee passing the bill the following day. Both the House and Senate are expected to take up their respective bills on the House and Senate floors when they return from the July 4 recess. While not unexpected given the tight spending caps imposed on the House and Senate versions, the results for academic medicine are disappointing.

**Senators Urge Full Funding for Health Professions** - In a letter organized by Senators Jack Reed (D-R.I.) and Pat Roberts (R-Kan.) to Senate Labor-HHS Appropriations Subcommittee Chairman Arlen Specter (R-Pa.) and Ranking Member Tom Harkin (D-Iowa), 33 senators urged the restoration of funds to the Title VII health professions programs. The letter highlighted the importance of having a well-trained health care workforce to deliver care in the country's disadvantaged communities, noting that the health professions programs are the only federal programs designed to meet this need.

**VA Research "Dear Colleague" Nets 31 Senators** - A "Dear Colleague" letter initiated by Senators Arlen Specter (R-Pa.) and Bob Graham (D-Fla.), chairman and ranking member of the Senate Veterans Affairs Committee, to Senators Kit Bond (R-Mo.) and Barbara Mikulski (D-Md.), chairman and ranking member of the Senate VA-HUD Appropriations Subcommittee, calling for a "significant increase" in FY 2004 funding for the VA research program garnered signatures from 31 Senators, including 8 Republicans. FY 2003 funding for the VA research program is \$397.4 million, and the Administration's FY 2004 budget request proposed \$408 million, an increase of \$10.6 million (2.7 percent), a level the letter says "does not even keep pace with research inflation and will force VA to cut numerous projects to meet rising costs."

**Medicare Drug Benefit Calculator** - A new Medicare Drug Benefit Calculator allows users to enter their current prescription drug costs and determine what they would pay under the leading Medicare reform proposals as currently approved by the Senate Finance Committee, the House Ways and Means Committee, and the House Energy and Commerce Committee.

<http://www.kaisernetwork.org/drugcalculator>



**Medicare Debate Coverage Page** - As Congress moves forward on reforming Medicare and creating a prescription drug benefit, kaisernetwork.org provides you with timely information on the debate. This page will provide links to our relevant Medicare webcasts, House and Senate action, and links to legislation, amendments, and recent Kaiser Daily Health Policy Report stories. This resource page is available at: [www.kaisernetwork.org/healthcast/medicare/reform](http://www.kaisernetwork.org/healthcast/medicare/reform)

### **Research and Funding Opportunities:**

The solicitation is for a grant from HRSA for "*Advance Training and Leadership Skills for a Diversified Medical School Student Population*".

<http://www.fbodaily.com/archive/2003/04-April/27-Apr-2003/FBO-00312306.htm>

NIH Guide for Grants and Contracts - Week Of June 27, 2003

<<http://grants.nih.gov/grants/guide/2003/03.06.27/index.html>>

### **NOTICES**

PRECLINICAL TOXICOLOGY AND PHARMACOLOGY OF DRUGS DEVELOPED FOR CANCER, AIDS AND AIDS-RELATED ILLNESSES (NOT-CA-03-033) National Cancer Institute INDEX: CANCER <<http://grants.nih.gov/grants/guide/notice-files/NOT-CA-03-033.html>>

ADMINISTRATIVE SUPPLEMENTS FOR FUNCTIONAL STUDIES BASED ON RESULTS OBTAINED IN THE PROTEIN STRUCTURE INITIATIVE (NOT-GM-03-108) National Institute of General Medical Sciences INDEX: GENERAL MEDICAL SCIENCES <<http://grants.nih.gov/grants/guide/notice-files/NOT-GM-03-108.html>>

### **REQUESTS FOR APPLICATIONS**

MECHANISMS OF PHYSICAL ACTIVITY BEHAVIOR CHANGE (RFA-CA-04-009) National Cancer Institute National Institute of Diabetes and Digestive and Kidney Diseases Office of Behavioral and Social Sciences Research Office of Disease Prevention Office of Research on Women's Health INDEX: CANCER; DIABETES, DIGESTIVE, KIDNEY DISEASES; BEHAVIORAL, SOCIAL SCIENCES RESEARCH; DISEASE PREVENTION; WOMEN'S HEALTH <<http://grants.nih.gov/grants/guide/rfa-files/RFA-CA-04-009.html>>

STATE MODELS FOR ORAL CANCER PREVENTION AND EARLY DETECTION - PHASE II (RFA-DE-04-005) National Institute of Dental and Craniofacial Research National Cancer Institute INDEX: DENTAL, CRANIOFACIAL RESEARCH; CANCER <<http://grants.nih.gov/grants/guide/rfa-files/RFA-DE-04-005.html>>

INNOVATIVE PARTNERSHIPS IN TYPE 1 DIABETES RESEARCH (RFA-DK-03-015) National Institute of Diabetes and Digestive and Kidney Diseases National Institute of Allergy and Infectious Diseases National Eye Institute National Heart, Lung, and Blood Institute National Institute of Neurological Disorders and Stroke National Institute of Nursing Research Office of Dietary Supplements INDEX: DIABETES, DIGESTIVE, KIDNEY DISEASES;

ALLERGY, INFECTIOUS DISEASES; EYE; HEART, LUNG, BLOOD; NEUROLOGICAL DISORDERS, STROKE; NURSING; DIETARY SUPPLEMENTS  
<<http://grants.nih.gov/grants/guide/rfa-files/RFA-DK-03-015.html>>

INFORMATICS TRAINING FOR GLOBAL HEALTH (ITGH) (RFA-TW-03-008) Fogarty International Center National Library of Medicine National Institute of Biomedical Imaging and Bioengineering National Human Genome Research Institute INDEX: FOGARTY; LIBRARY MEDICINE; BIOMEDICAL IMAGING, BIOENGINEERING; HUMAN GENOME RESEARCH <<http://grants.nih.gov/grants/guide/rfa-files/RFA-TW-03-008.html>>

### **Quotes**

*“The most important political office is that of private citizen.”*

- **Louis Brandeis, lawyer, Supreme Court Justice, and writer (1856-1941)**

*“Look, I don't want to wax philosophic, but I will say if you're alive you've got to flap your arms and legs, you've got to jump around a lot, for life is the very opposite of death, and therefore you must at very least think noisy colorfully, or you're not alive“.*

- **Mel Brooks**

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