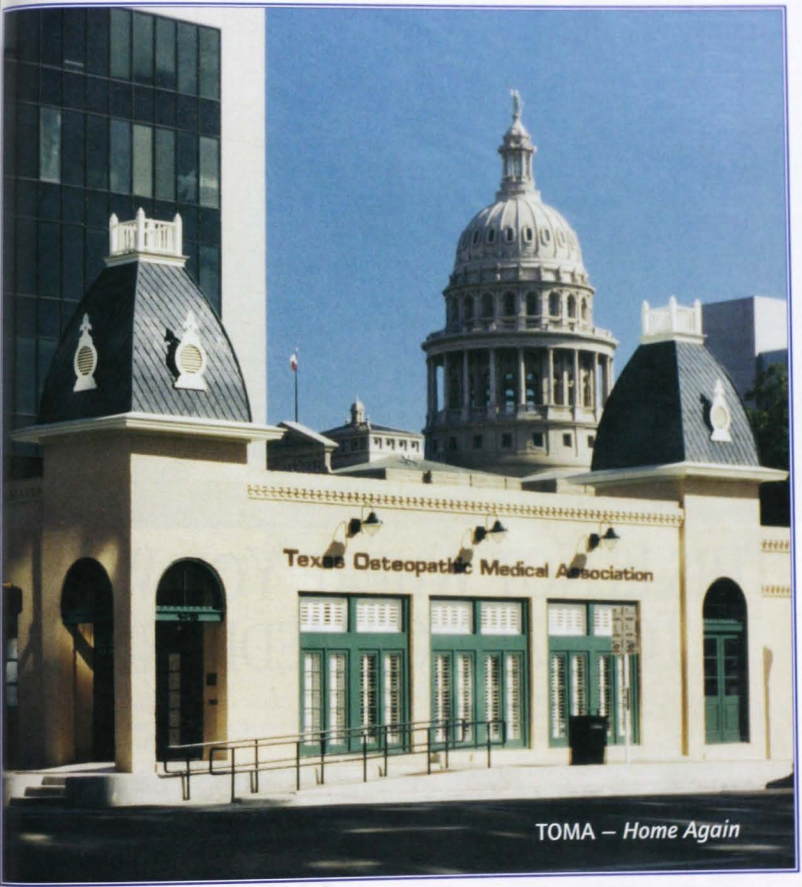
TEXAS D.O.

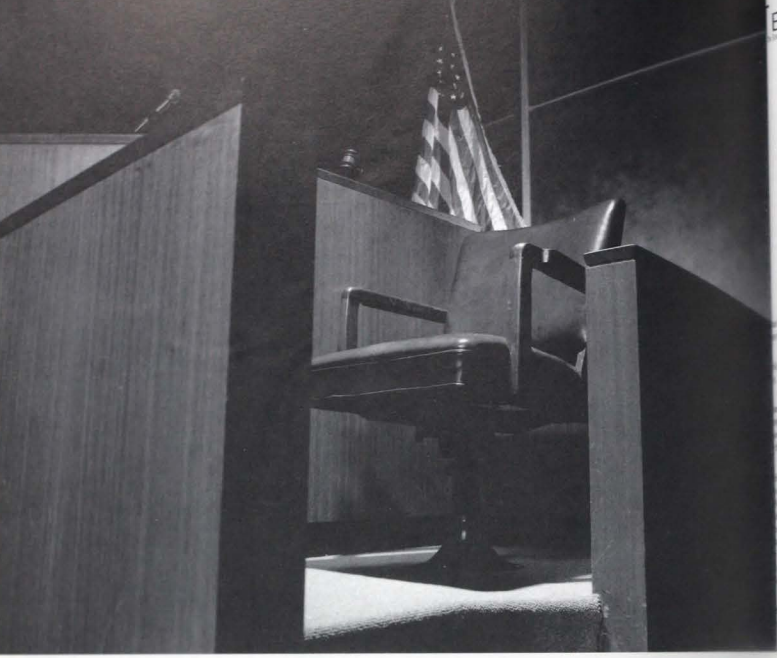
The Journal of the Texas Osteopathic Medical Association



TOMA – *Home Again*

Volume LIV, No. 10

November 1997



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TEXAS D.O.
The Journal of the Texas Osteopathic Medical Association

NOVEMBER 1997

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FEATURES

DEPARTMENTS

Cover Photo by James Kearns

Calendar of Events

NOVEMBER
6-9
1997 Primary Care Update
Sponsored by the West Virginia Society of Osteopathic Medicine, Inc.
Location: The Greenbrier Resort
White Sulphur Springs, WV
CME: 27 Category 1-A
Contact: WVSOM, 304-345-9836

20-22
Midwinter Conference and Scientific Exhibition
Sponsored by the Georgia Osteopathic Medical Association
Location: Terrace Garden Hotel, Atlanta, GA
CME: 26 Category 1-A
Contact: GOMA, 2160 Idlewood Road
Tucker, GA 30084
770-493-9278

DECEMBER
5-7
16th Annual Winter Update
Sponsored by the Indiana Association of Osteopathic Physicians and Surgeons
Location: Radisson Hotel
City Centre, Indianapolis, IN
CME: 20 Category 1-A anticipated
Contact: IAOPS, 800-942-0501 or 317-926-3009

JANUARY 28 - FEBRUARY 1, 1998
Winter Medical Symposium
Sponsored by the Nevada Osteopathic Medical Association
Location: Harveys Resort Casino
South Lake Tahoe, NV
CME: 30+ Category 1-A
Contact: NOMA, 1700 E. Desert Inn Road
Suite 409, Las Vegas, NV 89109
702-731-0304; FAX 702-731-2177

FEBRUARY. 1998
13-15
MidWinter Conference/Legislative Symposium
Sponsored by the Texas Osteopathic Medical Association
Location: Fairmont Hotel, Dallas, TX
CME: 16.5 Category 1-A
Contact: TOMA
800-444-8662 or 512-708-8662
FAX: 512-708-1415

22-27
Ski & CME Midwinter Conference
Sponsored by the Colorado Society of Osteopathic Medicine
Location: Keystone Lodge & Resort
CME: 38 AOA Category 1-A
Contact: Patricia Ellis
50 S. Steele St., #770,
Denver, CO 80209

For Your Information

OSTEOPATHIC AGENCIES

American College of Osteopathic Family Physicians	800/323-0794
Texas Society of American College of Osteopathic Family Physicians	888-892-2637
	512/708-9959
American Osteopathic Association	312/280-5800
	800/621-1773
Washington Office	202/544-5060
	800/962-9008
American Osteopathic Healthcare Association	301/968-AOHA (2642)
Physician's Choice Medical Malpractice	800/366-1432
Dean, Jacobson Financial Services	
For Premium Rates, Enrollment & Information	800/321-0246
TOMA Major Medical Insurance	800/321-0246
TOMA Disability Insurance Program	800/321-0246
UNTHSC/Texas College of Osteopathic Medicine	817/735-2000
Dallas Metro	429-9120
Medicare Office	
Part A Telephone Unit	800/813-8564
Part B Telephone Unit	903/463-4405
Profile Questions	214/766-7408
Provider Numbers	
Established new physician (solo)	214/766-6162
Established new physician (group)	214/766-6163
All changes to existing provider number records	214/766-6158
Medicaid/NHIC	512/343-4984
CHAMPUS/General Inquiry	800/406-2833
Texas Medical Foundation	512/329-6610
Toll free	800/725-9216
Texas Osteopathic Medical Association	512/708-TOMA
in Texas	800/444-TOMA
FAX: 512/708-1415	
TOMA Physicians Assistance program	800/896-0680
TOMA Med-Search	800/444-TOMA

TEXAS STATE AGENCIES

Texas Health and Human Services Commission	512/416-0366
Department of Health	512/458-7111
Department of Public Safety:	
Controlled Substance Division	512/424-2188
Triplicate Prescription Section	512/424-2189
Texas State Board of Medical Examiners	512/305-7010
FAX: 512/305-7006	
Registration	512/305-7020
Formal Complaints	800/201-9353
Consumer Disciplinary Hotline	800/248-4062
Texas State Board of Pharmacy	512/305-8000
Texas Workers' Compensation Commission	512/448-7900
Medical Review Division	512/440-3515
Texas Hospital Association	800/252-9403
Texas Department of Insurance	512/463-6169
Texas Department of Protective and Regulatory Services	512/450-4800
State of Texas Poison Center for Doctors & Hospitals only	713/765-1420
	800/392-8548
Houston Metro	654-1701

FEDERAL AGENCIES

Drug Enforcement Administration	
For state narcotics number	512/424-2000 ext. 2150
For DEA number (form 224)	214/640-0801
Diversion policy & related questions	214/640-0849

CANCER INFORMATION

Cancer Information Service	713/792-3245
in Texas	800/392-2040

History of TOMA's New Headquarters
The Bartholomew-Robinson Building

The Texas Osteopathic Medical Association added an important footnote to its history on September 27, 1997, during the formal grand opening of its headquarters, the Bartholomew-Robinson Historic Building. As Congressman Lloyd Doggett noted prior to the ribbon-cutting ceremony, "An historic Austin building will be put to new use by an organization with an historic commitment to quality health care."

Purchased by TOMA in 1995, the building, located at 1415 Lavaca Street in Austin, is the result of years of study, discussion and deliberations by TOMA members and officials in regards to TOMA's relocation to Austin. With the practice of medicine becoming so political, it had long been felt that the immediate need was the benefit of TOMA's presence in Austin to ensure more involvement in the political and legislative scene. Although TOMA did purchase a duplex in Austin in 1990 for lobbying purposes, its Fort Worth base came to resemble a logistical nightmare in terms of the frequent need to be in Austin for certain bills before the Legislature or for important meetings of health care agencies. However, the decision to relocate the association was made even more difficult by the large base of D.O.s in the Fort Worth/Dallas area and the close proximity of the University of North Texas Health Science Center at Fort Worth/Texas College of Osteopathic Medicine.

In 1992, The TOMA House of Delegates approved a resolution in support of TOMA's relocation to Austin. An Ad Hoc Relocation Committee was subsequently appointed and the search began. In 1993, the committee located an acceptable temporary site in Round Rock and the TOMA office relocated while the committee continued to investigate facilities in Austin. That search proved successful in 1995 with the purchase of the property at 1415 Lavaca, now known as the Bartholomew-Robinson Historical Building. It has been designated as an historical landmark by the Austin Historical Society.

The Bartholomew-Robinson Building

The building was constructed as a home in 1882 by Eugene Carlos Bartholomew, who served both as a city council member and the Superintendent of Parks and Public Property. He was considered unique for that time because he was a Republican in a state of Democrats, yet was elected repeatedly to public office. The newspapers praised his ability to manage money: "E. C. Bartholomew has submitted to the Mayor his annual statement of the city's water, light and power department, revealing the fact that under his management, there was a profit of $172,000 made in that department last year. It is unlikely that any other city in Texas or any other water, light and power plant in Texas can make such a showing and too high a tribute can not be paid the man who has been responsible for this splendid report." (9,10)

The house was sold in 1885 for $4,000 to Mrs. Fannie Wayland. At that time, extensive renovations were made to the building, enlarging it to accommodate her husband's grocery, general grain, and provisions business, the John A. Wayland & Co. (18)

In 1901, the property was sold for $5,100 to John Kallgren and William J. Lindahl, who had rented a portion of the building from the Waylands since 1897. (31) Kallgren and Lindahl were partners in a business which sold feed, hay and grain, and they remained in business together in the building until 1916. (34) During their ownership, they had several renters in the southern portion of the building, the longest duration being that of Fernando Raven and his son, Ernest, who were plumbers. (35)

In 1917, Lindahl sold his share of the property to Kallgren, who remained in business as J. W. Kallgren, selling feed until 1918. After Kallgren's death, the property was sold to Dr. R. W. Shipp for $16,000. (40)

Dr. Shipp, a physician from Yazoo, Mississippi, received his medical degree from Tulane University. He had brought his medical practice to Austin in 1911, after practicing in Gulfport, Mississippi. He was one of the founding members of the Physicians and Surgeons Hospital, forerunner of St. David's Hospital. Although Dr. Shipp and his wife, Madeline Robinson, lived at 306 West Eight Street in the John Henry Robinson, Jr., home, they owned many pieces of property in Austin. (42) The building, which they acquired from John Kallgren's estate, was rented to numerous tenants during the 38 years they owned it. (44)

Records indicate that between 1900 and 1935, the building underwent substantial exterior modifications, with removal of wooden cornice and towers, the addition of a vertical steam boiler and two skylights, and a new opening cut in the center of the east wall, which opened into an attached frame garage.(45) Between 1935 and 1955, the only change was the addition of two interior partitions dividing the building into smaller tenant spaces.(46)

After the death of Dr. Shipp in 1955, Mrs. Shipp retained ownership until her death in 1961. The property was then inherited by Mrs. Shipp's brother's children and grandchildren. (47)

The entire building was occupied by Pfenning's Draperies in 1963 and, in 1969, by Capital Oyster Bar and The Checkered Flag.(48)

The property was sold in 1977 to John P. Watson who, in turn, sold it to J. Tim Brown in 1989. (49)

And, in 1995, TOMA purchased the property, at which time extensive renovation of the interior and exterior was undertaken, including the reconstruction of the three towers originally added in 1887. During the renovation, the southern portion of the roof structure was removed, and the south wall was opened to allow cars to drive into a parking lot within the space behind the two southern storefronts of the

continued on next page

continued from previous page

west facade. All of the original storefront framing and glass is missing from the exterior facade. The decorative brickwork at the top of the wall on the north and west facades remains intact, as does much of the north wall.

Most of the historical elements of the Bartholomew house remaining intact after the 1885-86 renovations, including the north, east, south and a small portion of the west exterior limestone walls, have been exposed and incorporated into the present design. One original window in the west wall of the Bartholomew house, along with a small portion of wood trim around original doorways in the south wall have been exposed. Two original fireplaces were uncovered during the TOMA renovation, one in the north wall and one in the south wall of the Bartholomew house. Additionally, portions of pine flooring have also been exposed and are being reused.

The Austin-based firm of Clovis Heimsath Architects is responsible for the renovation design, and A-Tex Waterproofing of Georgetown served as the general contractor.

The installation of the three Victorian turrets, on August 9, marked the completion of the building's restoration. The turrets were originally located on the corners of the 7,000-square-foot building and removed for structural reasons during a renovation in the early 1900s.

TOMA Executive Director Terry Boucher, M.P.H., notes that TOMA was drawn to the building for a number of reasons, but chronology was a key factor. "One of the things that appealed to us about restoring the building is that it dates back to almost exactly the same time that Dr. A. T. Still was first developing the underlying principles of osteopathy. At the same time that the building's 'skeleton' was being erected, the foundations of our profession were being assembled, which makes it an ideal home for an organization dedicated to serving the history and the future of osteopathic medicine."

Bibliography

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42 Austin Travis County Collection, AF-Biog File: Shipp, Robert W.

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45 Austin History Center, Austin Travis County Collection, Sanborn Maps of Austin, Texas, Sanborn Map and Publishing Co., July 1900 and June 1935.

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48 Directory of the City of Austin 1963 and 1969, Morrison & Fourmy Directory Co. (Incorp.), Galveston, Texas.

49 Texas, Travis County, Deed Records, Vol. 5690, Pg. 88, January 14, 1977 and Vol. 10881 and Pg. 0744.

TOMA Celebrates New Location

Congressman Lloyd Doggett speaks at the TOMA Grand Opening.

Above: Royce Keilers, D.O. and Arthur J. Speece, III, D.O. are "all smiles" after the building dedication.

Right: Congressman Lloyd Doggett, R. Greg Maul, D.O. and Robert L. Peters, Jr., D.O. participate in the ribbon cutting for the Grand Opening of TOMA.

Below: Guests enjoy the reception at the TOMA Open House on September 27, 1997.

T.R. Sharp, D.O. and his wife, Mary, stand by the entrance of the Educational Center. (named in his honor)

L to R: S/D John Biery, R. Greg Maul, D.O., John Bowling, D.O., S/D Angela May, T. Eugene Zachary, D.O., Monte Troutman, D.O. and S/D Marshall Hayes.

L to R: Joseph Del Principe, D.O., Hector Lopez, D.O. and James Froelich, D.O. stand under the chandelier donated by Dr. Lopez.

Photos by James Kearns

AOA Washington Update

Action Item: Private Contracting

The American Osteopathic Association is strongly supporting Senator Kyl (R-AZ) and Representative Archer's (R-TX) legislation to legalize private contracting between physicians and Medicare beneficiaries for Medicare covered services. Senator Kyl obtained limited success with the effort by attaching his private contracting amendment to the Balanced Budget Act, which was enacted on August 5, 1997. President Clinton strongly opposed that effort and insisted on modifications which make private contracting virtually impossible.

Your action is needed. Call the legislative hot-line at 800-560-6229 for more information.

No D.O. on MedPAC

Only four physicians were placed on Congress's new Medicare Payment Advisory Commission (MedPAC). Despite impressive grassroots lobbying, the General Accounting Office rejected our nomination of Ray Stowers, D.O., to serve on this 15-member panel. Dr. Stowers has served the profession well on the Physician Payment Review Commission, which was consolidated with a hospital payment review commission to form MedPAC on October 1, 1997.

Graduate Medical Education

The Balanced Budget Act of 1997 included significant payment reductions for graduate medical programs and caps on the number of funded positions. We are working with the Health Care Financing Administration to influence their regulations which will implement those reductions. We are also meeting with congressional leaders in an effort to obtain legislative relief.

Medicare Fees

Exact Medicare fee information for 1998 won't be known until the final regulations are issued shortly. We anticipate that the allowed charges for most office visits will go up about 10 percent while most surgical procedures will fall 10 to 15 percent. OMT procedures will rise 8 to 9 percent. The Balanced Budget Act contains bad news for fees in the long run. Depending on the economic assumptions used, average fees could fall 14 to 24 percent over the next eight years.

Medicare Practice Expense Changes

Now that legislation has delayed implementation of the practice expense changes until 1999, the focus has shifted to HCFA, which is in the process of reconsidering its proposed changes.

D.O.s Needed to Serve on Federal Health Care Advisory Commissions

Would you like to influence federal health care policy by serving on one of the hundreds of federal health care advisory commissions? If so, please contact Michael Conrad immediately at 202-414-0140.

Legislation Behind Bars

Under recently-passed Senate Bill 123, Texas inmates convicted of sexual offenses may now elect to undergo orchiectomy (castration) in some cases. Inmates who volunteer for this procedure must take part in a 10-year study to determine its effectiveness and must consult a psychiatrist or psychologist before the operation.

Another new law will require prisoners to pay for part of their health care, if they are able to do so. Beginning January 1, 1998, the cost will be $3.00 for a visit to a prison health care professional.

National Osteopathic Medicine Week Proclaimed in Dallas

In recognition of National Osteopathic Medicine Week, November 2-8, Dallas Mayor Ron Kirk met with representatives of the Texas Osteopathic Medical Association and proclaimed National Osteopathic Medicine Week in Dallas.

Present during the signing was Kenneth S. Bayles, D.O., TOMA Board of Trustees member; Shirley Bayles, ATOMA immediate Past president; Brad Eames, D.O., President of TOMA District V; Richard Friedman, D.O.; Mrs. Peggy Rodgers, representing ATOMA District V; Mrs. Dodie Speece, ATOMA President; Arthur J. Speece, III, D.O., TOMA Immediate Past President; and Mr. Don Hicks, representing the Dallas Southwest Osteopathic Physicians Association, a philanthropic organization in the Dallas area.

Osteopathic physicians have served patients in the Dallas area for many decades, and Dallas is proud to support the osteopathic profession.

L to R: Mr. Don Hicks, Kenneth S. Bayles, D.O., Brad Eames, D.O., Shirley Bayles, Dallas Mayor Ronald Kirk, Arthur J. Speece, III, D.O., Dodie Speece, Peggy Rodgers and Richard Friedman, D.O.

News

from the National Osteopathic Foundation

1997 Moritsugu Award Winners Announced

Fifteen spouses of osteopathic medical students received the 1997 Donna Jones Moritsugu Memorial Award, honoring their support for their spouses and the osteopathic medical profession. Award winners received glass trophies inscribed with their names and the words,

"Wind Beneath My Wings."

The award winners are

Nicky Knighton, Texas College of Osteopathic Medicine
Terry Sharp, University of Medicine & Dentistry of New Jersey School of Osteopathic Medicine
Danette R. Cantu, Michigan State University College of Osteopathic Medicine
Roxanne G. Wloczewski, Philadelphia College of Osteopathic Medicine
Andrew Nawrocki, Midwestern University/Chicago College of Osteopathic Medicine
Elna Hamp, Kirksville College of Osteopathic Medicine
Daniel D. Miaczynski, Lake Erie College of Osteopathic Medicine
Diane Sellers, Nova/Southeastern College of Osteopathic Medicine
Jody M. Cannone, Ohio University College of Osteopathic Medicine
Lisa Teske, Oklahoma State University College of Osteopathic Medicine
Angela Nasstrom, University of Osteopathic Medicine & Health Sciences
Kim Boone, West Virginia School of Osteopathic Medicine
Karen Rae Tussing, Western University of the Health Sciences
Kathy Wetsell, University of Health Sciences College of Osteopathic Medicine
Andrea Whyte, University of New England College of Osteopathic Medicine.

The Donna Jones Moritsugu Memorial Award was established by Dr. Kenneth P. Moritsugu, Assistant Surgeon General of the United States, in memory of his wife. This is an annual award granted to the spouses of graduating osteopathic medical students who support their spouse and the profession, as did Donna Jones Moritsugu.

Texas ACOFP Update

By Joseph Montgomery-Davis, D.O., Texas ACOFP Editor

The grand opening of the Bartholomew-Robinson Historic Building on September 27, 1997, was successful. This is the headquarters for both TOMA and the Texas ACOFP and is located at 1415 Lavaca Street in Austin.

U.S. Representative Lloyd Doggett was the guest speaker and gave a short, entertaining speech about growing up in Austin, about five blocks from 1415 Lavaca Street. He was delighted to see the renovation of this historical building. He recalled significant Texas legislative victories, in which he was personally involved, that benefited the Texas osteopathic profession, such as obtaining three seats on the Texas State Board of Medical Examiners and obtaining hospital privileges for Texas D.O.s. The Texas osteopathic profession owes a debt of gratitude to Representative Doggett; he has always represented his constituents well at both the state and federal levels of government.

It was a very gratifying feeling to see Dr. T. R. Sharp with his wife, Mary, and members of their immediate family at the grand opening ceremony. T. R. was wearing his trademark bow-tie and charming smile. The large conference room of the Bartholomew-Robinson Building was officially named the "Dr. T. R. Sharp Education Center." Congratulations, T. R.! It was simply marvelous!

The old adage, "If it's too good to be true, it's probably not true" was brought to light recently. We have received clarification of the policy dealing with coverage of nutritional supplements by Medicare and Medicaid. This only applies to patients who are tube-fed.

Some of our members may not know that a TOMA Ad Hoc Committee is looking at a new proposed meeting date for the TOMA House of Delegates. This would involve moving the date of the House of Delegates away from the TOMA annual convention to the Friday before the TOMA Midwinter/Legislative Seminar in February. The rationale for the proposed move is that physicians would spend less out-of-office time. Letters were sent to all TOMA district presidents explaining the advantages and disadvantages of this proposal. If you have not voiced your opinion on this proposal at your district level and want to respond, contact the chairman of the TOMA House of Delegates Ad Hoc Committee, Jerry E. Smola, D.O. His office phone is 915-235-1727; FAX 915-235-3525; home phone 915-235-5664. Dr. Smola is usually available at home from 9 p.m. to 10:30 p.m.

If you cannot get in touch with Dr. Smola, you can call TOMA at 800-444-8662 to express your views on this subject. The list of advantages and disadvantages are spelled out in another section of this magazine.

On September 26, I attended my first Texas Workers' Compensation Commission meeting as TOMA representative on the Medical Care Advisory Committee. The reason a vacancy existed on the TWCC Medical Care Advisory Committee was a new ruling that stated that all members must derive less than 40 percent of their total revenue from Workers' Compensation. The TWCC looks upon this issue as one of potential financial gain, but I see it as the loss of expertise - a case of feathering your nest versus not knowing where to find your nest.

Immediately, I was confronted with two issues - Required Medical Exams by the TWCC and Lower Extremities Treatment Guidelines. The cut-off period for public comment was on October 8. It was brought to my attention that a treating doctor could assign an improvement rating (IR) of "zero" and maximum medical improvement (MMI) at the initial exam of the injured worker. By assigning an IR of zero at the initial visit, the injured worker cannot receive any further medical care under TWCC. An IR of at least one percent would guarantee future medical care. Also, there should be a required time period of at least 30 days from the date of injury to the assignment of an IR so that complications, if any, would be allowed to manifest themselves.

The Lower Extremities Treatment Guidelines proposed by the TWCC are characterized by the lack of manipulation in the treatment interventions of sprains, strains, and soft tissue injuries. The primary level of care durations range from 0-2 months to 0-6 months. The secondary and tertiary levels of care all have durations of 0-2 months. These Lower Extremities Treatment Guidelines should be rejected. The 0-2 months duration for tertiary levels of care differ significantly from the Upper Extremities Treatment Guidelines of 0-6 months. This would be a disaster for injured Texas workers. The primary, secondary and tertiary levels of care are equivalent to the acute, sub-acute and chronic phase of illness. TOMA supports uniformity of Treatment Guidelines for both the Upper and Lower Extremities with a tertiary level of care duration of 0-6 months and manipulation as a treatment intervention for sprains, strains and soft tissue injuries, with the exception of complete tears. Also, TOMA would like to see Osteopathic Manipulative Treatment (OMT) included as a treatment intervention whenever manipulation is listed in any Treatment Guidelines.

If any Texas D.O. is having problems with denial of OMT reimbursement on the basis of the insurance company calling the condition chronic rather than acute, we need to hear from you. TOMA and the Texas ACOFP support a time frame of 0-6 months for the acute phase.

HCFA documentation standards for E/M codes will be required on Medicare claims beginning January 1, 1998. A copy of the "Documentation Guide for Evaluation and Management Services" is available upon request from TOMA. If you don't feel confident about the use of the new standards, request a copy.

On behalf of the Board of Governors of the Texas ACOFP, I would like to thank all our members who attended the grand opening in Austin on September 27. I would also like to wish everyone a Happy and Healthy Thanksgiving Day.

New Interns and Residents, Continued

Continuing from last month's issue of the *Texas D.O.*, new interns and residents in training for the 1997-98 year are as follows

Brooke Army Medical Center (Fort Sam Houston)

Ronald D. Allen, D.O.
Intern
Western U

Daniel R. Barnes, D.O.
Internal Medicine Resident
OUCOM

Martin P. Curry, D.O.
Otolaryngology Resident
PCOM

Daniel W. Franks, D.O.
Internal Medicine Resident
NYCOM

Thomas K. Hirota, D.O.
Dermatology Resident
UNTHSC/TCOM

Edward E. Horvath, D.O.
General Surgery Resident
PCOM

Tamara M. McReynolds, D.O.
Emergency Medicine Resident
UNTHSC/TCOM

Ronald P. Oberfoell, D.O.
Intern
UOMHS/COMS

Shon P. Nolin, D.O.
Radiology Resident
KCOM

Natania Y. Piper, D.O.
Urology Resident
UNECOM

Raymond Schwab, D.O.
Dermatology Resident
KCOM

John R. Tyler, D.O.
Internal Medicine Resident
OSUCOM

Stephen J. Welka, D.O.
Cardiology Fellow
CCOM

Allen C. Whitford, D.O.
Emergency Medicine Resident
UOMHS/COMS

Wendy J. Whitford, D.O.
Intern
UOMHS/COMS

Tim Ownbey, D.O.
Internal Medicine Resident
OSUCOM

The University of Texas Health Center at Tyler

Charles F. (Tim) Brady, D.O., M.P.H.
Occupational Medicine Resident
UNTHSC/TCOM

Frederick W. Kersh, D.O.
Occupational Medicine Resident
UNTHSC/TCOM

Texas Tech Health Science Center (Amarillo)

Tim Ownbey, D.O.
Internal Medicine Resident

Dallas/Fort Worth Medical Center (Grand Prairie)

Bryce I. Benbow, D.O.
Intern
UNTHSC/TCOM

Robert V. Eller, D.O.
Intern
NYCOM

Clay A. Lee, D.O.
Intern
WVSOM

Marian (Kathy) Querry, D.O.
Intern
UNTHSC/TCOM

Jack P. Short, D.O.
Intern
UNTHSC/TCOM

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Efforts in the Nation's Capitol Should Aid Long-Term Investors

They stood around the podium, arms raised and hands locked, looking like they had just won an election. But something was different about this picture, for it represented a accomplishment that brought together legislators from both sides of the aisle to complete a budget agreement that offers a little something for everybody.

Billed as the "Taxpayer Relief Act of 1997" and signed into law last month by President Clinton, the long-awaited deal contains a series of tax reduction provisions which investors should find quite favorable. If you are investing for long-term capital appreciation, saving for retirement, planning a child's education or developing an estate plan, the new tax bill should benefit you in one form or another.

Capital gains taxes -

We have long believed that lowering taxes on long-term capital gains - the profits from the sale of stocks, bonds, real estate and other select assets - will stimulate the economy. Now, with 40 percent of U.S. households holding investments in the stock market, capital gains have become an issue affecting many taxpayers.* Beginning May 6, 1997, investors in the top tax brackets will be assessed a 20 percent tax rate, down from 28 percent. Gains currently taxed at 15 percent will only be taxed at 10 percent. There are even more significant breaks for investors willing to stay the course. A new incentive offers a top tax rate of 18 percent to investors who purchase assets after 2000 and hold them more than five years.

IRA's -

Investors saving for retirement may want to take a new look at Individual Retirement Accounts (IRAs). The new Roth IRA was created for investors who wish to withdraw earnings free of federal taxes. Contributions will not be tax deductible, as they are with conventional IRAs. But withdrawal of earnings will be tax-free, as long as you are at least 59 ½ years of age and four years have passed since your initial contribution. Contributions to Roth IRAs are phased out for individuals with adjusted gross income beginning at $95,000 and joint filers beginning at $150,000. Limitations on IRA contributions according to income limits will gradually lift, doubling by 2004.

You may also be able to receive tax-free withdrawals if you are paying for college or a first home. Although the $2,000 limit is the same for both Roth and conventional IRAs, the Roth plan may make sense if you expect to be in the same or higher tax bracket after retirement.

Education IRAs -

This benefit, which will be available beginning in the 1998 tax year, allows tax-free earnings on non-deductible contributions of up to $500 per year, per student. The income limits are $110,000 for single filers and $160,000 for joint filers.

Gain on sale from principal residence -

Now excluded from tax are gains of up to $250,000 from the sale of a personal residence ($500,000 if married and filing jointly).

Estate taxes -

If you are planning to leave an estate to your heirs, more of the value of your estate may be tax exempt in the future. Federal estate and gift tax exemptions will increase to $1 million from $600,000 over the next 10 years. If you consider a $1 million estate in the year 2006, the new tax exemptions would mean a savings of $153,000 in tax.** For small businesses and family farms, the exemption will rise to $1.3 million on January 1, 1998.

One of the best ways to reduce the value of your estate is to gift assets to your heirs or charity while you are still alive. The estate or gift tax credit will gradually increase to $345,800 in 2006.

This far-reaching new tax legislation promises to have a dramatic impact on the saving, investment and college funding plans of many Americans. In light of the changes this legislation brings about, now is an opportune time for all investors to review their current situation to determine if the course they are on is the most effective route for achieving their financial goals. As always, if you'd like a more detailed explanation of how these extensive changes may affect your individual situation, please give us a call.

* *Standard & Poor's "Financial News This Week," August 4, 1997*

** *U.S. News & World Report, August 11, 1997*

INPUT NEEDED

Ad Hoc Committee Proposes New Meeting Date for TOMA House of Delegates

During the 1997 meeting of the TOMA House of Delegates, Speaker Mark Baker, D.O., appointed an Ad Hoc Committee to investigate the feasibility of moving the meeting date of the House of Delegates to a date that will not coincide with the annual convention. The committee was formed due to voiced concerns from physicians regarding the length of time they are absent from their practices in order to attend both the House meeting and the convention.

A recent meeting of the committee culminated with the proposal of a bylaws change that would move the meeting date of the TOMA House of Delegates to February - more specifically, the Friday before the TOMA Midwinter/Legislative Seminar in February.

The committee offers the following advantages and disadvantages of such a change.

Advantages

1. The House of Delegates would always meet in the Dallas/Fort Worth Metroplex, ensuring the availability of different forms of transportation.

2. Delegates who only attend the House meeting would spend less time away from their offices.

3. The change would put TOMA in a proper time cycle for the submission of resolutions to the American Osteopathic Association's House of Delegates.

4. The House of Delegates would be held just prior to a weekend, rather than in the middle of the week, which could result in more TOMA member participation.

5. Expenses could be tax-deductible because the meeting would be held in conjunction with a CME meeting.

6. The change would provide some relief from the paper work burden of the TOMA staff, who must prepare for two Board meetings, the House of Delegates and the Annual CME Seminar, all in the span of a few days.

7. The change could increase the attendance at the MidWinter Conference.

Disadvantages

1. The House of Delegates would always meet in the Dallas/Fort Worth Metroplex.

2. Winter weather in February could cause disruption of the meeting and travel difficulties.

3. There would be a reduced time span for the annual audit to take place.

4. The change could result in decreased attendance at the Annual Meeting.

Your comments are needed. Ad Hoc Committee Chairman Jerry E. Smola, D.O., urges physicians to discuss this important proposal with their colleagues and to provide feedback on this change prior to the 1998 TOMA House of Delegates" meeting. Comments can be directed to Dr. Smola at his office (915-235-1727); or FAX (915-235-3525).

Additionally, Dr. Smola can be reached at his home (915-235-5664) from 9:00 - 10:30 p.m.

Legislation Strives for Progress in Nursing Home Care

Senate Bill 190, passed by the 1997 Texas Legislature, made some headway in getting a few protections for nursing home residents enacted into law.

Texas lawmakers stiffened penalties for nursing homes found negligent in caring for their patients. Under S.B. 190, nursing home operators face fines of $1,000 to $20,000 a day for health and safety violations; fines were previously $100 to $10,000 a day.

S.B. 190 also establishes a residents' bill of rights; minimum standards which facilities must meet in order to obtain or renew a license; prohibits convicted criminals from being employed as care givers; and creates a legislative oversight committee to monitor the nursing home regulatory system.

Another provision in the bill modifies the moratorium on new beds for Medicaid-eligible Texans by allowing the Texas Department of Human Services to transfer unused Medicaid beds to facilities better able to attract residents, or in which private pay individuals become Medicaid-eligible.

Managed Care Premiums Expected to Rise Next Year

Health care consultants and industry groups are warning that managed care premiums are due to rise significantly next year, although not as explosively as in the 1980s and early 1990s. While some companies are expected to hold the line at one percent, smaller companies with older and sicker employees may find their premiums raised by as much as 30 percent.

Mark Psleger, Director of Marketing for the Blue Cross Blue Shield Association of Chicago, noted, "We're finding about a 5 percent to 10 percent increase across the board with our renewal rates for managed care plans."

John C. Erb, a principal of the William M. Mercer benefits consulting firm who surveys employers on health care trends said, "I'm sorry; it's going to happen." Erb said that of three large clients in his area, one rose 3.5 percent; one 12 percent; and the other 6 percent.

Contracts negotiated by the Office of Personnel Management, which covers nine million federal employees from members of Congress to national park rangers, are ranging an average increase of 8.5 percent. However, because of the formula used to allocate payment of the premium, many employees will actually pay about 15 percent more each month. The government, which shares the cost of health insurance with its workers,will pay 6 percent more.

Edward Flynn the federal personnel office's associate director of retirement and insurance, said the increase is being driven by a 6 or 7 percent annual rise in medical cost inflation, a result of new technology and an aging population.

"Managed care programs helped purge the health care system of cost increases exceeding medical inflation," Flynn said. "But there's a point at which the big gains from managed care begin to diminish. All employers are going to face the same things we have this year and I don't think they will be as successful as we have been."

CME Cycle Will End in December

Physicians are reminded that the 1995-97 American Osteopathic Association CME cycle ends on December 31, 1997. In order to maintain AOA membership, D.O.s are required to have a minimum of 150 hours of continuing medical education, 60 of which must be AOA Category 1-A or 1-B. The next three-year cycle begins January 1, 1998, and runs until December 31, 2000.

MEDLINE Access is Now Free

The National Library of Medicine has announced a new service to provide free access, no registration required, to all persons who have access to the Internet. MEDLINE is the most extensive and reliable collection of published medical information worldwide.

Users can access MEDLINE at the following address: www.ncbi.nlm.nih.gov/PubMed

Blood Bank Briefs for Physicians

Human T-Cell Lymphotropic Virus (HTLV) What is it and Why Should You Care?

By L. B. Baskin, M.D.
Medical Director, Carter Blood Center, Fort Worth, Texas

Since 1988, donated blood has been tested for the presence of the antibody to Human T-cell Lymphotropic Virus (HTLV). Those testing positive are referred to their physician to whom they may approach with questions such as "What is HTLV?" and "Is there a reason to be concerned?"

HTLV is the name currently applied to two RNA viruses in the family Retroviridae. Two other members of this family are Human Immunodeficiency Virus 1 and 2. (As you may remember, HIV-1 was originally called HTLV-III.)HTLV-I and HTLV-II are so closely related that most serological assays are unable to distinguish them. Thus epidemiological studies usually refer to HTLV-I/II seropositivity.

HTLV-I was discovered around 1980 in association with a T-cell leukemia in adults that was appropriately named adult T-cell leukemia (ATL). It was later associated with a second disease, tropical spastic paraparesis (TSP). Subsequently, a second related virus was discovered and named HTLV-II. Currently no disease has been associated conclusively with HTLV-II. These two viruses infect a variety of cell lines, but only transform CD4+T lymphocytes (helper cells).

HTLV-I is endemic in southern Japan, the Caribbean Basin, sub-Saharan Africa, Melanesia, and, to a lesser extent, the southeastern U.S. In Japan, where the prevalence may be as high as 15 percent, it is estimated that one million individuals are infected. HTLV-II is endemic in some tribes of American Indians, particularly in New Mexico and Florida. In the U.S., about 16 of every 100,000 healthy blood donors (0.016 percent) are HTLV-I/II seropositive with approximately equal numbers due to each of the two viruses. Most seropositive individuals are natives of HTLV-I endemic areas or have histories of sexual contact with persons from the Caribbean or Japan.

HTLV-I is spread through transmission of infected cells by (1) sexual contact (male to female), (2) perinatal or intrauterine exposure and (3) parenteral exposure to blood. The most common mode of spread in endemic areas is thought to be through breast milk. It is not spread through plasma or plasma derivatives, nor is it spread through casual contact. However, spread through cellular blood components is relatively efficient. In the U.S., seroconversion following exposure to contaminated cellular blood components occurs in about 20 percent of recipients.

ATL typically presents with lymphadenopathy, hepatosplenomegaly, cutaneous infiltration, lytic bone lesions and hypercalcemia, without involving the mediastinum. Only about two to four percent of those infected by HTLV develop ATL. In endemic areas where perinatal infection is common, ATL is most prevalent in the 40 to 60 year age group suggesting a latent period of several decades. In these areas, the mean annual incidence of ATL is about one per 1,700 seropositive individuals. Although the clinical spectrum is broad, the acute form is aggressive with a mean survival of 11 months.

TSP or HTLV-I associated myelopathy is a slowly progressive encephalomeylopathy that presents in middle age. Symptoms include lower extremity weakness and cramping, low back pain, urinary sphincter dysfunction, impotence, blurred vision and upper extremity parasthesias. The symptoms are primarily due to chronic inflammation in the white matter of the spinal cord with gliosis vascular proliferation and myelin and axonal degeneration of the spinal cord. Although TSP has a mean latency period of 3.3 years, fewer than one percent of those infected with HTLV-I develop TSP.

In the U.S., enzyme immunoassay for antibody to HTLV-I/II is used to screen for HTLV. Initially, reactive specimens are repeated twice with two positive results required to designate the specimen as "repeatedly reactive." Otherwise, the specimen is considered "nonreactive." Confirmation of repeatedly reactive specimens is achieved by detection of antibodies to core (gag) and envelope (env) proteins by either Western blot or radioimmunoprecipitation assay (RIPA). HTLV-I/II seropositivity is defined as repeat reactivity by enzyme immunoassay and immunoreactivity to both gag gene product (p24) and to an env gene product (gp46 or gp21e). Immunoreactivity to one of these gene products imposes the classification of "indeterminate," while the absence of immunoreactivity is considered "nonreactive." The confirmatory assay is highly specific and sensitive, yielding a positive predictive value of essentially 100 percent

r infection with HTLV-I or II. onversely, an indeterminate" result only rely indicates infection by HTLV-I or II.

Patients seropositive for HTLV-I/II hould be informed that although HTLV- is inefficient as a pathogen, it is trans- itted quite efficiently. They need to nderstand that it is not the AIDS virus or does it cause AIDS, but it is a lifelong nfection that can be transmitted to close ontacts. In particular, they must not onate tissues, share needles or breast- eed infants. Their sexual contacts should e informed and offered serological eval- ation. Periodic physical examination ith complete blood count should be cheduled.

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enters for Disease Control and Prevention and the PHS Working Group. Guidelines for Counseling ersons Infected with Human T-Lymphotropic Virus ype I (HTLV-I) and Type II (HTLV-II). Ann Inter ed. 1993;118:448-454.

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Triplicate Prescription Program Change to Take Effect September 1, 1999

Recent changes to the Texas Controlled Substances Act, which will impact the Schedule II, triplicate prescription program, will allow a prescription for a Schedule II controlled substance to be issued and filled without the use of a triplicate prescription form. Physicians will purchase stickers from the Texas Department of Public Safety, attach them to prescription pads, and write the prescriptions for Schedule II drugs on the stickers.

Please note that these changes do not take effect until September 1, 1999. Consequently, current procedures for dispensing Schedule II controlled substances will not change until that time.

10 Years Ago in the *Texas D.O.*

Robert L. Peters, Jr., D.O., and M. Lee Shriner, D.O., were awarded Fellow status in the American College of General Practitioners in Osteopathic Medicine and Surgery.

The Texas Department of Health formed a new bureau, the Bureau of AIDS and Sexually Transmitted Disease Control, in order to centralize efforts in meeting the unprecedented demands of the AIDS epidemic. Robert Bernstein, M.D., FACP, Commissioner of Health, noted, "Whether you fully realize it or not, these are historic times at TDH. When, generations from now, school children learn the main events of Texas in the 1980 and '90s, they will learn about the beginnings of the AIDS epidemic, and how Texas quickly was found to contain the fourth largest population of HIV victims among the states. What I hope will not be part of history as the disease continues to spread is a disproportionate fear of the disease. Already, inflammatory myths and intolerance of infected persons by ignorant people have threatened to add the ugly element of hysteria to the very real crisis."

Donald M. Peterson, D.O. became the first osteopathic physician to serve as secretary and, subsequently, an officer of the Washington, D.C.-based American Medical Peer Review Association (AMPRA), the national association of physician-directed medical peer review organizations. Additionally, Dr. Peterson was elected to serve as an area director to the AMPRA board for a three-year term.

Robert L. Peters, Jr., D.O., was appointed to represent TOMA as a member of the Texas Division Committee for Primary Care Physicians of the American Cancer Society. Committee responsibilities were the development and implementation of programs for primary care physicians; review of new ACS materials and recommendations for distribution in Texas; and the preliminary review of budget for continuing education programs for physicians.

The official physician count by the Texas State Board of Medical Examiners revealed 1,473 D.O.s and 27,076 M.D.s.

Medicare Reforms Include New and Enhanced Preventive Benefits

According to the Congressional Budget Office, the government will spend approximately $4 billion over the next five years by paying for new preventive benefits which were included in the Medicare reforms recently signed into law. These benefits include:

- New coverage of screening pelvic exams and enhanced coverage of Pap smears, with the Part B deductible waived.
- Annual mammograms for Medicare-eligible women aged 40 and over, with the Part B deductible waived.
- Colorectal cancer screening for Medicare-eligible individuals older than 50.
- Annual prostate cancer screening tests for Medicare-eligible men older than 50. This begins in January of 2000.
- Bone mass measurement procedures for individuals at high risk.
- Enhancement of the vaccine outreach program for seniors.
- Coverage of diabetes outpatient self-management training services. Also covered will be blood glucose monitors and testing strips for type II diabetics, without regard to the use of insulin.

New Members

TOMA would like to welcome the following new members
who were approved at the September 27, 1997 Board of Trustees meeting

Regular Members

Jo A. Bishop, D.O., Family Practice: 391 Arbor Lane, Euless, 76039. Medical education: University of North Texas Health Science Center at Fort Worth/Texas College of Osteopathic Medicine (UNTHSC/TCOM), Fort Worth, 1993. Internship: Dallas/Fort Worth Medical Center, Grand Prairie, 1994-96. DOB 10-23-61.

Raquel Bolado, D.O., Family Practice: 351 N. Sam Houston, San Benito, 78586. Medical education: Ohio University College of Osteopathic Medicine, 1994. Internship: Doctors Hospital, Groves, 1994-95. Family Practice residency: Doctors Hospital, 1995-97. DOB 10-18-61.

Jose G. Calderon, D.O., Family Practice: 824 Galloway Dr., El Paso, 79902. Medical education: UNTHSC/TCOM, Fort Worth, 1986. Internship: Osteopathic Medical Center of Texas, Fort Worth, 1986-87. DOB 10-1-55.

Elroy T. Cantrell, D.O., Family Practice, Emergency Medicine: 685 Elkins Lake, Huntsville, 77340. Medical education: UNTHSC/TCOM, Fort Worth, 1984. Internship: Northeast Community Hospital, Bedford, 1984-85. DOB 5-10-43.

Sidney B. Chadwell, D.O., Family Practice: 303 E. Kolstad, Palestine, 75801. Medical education: UNTHSC/TCOM, Fort Worth, 1982. Internship: Oklahoma Osteopathic Hospital, Tulsa, OK, 1982-83. DOB 10-29-52.

Martha L. Danhof, D.O., Internal Medicine: 515 W. Main, Ste. 101, Allen, 75002. Medical education: UNTHSC/TCOM, Fort Worth, 1994. Internship: Presbyterian Hospitals of Dallas, Dallas, 1994-95. Internal Medicine residency: Presbyterian Hospitals of Dallas, 1995-97. DOB 7-4-57.

Peter W. Eaton, D.O., Family Practice: 5216 Bryant Irvin, Fort Worth, 76132. Medical education: Kirksville College of Osteopathic Medicine (KCOM), Kirksville, MO, 1973. Internship: Wright-Patterson Air Force Base, Dayton, OH, 1973-74. DOB 3-15-46.

Mark F. Gan, D.O., Anesthesiology: 5375 Montoya Drive, El Paso, 79932. Medical education: UNTHSC/TCOM, Fort Worth, 1984. Internship: Dallas/Fort Worth Medical Center, Grand Prairie, 1984-85. Residency: Thomasen General Hospital, El Paso, TX, 1992-97. DOB

Robert K. Lynch, D.O., General Surgery: 1330 E. 8th Street, Ste. 420, Odessa, 79761. Medical education: UNTHSC/TCOM, Fort Worth, 1992. Internship: University of Tennessee College of Medicine, Chattanooga, TN, 1993-94. General Surgery residency: Genesys Regional Medical Center, Flint, MI, 1994-97. DOB 10-27-62.

Cuong X. Nguyen, D.O., Cosmetic Surgery: 458 Woodrail Drive, Webster, 77598. Medical education: KCOM, Kirksville, MO, 1984. Internship: Riverside Hospital, Wichita, KS, 1984-85. Otolaryngology/Facial Plastic Surgery residency: Des Moines General Hospital, IA. DOB 3-17-58.

Casper C. Webb, D.O., General Surgery: 1330 E. 8th Street, Odessa, 79761. Medical education: UNTHSC/TCOM, Fort Worth, 1992. Internship: Genesys Regional Medical Center, Flint, MI, 1992-93. General Surgery residency: Genesys Regional Medical Center, El Paso, TX, 1993-97. DOB 3-6-64.

Kevin D. Wylie, D.O., Pediatrics: 6527 Lake Shore Drive, Dallas, 75214. Medical education: UNTHSC/TCOM, Fort Worth, 1990. Internship: Children's Medical Center, Dallas, 1990-91. Pediatrics residency: Children's Medical Center, 1991-93. DOB 2-26-60.

Associate Member

Leonard L. Schoelkopf, Dallas TX
Genesis Medical Networks

Non-Resident Associate Member

Susy L. Vergot, D.O., Calhoun, GA

Fellow Member

Anthony N. Dardano, D.O
Galveston, TX

Interns/Residents

Lisa D. Alloju, D.O.
James E. Andrews, Jr., D.O.
Sheriev Y. Boctor, D.O.
Michael J. Bratsch, D.O.
J. Michael Burbidge, Jr., D.O.
Ramon O. Cantu, D.O.
Michael L. Capuano, D.O.
Harish C. Christapalli, D.O.
Louis P. Coates, D.O.
Rebecca W. Daley, D.O.
Dan T. Dayberry, D.O.
Robert F. Denyer, D.O.
James P. Devney, D.O.
Karla R. Dick, D.O.
Derek A. Farley, D.O.
Kevin W. Finley, D.O.
Pamela S. George, D.O.
Lisa K. Gorman, D.O.
Robert S. Hanser, D.O.
Scott A. Hees, D.O.
Timothy J. Hillbrick, D.O.
William W. Jones, D.O.
Mark R. Klein, D.O.
Donald R. Klinger, D.O.
Truc Le, Jr., D.O.
Clay A. Lee, D.O.
Jeffrey M. Maire, D.O.
John L. McNeill, D.O.
David K. Meredith, D.O.
Darry G. Meyer, D.O.
Kelly A. Miller, D.O.

Interns/Residents continued

Charles S. Moreland, D.O.
Christa E. O'Leary, D.O.
Tony T. Pham, D.O.
Jennifer L. Phy, D.O.
Michael P. Phy, D.O.
James R. Scott, D.O.
Omar F. Selod, D.O.
Ilaina S. Shook, D.O.
Jack P. Short, D.O.
James T. Sing, Jr., D.O.
Sveta Singh, D.O.
Brian Spore, D.O.
Brad D. Thigpen, D.O.
Thuc-Nguyen V. Tran, D.O.
David G. True, D.O.

Non-Resident Interns/Residents

Jay C. Chanmugam, D.O.
Pai H. Chen, D.O.
James B. Davidson, D.O.
Arnold A. Fikkert, D.O.
Richard M. Gaddis, III, D.O.
Matthew M. Glick, D.O.
Camille A. Goodspeed, D.O.
Richard D. Hollis, D.O.
Wendolyn D. Ingram, D.O.
Michael R. Malone, D.O.
Leslie H. Parks, D.O.
Victor V. Phan, D.O.
Carl A. Piel, Jr., D.O.
Mindy M. Plotkin, D.O.
Roger D. Pruitt, D.O.;
R. Benjamin Saldana, D.O.
Colleen L. Sam, D.O.
Don J. Sarmiento, D.O.
Stephen B. Sellers, D.O.
Larae G. Stemmerman, D.O.
Grant W. Tarbox, D.O.
Michael L. Thornton, D.O.
Robert C. Treadwell, D.O.
Brian K. Way, D.O.
Barry K. Wetsell, D.O.
Cheryl L. Young, D.O.

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Contact: Shirley Edwards,TSPP Offices, University of Texas-Houston Medical School, 6431 Fannin, MSB 2.104, Houston Texas 77030, 713-500-7615; or Lewis Foxhall, M.D., 713-792-2202; or Jack Haley, M.D., 713-771-0495.

INFLIGHT MEDICAL EMERGENCIES

Some Background and Tips for the Medical Practitioner

By Jerry Hordinsky, M.D

If you find yourself in a scheduled air carrier at a time that a call for medical assistance comes over the speaker, what can you expect and what are your options?

Data on inflight medical events is not gathered uniformly across the air carriers. This past year, extensive newspaper footage in the Chicago Tribune (reporter John Crewdson) attempted to back up the assertion that air travel in the U.S. is so safe that passengers are now more likely to die of illness inflight than in a crash. Later in the same year, American Airlines announced a plan to add automatic cardiac defibrillators by mid-1997, following a commitment made earlier by a limited number of foreign carriers (e.g., Qantas) in the early 90s.

This introductory review will intentionally not jump into the debate, but is instead focused on informing you of the basic inflight health situations that are encountered, and the resources at your disposal. The synopsis will focus on the typical U.S. air carrier environment.

Keep in mind that the U.S. air carrier fleet numbers about 4,000 units and that approximately 500 million emplanements occur annually. A recent survey extrapolated to the entire domestic air carrier industry documented that 7,500 significant inflight medical events occur annually. Not unexpectedly, neurological and cardiac etiologies were high on the list, leading also to the greatest total number of flight diversions for medical cause. However, obstetric-gynecological events, although less frequent, were associated with the highest diversion rate. Overall, approximately 8 percent of all inflight medical events resulted in diversions of the original flight. Flight crews, 97 percent of the time, complied with medical advice to divert, and hospital admissions followed in 86 percent of the diversions. Keep also in mind that when we poll larger groups of visiting physicians (typically FAA aviation medical examiners) about their experiences in the delivery of inflight medical care, there seems to be an indication that more inflight events are occurring. But, the inflight medical events and associated responses are just not systematically logged. This seems more likely for events perceived as minor and/or those quickly resolved.

If you do respond to an inflight emergency, your tools could include the "first-aid kit" which basically contains bandages, compresses, tapes and splints; depending on aircraft size, one to four such kits are on board. You would have access to the standard (since 1986) medical kit which has a sphygmomanometer, stethoscope, and airways, as well as limited quantities of injectable epinephrine (1:1000), injectable diphenhydramine, and injectable 50 percent dextrose and nitroglycerin tablets. You could call for the portable oxygen system, which is limited to low flow rates. You could find yourself on board an airline that maintains aeromedical/emergency physicians on call, and get supplemental advice through this type of resource. It seems so empirical, but if you urgently are wishing you had a particular medication, you frequently would find that many of the prevalent oral (and occasionally injectable) medications are carried as prescriptions by your fellow passengers.

Although the healthy debate about the adequacy of the above situation may be a future article theme, suffice it for now by saying there is no new current governmental regulatory initiative in this area. The operational changes (e.g., American Airlines adding automatic defibrillators) are driven by individual airline business decisions. Isolated novel clinical research (e.g., transmission of vital signs using direct tie-in to the "back-of-seat" phones and internet transmission) is driven by individual academic center initiatives.

Reprinted from August, 1997 Bulletin of the Civil Aviation Medical Association.

Stroke Victims Gain New Hope for Survival, Recovery at Osteopathic Medical Center of Texas

That day in late August, James Jay knew something was wrong; he just didn't know what. While sitting in the McDonald's at Camp Bowie and Montgomery streets in Fort Worth, Jay was surprised when he had no energy to move from the table to get in his car and leave.

"I didn't have the strength to stand up," he recalled. "I literally just rolled out of the booth."

Others at the restaurant tried to assist him and called an ambulance. He was unable to communicate well, because his speech was slurred and his vision blurred. Jay was transported by ambulance to Osteopathic Medical Center of Texas, where he was informed that he was having a stroke. A new use for a medication called tPA made it possible for medical professionals at OMCT, now one of only two Stroke Centers in Tarrant County, to halt the brain damage that inevitably occurs after a stroke.

Jay was lucky; he was close to the hospital, and he was transported quickly enough to allow physicians here to administer the medicine. The medicine is a blood thinner that must be given to a patient who has suffered a stroke due to a blood clot within four hours after the stroke symptoms begin.

James Jay, 59, got a new lease on life after he was given the drug tPA for a stroke he suffered August 27. Jay, shown here in front of pictures of his family, says he is fortunate that the drug was available to him. He was released from the hospital without rehabilitation.

Stroke Center team members emphasize that it is essential that stroke victims go to the hospital as soon as possible to treat the stroke. Many of the newer stroke medications are time sensitive, so if a patient waits too long to receive treatment, the patient is no longer eligible to receive some medications.

In Jay's case, he was hospitalized for 10 days, but by the end of the first day had already regained some use of his left side. The numbness disappeared as well. He was treated and released without rehabilitation and currently suffers no permanent damage.

Jay, a 59-year-old Fort Worth resident, was complimentary of the care he received at OMCT, especially from Edward L. Kramer, D.O., and William E. McIntosh, D.O., Medical Director of the Stroke Center. He noted the time that team members took to explain Jay's condition with his wife, Billie.

"They explained to her that osteopathic physicians practice holistic medicine," he said. "They treated us both like people. I'm very, very fortunate indeed."

The motorcycle salesman is glad to report that he is back at work and resuming normal activities. The most important thing he was able to do lately was hold his new grandchild.

"I was so happy to be holding that baby in my arms."

Pennsylvania Firm Wins Contract to Monitor Quality of Health Care Under TRICARE

Keystone Peer Review Organization, Inc. (KePRO), of Harrisburg, Pennsylvania, has won the contract to monitor the quality of health care provided to uniformed services members and families nationwide under the Defense Department's TRICARE managed care program. Services under the $13.4 million contract began November 1, 1997, and will continue through five one-year option periods.

KePRO will independently examine and evaluate the quality of inpatient and outpatient care provided to service families by both civilian and military medical facilities. The firm will monitor the operations of TRICARE contractors to ensure that appropriate action is taken on all potential quality-of-care issues that are identified, and will provide an avenue of appeal when care is denied by uniformed services medical facilities and contractors, for medical necessity reasons. Approximately 12,000 medical/surgical cases and 5,000 mental health cases will be reviewed each year.

KePRO will also evaluate the qualifications of residential treatment centers, psychiatric partial hospitalization programs, and substance use disorder rehabilitation facilities, to ensure compliance with TRICARE standards for authorized providers of care.

42nd MidWinter Conference and Legislative Symposium

Ray L. Morrison, D.O. - Program Chair

Schedule of Events - 17 AOA Category 1-A Hours Available

Friday – February 13, 1998

4:30 pm – 8:30 pm	Registration Open
5:00 pm – 6:00 pm	Reception with Exhibitors
5:00 pm – 8:30 pm	Exhibit Hall Open
5:00 pm – 6:45 pm	Cardiolite vs. StressThallium Imaging– Jim Thurow, D.O.
6:45 pm – 7:30 pm	Developments in Breast Imaging - Jim Thurow, D.O.
7:30 pm – 8:00 pm	Exhibit Hall Break
8:00 pm – 8:45 pm	Evaluation & Management Documentation Requirements – Don Self

Saturday – February 14, 1998

7:30 am – 8:00 am	Breakfast with Exhibitors
7:30 am – 4:00 pm	Exhibit Hall Open
7:30 am – 5:15 pm	Registration Open
8:00 am – 9:00 am	Update on Bronchietasis – Phillip Slocum, D.O.
9:00 am – 10:00 am	The Abnormal Pap Smear – Neal Pock, D.O.
10:00 am – 10:45 am	Exhibit Hall Break
10:45 am – 11:30 am	Medical Missions – Craig Harrison, M.D.
11:30 am – 12:15 pm	The Changing Roles of Nutritional Counseling – David Ostransky, D.O.
12:15 pm – 1:30 pm	Legislative Luncheon
1:30 pm – 2:15 pm	Update on Laproscopic Nissen Fundoplication – Scott Stowers, D.O.
2:15 pm – 3:00 pm	OMT for Pediatric Patients – Steve Taylor, D.O.
3:00 pm – 3:45 pm	Exhibit Hall Break
3:45 pm – 4:30 pm	The Medical Ballistics of Gunshot Injuries - Ray Jones, D.O.
4:30 pm – 5:15 pm	Management Strategies for Female Incontinence – Robert Stroud, D.O.
5:15 pm – 6:00 pm	Management of Joint Injuries - George Deloach, D.O.

Sunday – February 15, 1998

8:00 am – 10:30 pm	Risk Management
10:30 am – 10:45 pm	Break
10:45 am – 1:15 pm	Risk Management Program (cont.)

Hotel Information

This year's conference will be held over Valentine's Weekend at the Fairmont Hotel in the Dallas Arts District, 1717 N. Akard St., Dallas, TX 75201. Reservations must be made no later than January 13, 1998 to receive the discounted rate group rate of $89 single/double. Call the hotel directly to make reservations 800/527-4727 or 214/720-2020. Be sure to mention you are with TOMA to receive the discounted rate.

Registration Form

Name_____

Address_____

City_____ State_____ Zip_____

Phone (____)_____ Fax (____)_____

AOA #_____ College_____ Grad. Year_____

	Registration Postmarked on or before 1/13/98	Registration Postmarked after 1/13/98
TOMA Member	$175	$250
Non-Member	$275	$350

Please reserve me _____ additional ticket(s) to the Legislative Luncheon on Saturday for $25 each.
(One ticket is included with the registration fee.)

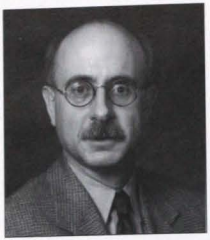
Regisration Fee $_____
Luncheon Ticket(s) $_____

TOTAL ENCLOSED $_____

Return this form with payment in full to:
TOMA
1415 Lavaca Street
Austin, TX 78701-1634

Refund Policy:
Requests postmarked on or before 1/13/98 will receive a refund minus a 25% administrative fee. All request must be made in writing. No refunds will be issued after 1/12/98.

Dr. Alan Stockard



Dr. Bernard Rubin

Physicians and Surgeons Medical Group Doctors Honored

Dr. Alan Stockard and Dr. Bernard Rubin, both members of the Physicians and Surgeons Medical Group at the University of North Texas Health Science Center at Fort Worth, have been recognized by their peers with individual honors.

Dr. Stockard, division chief of sports medicine and assistant professor of family medicine at the UNT Health Science Center, was named a fellow of the American Osteopathic Academy of Sports Medicine. The honor was presented at the Sports Medicine Academy's Annual Meeting.

Becoming a fellow is the highest distinction a physician can receive. Fellows must first be nominated for the honor, pass a review of their credentials and be voted upon by the Academy's Board of Directors.

Dr. Stockard is also director of sports medicine at Sports Medicine and Rehabilitation of Texas in Fort Worth. He earned his board certification in both family practice and sports medicine. Dr. Stockard serves as team physician to the U.S.A. Judo Team and is a drug-testing crew chief for the U.S. Olympic Committee and U.S.A. Track and Field. Locally, he serves as team physician for seven area high schools and Texas Wesleyan University.

Dr. Bernard Rubin, chief of rheumatology in the health science center's Internal Medicine Department, was honored with the Outstanding Achievement Award for 1997 for his professional achievements. The award is given by the Chicago College of Osteopathic Medicine, of which Dr. Rubin is a graduate.

The award is given annually by the college's Board of Governors to alumni, "in recognition of distinguished and devoted service to the osteopathic profession and having brought credit to the Chicago College of Osteopathic Medicine."

Dr. Rubin is a professor in the health science center's Department of Internal Medicine and director if its Center for Osteoporosis Prevention and Treatment. He recently published a supplement in the Journal of the American Osteopathic Association on osteoporosis treatment and guidelines.

The University of North Texas Health Science Center is committed to achieving excellence in its programs of education, patient care and research. The health science center includes the Texas College of Osteopathic Medicine with over 450 students, the Graduate School of Biomedical Sciences, with over 170 students, and the Physician Assistant Studies program, with 12 students. The institution also supports eight research Institutes for Discovery, and its 102-member faculty group practice treats over 55,000 Fort Worth-area residents yearly.

UNT Health Science Center Appoints Associate Director for Physicians and Surgeons Medical Group

Stephen H. Robertson has been appointed associate director of the Physicians & Surgeons Medical Group, the faculty practice of the University of North Texas Health Science Center. Robertson's role includes assisting in managing the health science center's group practice, as well as extending the center's medical support to federal correctional facilities located in the Fort Worth area.

Robertson recently served as the medical contracting coordinator for the U.S. Department of Justice in Washington, D.C. He began his civil servant career in federal procurement as a grants and contracting specialist at the U.S. Department of Education.

In his position at the health science center. Robertson will work to retain the center's contracts with the Federal Medical Center Fort Worth (male facility) and Federal Medical Center Carswell (female facility). These contracts generate over $7 million in annual revenues for the health care community in Fort Worth, with approximately $2 million of these monies going to the health science center. His main focus will be serving as the administrative liaison responsible for ensuring that sufficient levels of care are provided to the FMCs.

"With Stephen's assistance, the health science center's goal is to expand our prison services to include more comprehensive inpatient/outpatient care, as well as increase the educational opportunities for our medical students who participate in clinical rotations," said David Richards, D.O., UNT Health Science Center President. "We're exploring opportunities to work with other health care organizations in responding to the health care needs of the prison facilities."

Robertson was awarded a U.S. Department of Justice Commendation Medal by the Assistant Surgeon General and Medical Director. Robertson holds a bachelor of arts in Economics from the University of Maryland, College Park. He has 10 years experience as an associate professor of Developmental Mathematics at Prince George's Community College in Largo, Maryland.

Tarrant county's largest medical group, the Physicians & Surgeons Medical Group is composed of faculty of the UNT Health Science Center's Texas College of Osteopathic Medicine. The group includes 102 physicians and surgeons, who practice and teach in 24 specialties and subspecialties. More than 160,000 visits are made each year to the health science center's 24 clinics and laboratories by patients seeking every kind of care, from prenatal to geriatrics. The new 135,000 square-foot Patient Care Building is located on the Montgomery Street side of the health science center campus in Fort Worth.

Fort Worth Takes Lead in Alzheimer's Research

Fort Worth will soon become home to one of the biggest sites in the nation for research, treatment and prevention of Alzheimer's Disease, as a result of a public/private collaboration between the University of North Texas Health Science Center at Fort Worth and the nonprofit Heritage Geriatric Housing Development Corporation, a Texas subsidiary of Heritage Housing Development of Beverly Hills, California. The project is expected to bring together the largest patient base for research in Alzheimer's Disease in the country.

The first phase of the project began this summer with the development of St. Joseph's Gardens, a 176-bed inpatient and outpatient care facility being constructed in the former St. Joseph's Hospital, in Fort Worth's central hospital district. The inpatient facility is expected to be ready to admit patients this month.

When fully operational, St. Joseph's Garden will include:

* 146 Alzheimer's nursing care beds, all Medicaid certified
* 30 Alzheimer's personal care beds
* Alzheimer's Adult Day Care Center
* Alzheimer's Research and Training Center
* Outpatient Clinic
* A Community Mental Health Center
* A facility-based Comprehensive Outpatient Rehabilitation Facility (CORF), providing physical rehabilitation for the elderly
* Common areas, including doctors' offices, kitchen and dining area, day room, crafts area, barber and beauty shops and administrative space
* An outdoor relaxation and wandering area for patients

Eventually, the partnership will see 10-15 sites across Texas linked to St. Joseph's Gardens. Care will be provided to an estimated 2,000 patients in hospital settings, with thousands more monitored through day-care and community outreach services.

All sites will be tied to St. Joseph's for the implementation of standardized Alzheimer's research, including set protocol for conducting clinical trials and basic science research studies, high standards for patient care, and medical and nursing staff specifically trained to address the physical, mental and psychological needs of the Alzheimer's patient.

Families of Alzheimer's patients will have an opportunity to place their loved ones at St. Joseph's Gardens for long-term care where they will receive the best care and treatment currently available for the condition while participating in the only comprehensive research project of this kind in search of a cure for the disease.

New St. Joseph's CEO Mark McKenzie says the project's greatest strength is that it creates a system for rapidly integrating information from ongoing research into the patients' plan of care, as well as providing the most up-to-date information on the disease for training all medical staff members. "In both regards, the result is the highest quality of care for St. Joseph's residents."

Ramiro Lozano, Vice President of Operations, adds that the broad scope of patient services, including outpatient and partial hospitalization care, will make St. Joseph's Gardens one of the most advanced and comprehensive care facilities in Tarrant County for AD patients.

Research projects to be implemented by health science center researchers and faculty physicians at St. Joseph's Gardens include clinical trials; molecular, neurobehavioral and neuropathological studies; and testing of the health services, education and information transfer aspects of caring for patients. The health science center will also be involved in providing medical staff, including a medical director degreed in both medicine and the biomedical sciences, and board-certified geriatricians trained in Alzheimer's' care.

Patients and their families will be included in the ongoing progress of the patient's care and will continually be informed of all aspects of the research activities.

"If there was ever a public/private partnership that holds out great promise for both parties to make a difference in their enterprise, this is it," said Dr. Thomas Fairchild, director of special projects for aging at the health science center. What began as a casual discussion about adding a research component to the Heritage facilities grew into the concept of building a project that could qualify for NIH funding as a major Alzheimer's' research center.

"We are being appropriately cautious in our planning and in how we approach implementation. We see enormous potential in the future of this project, but there's a way to go, and a lot of things have to fall into place," Dr. Fairchild said. "Still, this project has sparked creativity and exploration in both parties that has been very productive, very visionary. The prospect of what we can accomplish is exciting, and we're doing everything we can to make it happen.

"We have the opportunity to be a major player in the third-largest funded area of medical research in the United States - with the potential to become the center of national research in Alzheimer's."

ATOMA News

Notes from your President

By Dodi Speece, ATOMA President

As your head of the delegation to the national AAOA House of Delegates, I wanted to report what your national Auxiliary is doing for you and the profession.

The National Ad Campaign consists of six ads that are run in some of the major periodicals, such as Managed Healthcare News. The national political hot line is still being financed and is very effective, and is being updated to have more features. I really encourage you to use it, especially in these times of changing insurance legislation. The actions that the Congress takes will affect you and your spouse's practice, and there is something you can do about it. A letter from you to your Congressman carries more weight than you can imagine. They work for us (our vote) and will listen if enough of us contact them. If you do not know your Congressman, the national hot line will give you that information.

The Auxiliary is endorsing the yellow ribbon program, which is a teen suicide prevention program. Cards, which we have helped to sponsor, are passed out to adults with advice on how to prevent the growing threat of teen suicide.

Daralynn Deardorff, a medical student from Texas, won one of the national scholarships. We are very proud of her.

We have a very dedicated and active AAOA Board of Directors and officers and they are working very hard for you. One piece of very disturbing news is that membership is down nationwide. This was very sad news as your Auxiliary does so much to help the profession which, in turn, helps our spouses. We are dedicated to continuing to get the name of osteopathy in the public eye, and our dues help. I hope that even with our spouses' salaries decreasing, you will continue to pay your national dues as the programs that AAOA sponsors and promotes will help fight the trend. Both national and state membership are down. We can not help osteopathy if we are not here, and we can only be here with our support and membership. Your delegation challenged Ohio and Pennsylvania to increase membership. I hope that you will rally behind us and join your national organization so that your delegation does not have to stand up sheepishly and admit defeat! Arkansas also challenged us, betting that they would have a bigger increase in national membership than we would. I hope you will have enough state pride to rise to the challenge and pay your dues.

In other lighter news, the golf tournament was a very successful fund-raiser for the AAOA and a lot of fun was had by all. We had an "idea exchange" afternoon and many, many great ideas were discussed, including how to increase our male membership. One idea that our male board member addressed is the name of the auxiliary. Your Texas board has already started the ball rolling to change the name to a more gender generic name. We voted in the post-convention meeting to try to change the name nationally to Alliance. With more and more women entering medical school, we need to change with the times and encourage their spouses to join our ranks. I hope we will have your support in attaining this goal.

The national dues request has been mailed in your spouses dues envelope and is due now. The 1998 state dues are also due now. They did not go out with the first billing that TOMA sent, but will go out with the next one. If your spouse sent in the TOMA dues already and missed sending in yours, please complete the form on page 29 and send it with your $30 now. Do not delay! Those who have paid state dues will receive state directories in January.

I look forward to keeping you updated on what your Auxiliary is doing and encouraging you to be part of this dynamic group. AAOA dues need to be mailed with your name and address to:

AAOA
142 E. Ontario Street
Chicago, IL 60611

STAR Implementation Date is Delayed

The implementation date for the STAR Program expansion into Harris County has been extended to December 1, 1997. With this expansion, about 27 percent of all Texas Medicaid clients will be served by managed care.

STAR and STAR+PLUS will be implemented in Harris County December 1, 1997. The STAR Program will enroll Harris County Medicaid clients in seven HMOs and one primary care case management (PCCM) health plan. The STAR+PLUS Project is a pilot that will integrate acute, primary and long term care for Harris County clients eligible for Medicaid benefits based on Supplemental Security Income and Medical Assistance Only criteria.

The STAR Program will be implemented in the contiguous counties to Harris (including Brazoria, Fort Bend, Galveston, Montgomery and Waller Counties) on March 1, 1998.

Physicians wishing to enroll should contact NHIC Customer Service at 800-964-1244. TDH STAR requires that only providers who want to be primary care providers (PCPs) and hospitals contract with TDH STAR. All others, including specialists who currently participate in Medicaid, are considered part of the TDH STAR network.

Those eligible to become PCPs in TDH STAR are: pediatricians; family/general practitioners; internists; obstetricians/gynecologists; advanced nurse practitioners (specializing in family practice, women's health and pediatrics); certified nurse midwives; rural health clinics; and federally qualified health centers.

STAR program clients will seek care from the PCP specialties listed above. However, STAR+PLUS clients, because they have chronic medical problems, may receive primary care from PCPs outside of the specialties listed. Patients in the STAR+PLUS program may choose a PCP with one of the listed specialties or a provider with specialties such as cardiology, oncology, and nephrology. Any qualified provider will be enrolled as a PCP in TDH STAR if they agree to meet the requirements of the TDH STAR PCP contract.

Auxiliary to the Texas Osteopathic Medical Association

Membership Appeal

Texas is a big State with a **LARGE NUMBER OF OSTEOPATHIC PHYSICIANS**. Your **AUXILIARY** wants each and every spouse as a member.

The auxiliary serves the Texas Osteopathic Medical Association. We provide Osteopathic Scholarships, Osteopathic Student Loans, and financial assistance for the Impaired Physicians Program as well as assistance in Research Projects. Your auxiliary actively participates in the legislative process on a state and national level.

Your auxiliary also enhances public awareness of Osteopathic Medicine through various school and community programs. We assist the Texas Osteopathic Medical Association in its public relations programs that are designed to assure perpetual growth, progress and continual respect for the Osteopathic Profession.

It's TIME TO RENEW!

Time to renew your **MEMBERSHIP,** RENEW some old **FRIENDSHIPS**, and a great time to **MAKE** some **NEW FRIENDS**!

$30 is all that you need to send to begin you're A.T.O.M.A. affiliation.

Help continue the viability of the Osteopathic Profession through A.T.O.M.A.

TRY US, YOU'LL LIKE US!

Auxiliary to the Texas Osteopathic Medical Association

A.T.O.M.A. Membership Application for 1998

Name_____

Address_____

City_____ **State**_____ **Zip**_____

Spouse's Full Name_____

Home Phone_____ **Business Phone**_____ **Fax**_____

Occupation _____ **D.O.B.** _____

Please check one of the following membership categories:

_____**($30) Regular A.T.O.M.A. Member**
A member of an immediate family of a practicing osteopathic physician. (2nd year of practice and over) OR Spouse of a retired or widowed physician, or immediate family member.

_____**($30) Associate A.T.O.M.A. Member**
Spouse of an individual who is not an osteopathic physician but who has been granted membership in the Texas Osteopathic Medical Association.

_____**($30) Affiliate A.T.O.M.A. Member**
Individuals, who choose to support and promote the osteopathic profession, but are not eligible for regular membership.

_____ **($0.00) Life A.T.O.M.A. Member**
An auxiliary member who has given outstanding service.
(Check here for application)

_____**($0.00) Student Associate Auxiliary A.T.O.M.A. Member**
Spouse of an osteopathic student, Intern, Resident or preceptor OR in 1st year of practice.

Please contact us if you are interested in representing or serving on any of the following A.T.O.M.A. Committees

_____ Membership	_____ Convention Program 1998
_____ Scholarship	_____ Public Health/Education
_____ Funds	_____ Student Associate Advisor
_____ Public Relations	_____ Annual Report
_____ Yearbook	_____ Convention
_____ Guild	_____ Credentials
_____ Supply	_____ Auxiliary

Please mail your $30.00 check to: A.T.O.M.A.-1415 Lavaca St.-Austin, Texas 78701

From the Texas Department of Transportation

Changes in Procedures for Obtaining Disabled Person License Plates

The 75th Texas Legislature passed House Bill 580, effective September 1, 1997. This legislation created several changes in the procedures for obtaining disabled person license plates and/or placards. The following information will be beneficial to physicians who compete applications for disabled person license plates and/or placards.

As of September 1, 1997, the initial application for issuance of disabled person identification placards or license plates requires a notarized signature of a physician licensed to practice medicine in this state or a written original prescription from the licensed physician signing the Application Form for Disabled Person License Plates and/or Placards, Form VTR-214, to accompany the VTR-214 form. If an old Form VTR-214 (non-notarized) application is submitted for a physician's signature, the physician should sign the non-notarized Form VTR-214 and attach a written prescription for the disabled person to the Form VTR-214. The written prescription must contain the disabled person's name and a statement indicating that the disability is either temporary or permanent in nature. In order to determine if a disability qualifies a patient for disabled person plates and/or placards, the definitions of qualifying disabilities are now shown on the back of the revised Form VTR-214.

Questions may be directed to Jerry L. Dike, Director, Vehicle Titles and Registration Division, Texas Department of Transportation, at 512-465-7570; or Mr. David Linzey, Director of Headquarter Operations, 512-465-7719.

Definitions
(as listed on back of revised Form VTR-214)

If one or more of the following conditions apply to you or a person you regularly transport, you may apply for a disabled person license plate or placard.

* Legally blind - if the person has not more than 20/200 of visual acuity in the better eye with correcting lenses, or visual acuity greater than 20/200 but with a limitation in the field of visions such that the widest diameter of the visual field subtends an angle no greater than 20 degrees.

* A person who has mobility problems that substantially impair the person's ability to walk:

* cannot walk 200 feet without stopping to rest;

* cannot walk without the use of or assistance from an assistance device, including a brace, cane, crutch, another person, or a prosthetic device;

* cannot ambulate without a wheelchair or similar device;

* is restricted by lung disease to the extent that the person's forced respiratory expiratory volume for one second, measure by spirometry, is less than one liter, or the arterial oxygen tension is less than 60 millimeters of mercury on room air at rest;

* uses portable oxygen;

* has a cardiac condition to the extent that the person's functional limitations are classified in severity as Class III or Class IV according to standards set by the American Heart Association;

* is severely limited in the ability to walk because of an arthritic, neurological, or orthopedic condition, or

* has another debilitating condition that, in the opinion of a physician licensed to practice medicine in this state, limits or impairs the person's ability to walk.

See registration form on page 23

TEXAS STARS

The following people have made pledges or have contributed to TOMA's Building Fund Campaign. These people are now known as "TEXAS STARS" because of their commitment to the osteopathic profession.

Rene Acuna, D.O.
Bruce Addison, D.O.
Ted C. Alexander, Jr., D.O.
Richard Anderson, D.O.
Sara Apsley-Ambriz, D.O.
David Armbruster, D.O.
Astra Merck
ATOMA
ATOMA District II
Aus-Tex Printing and Mailing
Mark Baker, D.O.
Rita Baker
Elmer Baum, D.O.
Kenneth Bayles, D.O.
James Beard, D.O.
Jay G. Beckwith, D.O.
Terry Boucher
Jan Bowling
John R. Bowling, D.O.
Teresa Boyd, D.O.
Daniel Boyle, D.O.
Frank Bradley, D.O.
Joanne Bradley
Dale Brancel, D.O.
Robert Breckenridge, D.O.
John Brenner, D.O.
Lloyd Brooks, D.O.
Carol S. Browne, D.O.
Mary Burnett, D.O.
Jeffrey Butts, D.O.
D.Y. Campbell, D.O.
Catherine Carlton, D.O.
Juanita Carmichael
Ross M. Carmichael, D.O.
John Cegelski, D.O.
Robert Chouteau, D.O.
William Clark, D.O.
George Cole, D.O.
Linda Cole
Samuel Coleridge, D.O.
Robert Collop, D.O.
Ralph Connell, D.O.
Daniel P. Conte, III, D.O.
Robbie Cooksey, D.O.
William Cothern, D.O.
Michael Cowan, D.O.
Nelda Cunniff-Isenberg, D.O.
B. J. Czewski
Jim Czewski, D.O.
Dallas Southwest Osteopathic Foundation
Don Davis, D.O.
William Dean
George DeLoach, D.O.
Joseph DelPrincipe, D.O.
Robert DeLuca, D.O.
Doctors Hospital
Iva Dodson
Cynthia Dott, D.O.
Gregory Dott, D.O.
Janet Dunkle
Bradley Eames, D.O.
Eli Lily & Company
Wayne R. English, Jr., D.O.
Carl Everett, D.O.
Al Faigin, D.O.
V. Jean Farrar, D.O.
Robert B. Finch, D.O.
Roy B. Fisher, D.O.
Gerald Flanagan, D.O.
Charles E. Fontanier, D.O.
Richard Friedman, D.O.
James Froelich, D.O.
Jake Fuller
D. Dean Gafford, D.O.
Samuel B. Ganz, D.O.
John E. Garner, D.O.
David E. Garza, D.O.
Mark Gittings, D.O.
Myron L. Glickfeld, D.O.
Brent Gordon, D.O.
David Gouldy, D.O.
Charles Hall, D.O.
Richard Hall, D.O.
Donna Hand, D.O.
Wendell Hand, D.O.
Patrick Hanford, D.O.
Jane Harakal
Patrick Haskell, D.O.
Vernon Haverlah, D.O.
Healthcare Insurance Services
Tony Hedges, D.O.
Harry Hernandez, D.O.
Linda Hernandez, D.O.
H.S. Hewes, D.O.
Wayne Hey, D.O.
Frederick Hill, D.O.
Teri Hill-Duncan, D.O.
Bret Holland, D.O.
Joel D. Holliday, D.O.
William D. Hospers, D.O.
Houston Osteopathic Hospital Foundation
Bobby Howard, D.O.
Christopher Hull, D.O.
Lewis Isenberg
Jake Jacobson
Constance Jenkins, D.O.
William R. Jenkins, D.O.
V.L. Jennings, D.O.
Daniel Jensen
William R. Jones, D.O.
Douglas A. Karpen, D.O.
Dawn Keilers
Elva Keilers, D.O.
Royce Keilers, D.O.
Alex Keller, D.O.
Earl Kinzie, D.O.
Brian Knight, D.O.
William J. Lagaly, D.O.
Jere Lancaster, D.O.
Victorija Laucius, D.O.
Edward J. Leins, D.O.
Neil Levy, D.O.
A. Ray Lewis, D.O.
Harold Lewis, D.O.
Peggy Lewis
Carl F. List, D.O.
John Longacre, D.O.
Hector Lopez, D.O.
Lubbock Osteopathic Fund, Inc.
Edward Luke, D.O.
Richard Male, Jr., D.O.
Marion Merrell Dow, Inc.
Masterpath Groves Pathology Consultants
James Matthews, D.O.
R. Greg Maul, D.O.
Robert G. Maul, D.O.
Cindy McCarty
Jack McCarty, D.O.
James McLaughlin, D.O.
Ivri Messinger, D.O.
Linus Miller, D.O.
Carl Mitten, D.O.
Lois Mitten
John Mohney, D.O.
Joseph P. Molnar, D.O.
Joseph Montgomery-Davis, D.O.
Rocco Morrell, D.O.
Dareld Morris, D.O.
Ray Morrison, D.O.
R. Gene Moult, D.O.
Ira Murchison, D.O.
Gary K. Neller, D.O.
Richard E. Nichols, D.O.
Ann Nolen, D.O.
Bill Nolen, D.O.
Henry Norrid, D.O.
Osteopathic Health System of Texas
Elizabeth Palmarozzi, D.O.
Alice Pangle, D.O.
Michael Parisi, D.O.
Robert Peters, Jr., D.O.

continued on next page

continued from previous page

Ruby Peters
Donald Peterson, D.O.
Wilma Peterson
Dean L. Peyton, D.O.
William Pollan, D.O.
R. Mark Probst, D.O.
Paul Proffitt, D.O.
Bill Puryear, D.O.
Daniel L. Rader, D.O.
David Randell, D.O.
H.H. Randolph, Jr., D.O.
Jeffrey Rettig, D.O.
Jeannie Rhodes, D.O.
Merilyn Richards
John Riggs, D.O.
Peggy Rodgers
Randall Rodgers, D.O.
Steve E. Rowley, D.O.
J. Michael Russell, D.O.
Peggy M. Russell, D.O.
Celina A. Sanchez
Mario Sanchez, D.O.
Les T. Sandknop, D.O.
Richard Saunders, D.O.
John Sawtelle, D.O.
Amy Saylak
Daniel Saylak, D.O.
Hubert Scadron, D.O.
Jeff Schmeltekopf
Kristin M. Sears, D.O.
Susan Selman
A. Duane Selman, D.O.
T.R. Sharp, D.O.
Rick Siewert, D.O.
Sarah Smiley, D.O.
George Smith, D.O.
Selden Smith, D.O.
Smith Kline Beecham
Jerry Smola, D.O.
John Sortore
Sparks Osteopathic Foundation
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