

DEAN'S CORNER E-NEWSLETTER

Texas College of Osteopathic Medicine

January 17, 2005

Well, 2005 is upon us. That means multiple political and legislative transformations will be taking place. On the federal level, the President will be inaugurated this Thursday, with defining goals for his final term that no doubt will include reforms in our health care system. The 109th Congress of the United States has been sworn in, and will be tackling these issues that may possibly define the future of health care delivery and payment within the U. S.

Here in Texas, the 79th legislature has begun with what appears to be a budget surplus. However, how those funds are used will be defined over the next 3-4 months. The state's Health related Institutions are all looking for increased funding to deal with our expanding missions, and loss of funding from 2003. There are multiple projects in the works to expand our programs on this campus, as well as to expand the footprint of our campus. More to come....

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

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Student Affairs:

Thomas Moorman, Ed.D.

Associate Vice President for Student Affairs

In addition to our ongoing learning strategies counseling and tutoring programs, we're busy creating new programs to enhance the writing skills of all UNT Health Science Center students. This spring, we have a professional writing tutor, Dr. Kim DeLozier, who will be seeing students by appointment only to help them enhance their writing skills. In addition, we will also be co-presenting a Writing Workshop Series with the Gibson D. Lewis Library. The topics range from "What is a Scientific Essay" to "Revision Strategies". It is a 15-week course designed to cover a variety of topics. Students may attend as many sessions as needed or required by faculty. There is no fee for the writing tutor or the writing class. Students interested in scheduling an appointment with the writing tutor should contact Eryn Loney at ext. 2407 or eloney@hsc.unt.edu. Appointments are scheduled each Monday and Tuesday between the hours of 5 - 7 p.m. Students may choose 30 or 60 minute increments of time, depending on their individual needs. The Writing Workshop Series is open to all students. There is no sign-up necessary. The workshops begin Thursday, January 20th and continue through April 28th from 5 - 6 p.m.

If you have questions, comments, or suggestions, please contact Eryn Loney, Coordinator for Academic Support in the OASIS Office by phone at: 817.735.2407 or by email at: eloney@hsc.unt.edu.

Clinical Affairs / Faculty Practice:

Robert Adams, D.O.

Senior Associate Dean for Clinical Affairs/Chief Medical Officer

(No article this month)

Educational Programs:

Don Peska, D.O.

Associate Dean for Educational Programs

Recruitment season for osteopathic postdoctoral training programs is coming to a close and "the match" is just a few weeks away. All students entering internships and residencies in July of this year are required to participate in the National Resident Matching Program (NRMP). Two programs are operated by the match service: one for graduates entering osteopathic programs and the other for those entering allopathic programs. The deadlines are six weeks apart with the osteopathic programs making the earlier selections. This allows students who are accepted to osteopathic programs to have their names removed from further consideration. Only graduates of osteopathic medical schools may participate in either program. Allopathic graduates may not enter osteopathic training programs at this time. With final match results to be announced on February 14, the next several weeks will find our students (and residency directors) rather anxious. We wish all of them good luck in the process.

Academic Affairs:

Bruce Dubin, D.O., J.D.

*Associate Dean for Academic Affairs
Medical Education*

Those of you who have visited the student encounter rooms on the 6th floor have probably noticed our latest addition; our "telemedicine" unit for student training. Telemedicine will be an important component of future medical practice in rural and underserved areas. Students in the rural track program, beginning this semester, will not receive additional training in telemedicine as part of their rural medical education. Students will train in presenting patients and the origination and reception of clinical consultation as part of this unique program that trains physicians for rural practice.

Clinical Research:

Michael Clearfield, D.O.

Associate Dean for Clinical Research

With the New Year it is time to again think about Research Appreciation Day (RAD) which is coming up soon. Abstract submissions will be accepted starting 2/1 with a submission deadline of 3/11. I would hope we could exceed last year's numbers and have every department from the medical school represented. This is also an excellent forum for residents, fellows and students to submit their research. Remember there is a competition for students and house staff during RAD.

Other news from the research front

Dr. Stephen Weis has expanded his research efforts at the Tarrant County Health Department to include research in HIV. Dr. Weis has been accepted into the US Government Community Programs for Clinical Research on AIDS (CPCRA). Another large congratulations for Dr. Weis and his team. If you have any new research news that I have inadvertently missed please send me an email so I may include your research efforts in the next installment.

PA Studies:

Hank Lemke, P.A.

Welcome Back!

The PA program is happy to welcome back its students from the holiday break. This is the time of year when the "first year PA students" begin the second didactic semester, the "second year PA students" enter into the last of these, and the clinical year PA students begin focusing their

sites on graduation and applying for licensure. It is also the time of year when one group begins to wonder where the time has gone, another thinks it will never end, and the third is too busy to give it much thought. Meanwhile, we are happy to see their somewhat rested and eager faces again and anxious to begin the next round of courses and events.

PA Certifying Exam News for UNTHSC PA Students

Over the next three months, the PA Program will be piloting an on-line testing service designed to help PA students prepare for the PA National Certifying Exam (PANCE) after graduation. This service is being obtained through Kaplan™ and is being pilot-tested with the PA Class of 2005 students currently in their clinical year. The Kaplan™ test-bank includes 1,200+ exam-relevant practice questions with detailed explanations that discuss why the right answer is correct and why the distracters are incorrect. Passing the PANCE, administered by the National Commission on Certification of Physician Assistants, is an essential milestone to becoming nationally certified as a PA.

AAPA Poster Session

The American Academy of Physician Assistants (AAPA) is accepting abstract submissions for its 14th Annual Clinical and Professional Poster Session to be held at their annual conference in Orlando, FL at the end of May. The AAPA's Clinical and Professional Poster Session is conducted every year at the PA conference. Last year, 65 posters were presented; UNTHSC faculty contributed three to that number. Posters are featured in three categories: original research, case studies/clinical reports, and posters previously presented at medical/scientific conferences held within the last 12 months. For more information about this year's poster session, go to www.aapa.org/clinissues/PosterSession.htm

Science and Health News:

Health Care Marketplace | Health Spending Grew 7.7% in 2003, Lowest Rate in 7 Years; Spending Reached \$1.7T, Study Says

[January 11, 2005]

The "torrid pace of growth" in U.S. health care spending "cooled a bit" in 2003 -- in part because of state reductions in the Medicaid program and slower growth in prescription drug spending -- but the amount of spending, about \$1.7 trillion, exceeded 15% of the gross domestic product for the first time, according to an annual CMS report published in the January/February issue of *Health Affairs*, the *New York Times* reports. The report found that total health care spending in 2003 increased by 7.7%, compared with a 9.3% increase in 2002 (Pear, *New York Times*, 1/11). Total health care spending in 2003 accounted for 15.3% of GDP and exceeded overall U.S. economic growth by three percentage points, the report found (Strahinich, *Boston Herald*, 1/11). According to federal officials, the slower growth in health care spending in 2003 resulted in large part because of one-time state changes in the Medicaid program and the expiration of mandated

higher supplemental Medicare reimbursements to hospitals and nursing homes (Lueck, *Wall Street Journal*, 1/11). Medicaid in 2003 accounted for about one-third of the total \$765 billion in public funds spent on health care, according to the report (Japsen, *Chicago Tribune*, 1/11). In 2003, spending on public health care programs for low-income residents increased by 6.6%, compared with 9.7% in 2002, the report found (Lipman, *Atlanta Journal-Constitution*, 1/11). Although most states prior to 2003 did not reduce funds for public health programs and used "state reserves, taxes and tobacco funds" to help cover the cost, 34 states in 2003 increased eligibility requirements and reduced benefits for such programs, the report said (*Chicago Tribune*, 1/11).

Out-of-Pocket Health Care Spending

The report said that although payments for private health insurance, in the form of premiums, increased by 9.3% in 2003 -- compared with 10.6% in 2002 -- administrative costs and health insurer profits "accelerated as benefit growth decelerated" (*New York Times*, 1/11). The net cost of health insurance -- the difference between premiums and benefits -- increased from 12.8% as a share of premiums in 2002 to 13.6% in 2003, the highest rate since 1984, the report found (*Atlanta Journal-Constitution*, 1/11). The report also found that total out-of-pocket health care spending increased by 7.6% in 2003, compared with 6% in 2002. According to the report, co-payments for physician visits -- which increased by 8.3% in 2003, compared with 5.1% in 2002 -- contributed to the increase in out-of-pocket health care spending, and prescription drugs accounted for almost 25% (*Wall Street Journal*, 1/11). The report found that out-of-pocket health care spending increased at "nearly the same rate as overall health spending but faster than in recent years." Analysts attributed the rise in out-of-pocket health care spending to increases in the number of employers who have shifted more costs to workers and the number of uninsured U.S. residents (*Chicago Tribune*, 1/11). According to Cynthia Smith, a CMS researcher and principal author of the report, employers in recent years "have been more willing to pass on cost increases to employees by increasing co-payments for physician visits, requiring separate hospital deductibles and raising drug plan co-payments."

Prescription Drug Spending

The growth in prescription drug spending -- which increased by 10.7% in 2003, compared with 14.9% in 2002 -- slowed "more sharply than growth of any other service," according to Smith. Sales of prescription drugs in 2003 increased to \$179.2 billion. According to the *Times*, the report, which found that prescription drugs accounted for 23% of out-of-pocket health care spending but only 11% of total health care spending, "indicated why drug costs remain a combustible political issue" (*New York Times*, 1/11). In 1998, 17% of out-of-pocket health care spending was related to prescription drugs, the *Wall Street Journal* reports (*Wall Street Journal*, 1/11). The study did not include the estimated \$1.1 billion that consumers paid to purchase prescription drugs from Canadian pharmacies. Sales of generic medications in 2003 increased at

twice the rate of brand-name treatment sales, the report found. According to the report, "When offered a choice, consumers opt for a generic drug almost 90% of the time in chain drug stores."

Additional Results

The report also found:

- Health care spending in 2003 averaged \$5,670 per resident, compared with \$5,317 in 2002;
- Private health care spending increased by 8.6% in 2003, compared with 9% in 2002 (*New York Times*, 1/11);
- Private spending on physician services increased by 8.5% in 2003, compared with 8.2% in 2002;
- Public spending on physician services decreased from 8.1% in 2002 to 6.7% in 2003 (*Wall Street Journal*, 1/11);
- Private health insurance enrollment decreased by about 1% in 2003, in part because of "job losses and a struggling economy" and because the increase in health care spending "outpaced average wage growth of 2.9% in 2003," the *Philadelphia Inquirer* reports (Pugh, *Philadelphia Inquirer*, 1/11).
- Total Medicaid spending, which rose by 12.1% in 2002, increased by 7.1% in 2003 to \$267 billion (*New York Times*, 1/11). Medicaid spending accounted for 16% of total health care spending in 2003 (*Chicago Tribune*, 1/11);
- Medicaid spending on hospitals, which many states froze, increased by 5.3% in 2003, about six percentage points lower than in 2002;
- Medicaid spending on nursing home care in 2003 increased by 1% to \$51 billion, compared with 8.1% in 2002;
- Total spending on Medicare in 2003 increased by 5.7% to \$283.1 billion, compared with 7.6% in 2002;
- Medicare spending on nursing homes "increased only 1.3% in 2003, following three years of rapid growth that averaged 16.2% a year between 1999 and 2002"; and
- Hospital care spending, which increased by 6.5% to \$515.9 billion for 2003, accounted for almost one-third of total health care spending; such spending rose by 8.5% in 2002 (*New York Times*, 1/11).

An abstract of the study is available [online](#).

Trend?

According to the *Journal*, the report indicates "more tough choices for employers and for patients" in future years (*Wall Street Journal*, 1/11). Although Smith did not comment on whether she expects slower growth in health care spending in future years, she said that "factors unique to 2003" likely led to the slower growth for that year (*Atlanta Journal-Constitution*, 1/11). Smith said, "I don't think we're going to see a deceleration of this size coming from public programs" in 2004, adding, "Some of the factors that tempered spending in 2003 are one-time in nature and not expected to recur" (*Boston Herald*, 1/11). According to the *Inquirer*, the implementation of the new Medicare prescription drug benefit in 2006, as well as an "aging population and likely new restrictions" on reimportation, "probably will fuel the growth of health care spending in the future" (*Philadelphia Inquirer*, 1/11). Consumer advocacy groups said that reductions in public health care spending and increases in private costs "were key drivers in pushing the number of uninsured Americans to a record 45 million in 2003," the *Tribune* reports (*Chicago Tribune*, 1/11). Although the Bush administration has considered changes to Medicaid, Ron Pollack, executive director of Families USA, recommended against such changes because the report indicates that "children and seniors, who are the predominant folks who benefit from Medicaid, are bearing a disproportionate brunt of the cuts in services" (*Atlanta Journal-Constitution*, 1/11).

Reaction

Bush administration officials were "quick to hold out the report as an example of its successful initiatives to slow spending on health care services," the *Chicago Tribune* reports. HHS Secretary Tommy Thompson said in a statement, "This is good news for the public and our health care system and is the result of changes designed to slow down the growth in spending. But we have more to do before we can declare victory over rising health care costs" (*Chicago Tribune*, 1/11). Thompson also said that the slower growth in health care spending in 2003 likely would not continue in future years (*Philadelphia Inquirer*, 1/11). A recent Hewitt Associates survey of more than 500 large U.S. employers found that they expect health care spending to increase by 12% in 2005. "Health care spending is still at a level that's unsustainable for both employers and individuals. We're still in need of changes in private-sector health care thinking as well as public-sector reforms in order to be competitive from a global standing," Tom Beauregard of Hewitt Associates said (*Boston Herald*, 1/11). Jill Yegian, senior program officer at the California HealthCare Foundation, said, "Although it is clearly good news ... it is still a substantial rate of increase and far higher than the increase we see in inflation and wages" (Forsberg, *San Francisco Chronicle*, 1/11). Kenneth Thorpe, chair of health policy management at Emory University, said, "This is false good news. ... It appears to be a one-time thing. I wouldn't make too much of this" (*Philadelphia Inquirer*, 1/11).

Broadcast Coverage

NPR's "Morning Edition" on Tuesday reported on the study. The segment includes comments from Beauregard and Smith (Rovner, "Morning Edition," NPR, 1/11).

Health Policy News:

109th Congress Organizes

The first session of the 109th Congress opened Jan. 4 with the swearing in of new and returning members of the House and Senate. Rep. Dennis Hastert (R-Ill.) was re-elected as Speaker of the House. House Republicans retained Rep. Tom DeLay (Texas) as Majority Leader and Roy Blunt (Mo.) as Majority Whip, while Democrats Nancy Pelosi (Calif.) and Steny Hoyer (Md.) will continue as Minority Leader and Whip, respectively. In the Senate, Bill Frist (R-Tenn.) will continue to serve as Majority Leader and Mitch McConnell (R-Ky.) as Majority Whip, while Harry Reid (D-Nevada) becomes the Minority Leader and Richard Durbin (D-Ill.) the Minority Whip.

House Republican leaders Jan. 5 selected Rep. Jerry Lewis (R-Calif.) to chair the chamber's Appropriations Committee and Rep. Steve Buyer (R-Ind.) to take over as chairman of the Veterans Affairs Committee. In the Senate, Republicans selected Thad Cochran (R-Miss.) as chairman of the Appropriations Committee; Judd Gregg (R-N.H.) as chair of the Budget Committee; Michael Enzi (R-Wyo.) at the Health, Education, Labor and Pensions (HELP) Committee; Arlen Specter (R-Pa.) at the Judiciary Committee; and Larry Craig (R-Idaho) on the Veterans Affairs Committee.

Changes Expected in the Bush Cabinet

President Bush has announced his nominations for several key Cabinet level positions. Of particular interest to medical schools and teaching hospitals, are changes at the departments of Health and Human Services (HHS), Education and Veterans Affairs (VA). To replace outgoing Secretary Tommy Thompson at HHS, President Bush has nominated former Utah Governor Mike Leavitt, who has served for the last year as Administrator of the Environmental Protection Agency (EPA). At the Department of Education, Assistant to the President for Domestic Policy Margaret Spellings is the President's choice to succeed outgoing Secretary Roderick Paige. And at the Department of Veterans Affairs, former Republican National Committee chairman and ambassador to the Vatican Jim Nicholson has been nominated to replace Secretary Anthony Principi. All Cabinet nominees must be ratified by the Senate.

Providers Urge Bush Not to Cut Medicare or Medicaid in Upcoming Budget

The AAMC and 25 other hospital and physician groups Dec. 16 sent a letter to President Bush urging him not to include any Medicare or Medicaid reductions in his FY 2006 budget. States the letter, "With many states in crisis, Medicaid reductions at the federal level would drastically unravel an already frail safety net. Similarly, Medicare must be able to meet increasing needs of an aging population that is growing in numbers."

AAMC Endorses NIH "Best Practices" for Genomic Inventions

The AAMC Jan. 4 submitted comments endorsing the National Institutes of Health's (NIH) proposed "best practices for the licensing of genomic inventions" [69 Federal Register 67747].

The practices would promote continued sharing of information about genomic discoveries among scientific and health researchers, and would encourage research institutions to consider seeking patent protection and licensing of gene-based inventions primarily when further development by the private sector is necessary for commercial application.

On the Hill

Representative Robert Matsui (D-Calif.) passed away Jan. 1 from complications related to myelodysplastic syndrome. First elected to the House of Representatives in 1978, Rep. Matsui served as a senior member of the Ways and Means Committee and for the last two years as Chairman of the Democratic Congressional Campaign Committee. A special election will be called to fill the remainder of his term.

President Lays Groundwork for Passage of Malpractice Legislation

During a speech in Illinois on Wednesday, January 5, 2005, President Bush reiterated his support for medical malpractice legislation that would cap noneconomic damages at \$250,000. Such legislation was passed by the House in the 108th Congress; however, Senate leaders were unable to find the necessary votes during the last Congress to send the bill to the President's desk.

However, new controversy regarding the issue has arisen as the leading proposal in Congress would prevent consumers from seeking punitive damages from pharmaceutical companies such as Merck and Pfizer for claims resulting from dangerous side effects associated with their medications. Merck recently pulled the popular pain medication Vioxx from the market after data was released showing a connection between the drug and heart attacks and strokes. A study has shown that there is also an increased risk of heart attack associated with high doses of the popular arthritis drug Celebrex as well, although Pfizer, the manufacturer of this drug, has not pulled the drug from shelf.

Senate Minority Leader Harry Reid (NV) as well as Senators Byron Dorgan (D-ND), Edward Kennedy (MA), and Patrick Leahy (VT) have all issued statements opposing such malpractice legislation.

Canadian Government Signals Move that could Stop Reimportation

In a move that may prevent the increasing numbers of US citizens who order lower-cost drugs from Canada over the internet, health officials in Canada have signaled that they may prevent Canadian doctors from writing prescriptions for patients they have not physically examined.

Citing ethical and medication supply issues, Canadian Health Minister Ujjal Dosanjh stated that he may support an attempt to prevent Canadian physicians from writing prescriptions for US residents they have not examined in person. Existing Canadian law requires that Canadian-licensed physicians sign prescriptions dispensed over the internet. As a result, many internet pharmacies operating in Canada employ Canadian physicians to rewrite US prescriptions, often without a physical exam. In a December television interview, Dosanjh stated, "I want to make

sure that we don't have ... 250 million Americans buying drugs in Canada. We cannot be the drugstore for the United States."

Research and Funding Opportunities:

NIH Guide for Grants and Contracts - Week of December 31, 2004

<http://grants.nih.gov/grants/guide/WeeklyIndex.cfm?WeekEnding=12-31-04>

Notices

NIH Implementation of Office for Human Research Protections (OHRP) Guidance on Research Involving Coded Private Information or Biological Specimens
(NOT-OD-O5-020)

National Institutes of Health

<http://grants.nih.gov/grants/guide/notice-files/NOT-OD-O5-020.html>

Centers for Medical Countermeasures Against Radiation - Addendum to RFA-AI-04-045
(NOT-AI-05-018)

National Institute of Allergy and Infectious Diseases

<http://grants.nih.gov/grants/guide/notice-files/NOT-AI-05-018.html>

NIDCR Policy Update for the NIDCR Scholar Development and Faculty Transition Award
(K22)

(NOT-DE-05-002)

National Institute of Dental and Craniofacial Research

<http://grants.nih.gov/grants/guide/notice-files/NOT-DE-05-002.html>

Requests for Applications:

Molecular Screening Assay Development for SCD

(RFA-HG-05-001)

National Human Genome Research Institute

National Heart, Lung, and Blood Institute

Application Receipt Date(s): April 26, 2005

<http://grants.nih.gov/grants/guide/rfa-files/RFA-HG-05-001.html>

Critical Issues in Post-phlebotic Syndrome

(RFA-HL-05-014)

National Heart, Lung, and Blood Institute

Application Receipt Date(s): May 24, 2005

<http://grants.nih.gov/grants/guide/rfa-files/RFA-HL-05-014.html>

Program Announcements:

Probiotics for Pediatric Illnesses

(PA-05-035)

National Center for Complementary and Alternative Medicine Application

Receipt Date(s): Multiple receipt dates, see announcement.

<http://grants.nih.gov/grants/guide/pa-files/PA-05-035.html>

Retirement Economics

(PA-05-036)

National Institute on Aging

Application Receipt Date(s): Multiple receipt dates, see announcement.

<http://grants.nih.gov/grants/guide/pa-files/PA-05-036.html>

Functional Assessment of People with Mental Disorders

(PA-05-037)

National Institute of Mental Health

Application Receipt Date(s): Multiple receipt dates, see announcement.

<http://grants.nih.gov/grants/guide/pa-files/PA-05-037.html>

NIH Guide for Grants and Contracts - Week Of January 07, 2005

<http://grants.nih.gov/grants/guide/WeeklyIndex.cfm?WeekEnding=01-07-05>

Notices

NIH Director's Pioneer Award Program

(NOT-OD-05-021)

National Institutes of Health

<http://grants.nih.gov/grants/guide/notice-files/NOT-OD-05-021.html>

Notice of Legislative Mandates Contained in the FY 2005 Consolidated Appropriations

Resolution P.L. 108-07; Signed December 8, 2004

(NOT-OD-05-023)

National Institutes of Health

<http://grants.nih.gov/grants/guide/notice-files/NOT-OD-05-023.html>

Salary Limitation on Grants, Cooperative Agreements, and Contracts

(NOT-OD-05-024)

National Institutes of Health

<http://grants.nih.gov/grants/guide/notice-files/NOT-OD-05-024.html>

Innovative Therapies for Rheumatic and Skin Diseases

(NOT-AR-05-002)

National Institute of Arthritis and Musculoskeletal and Skin Diseases
<http://grants.nih.gov/grants/guide/notice-files/NOT-AR-05-002.html>

RFP Announcement: Pilot and Feasibility Trials for Osteoporosis, RFP NIH-NIAMS-BAA-05-02
(NOT-AR-05-003)

National Institute of Arthritis and Musculoskeletal and Skin Diseases
<http://grants.nih.gov/grants/guide/notice-files/NOT-AR-05-003.html>

Addendum - NIH National Research Service Awards for Senior Fellows (F33), PA-00-131
(NOT-EB-05-001)

National Institute of Biomedical Imaging and Engineering
<http://grants.nih.gov/grants/guide/notice-files/NOT-EB-05-001.html>

The Mammalian Genotyping Service (MGS): Change of Next Receipt Date and Final Receipt Date for Applications
(NOT-HL-05-104)

National Heart, Lung, and Blood Institute
<http://grants.nih.gov/grants/guide/notice-files/NOT-HL-05-104.html>

Requests for Applications:

Neurobiology of Behavioral Treatment: Recovery of Brain Structure and Function
(RFA-DA-05-006)

National Institute on Drug Abuse
Application Receipt Date(s): March 21, 2005
<http://grants.nih.gov/grants/guide/rfa-files/RFA-DA-05-006.html>

Research on Interventions for Anorexia Nervosa
(RFA-MH-05-009)
National Institute of Mental Health
Application Receipt Date(s): March 11, 2005
<http://grants.nih.gov/grants/guide/rfa-files/RFA-MH-05-009.html>

Multidisciplinary Clinical Research Career Development Programs
(RFA-RM-05-016)
NIH Roadmap Initiatives
Application Receipt Date(s): March 25, 2005
<http://grants.nih.gov/grants/guide/rfa-files/RFA-RM-05-016.html>

Program Announcements:

Muscular Dystrophy: Pathogenesis and Therapies
(PA-05-038)

National Institute of Arthritis and Musculoskeletal and Skin Diseases
National Heart, Lung, and Blood Institute

National Institute of Child Health and Human Development

National Institute of Neurological Disorders and Stroke

Application Receipt Date(s): Multiple receipt dates, see announcement.

<http://grants.nih.gov/grants/guide/pa-files/PA-05-038.html>

Quotes:

Human beings, who are almost unique in having the ability to learn from the experience of others, are also remarkable for their apparent disinclination to do so.

Douglas Adams

Life must be understood backwards; but... it must be lived forward.

Soren Kierkegaard

A man who carries a cat by the tail learns something he can learn in no other way.

Mark Twain

Marc

Marc B. Hahn, DO

Dean

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