

Gibson D. Lewis Health Science Library

Oral History Interview

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Hailey: I would like to first talk about your prior background before coming to TCOM a little bit, if you would like.

Richards: I am a family doctor. I practiced in a small town just North of Columbus, Ohio for about seventeen years - Worthington, Ohio. I was the founding Chair of Family Medicine at the Ohio University of College of Osteopathic Medicine. I helped start that school back in 1976. I stayed there as the Associate Chairman of Family Medicine and moved on as Associate Dean for Clinical Academic Affairs. I stayed there until 1981 and was invited to come here as the Associate Dean for Academic Affairs. So it has been thirteen plus years at TCOM, now as the University Health Science Center.

Hailey: What were your goals when you first arrived at TCOM? Did you have any agenda in mind or did you just kinda start out and work as you went along?

Richards: Well, the agenda was that particularly if you are trying to put in place some initiatives on the academic side that would

have some meaning. For example, the first committee that I brought together in charge of the Academic Dean and appreciate at that time, I was in charge of the Academic Dean not the Dean of the Institution and my predecessor had the title of President and Dean, so certain areas were not under my area.

Hailey: There is a very distinct differences now.

Richards: There is a difference. The first committee that I put together was a committee on research and what that did at that time was we had somewhere \$250,000 of external funding. And initiated some support from the faculty both in the clinical and basic science side to move forward in the area of research. At the present time as of today, we have \$18,200,000 funded as compared to \$250,000 back in 1981. So there is a major change in the area of research. Some other areas that we have put together was some task forces on service as well as dimension task force on research. That gave us three components to start. One, was the previously approved wellness and prevention statement. So we had a curriculum for the wellness and prevention statement we had a research statement and we had a service statement. All three were approved by the Board of Regents back in 1981 through 1983. So those were some initiatives we were having. At that point in time we were having a problem with patient volume, and there were several committees that were place to look at patient volume. Finally, what we decided was that we needed to enhance our clinical faculty,

bring in the best people we could find and allow that to grow and that is somewhere close to \$14,000,000 for year end in clinical activity.

Hailey: That is a large sum of money that you had to work with you.

Richards: You invest in people. You bring in the right people you let them fly and they move forward.

Hailey: At one point, I do not have the exact dates there was a situation with JPS that particular hospital. Did that influence TCOM in becoming a health science center?

Richards: No, not at all. They where not related at all. When I came here in 1981 there was a lawsuit that was filed by the Texas Osteopathic Medical Association they hired the attorney and it involved five of our faculty because our faculty did not have staff privileges at John Peter Smith Hospital. Something in there, in their bylaws that precluded the admission Osteopathic Physicians. I really was not involved in the lawsuit, I did not know much about it. This progressed through the court system until I took over as interim Vice President in 1984 and somewhere between 1984 and 1985 I said its time that I found out what that lawsuit was about. So I visited with some of the faculty members and visited with people from the Texas Osteopathic Medical Association and I asked that we meet with the attorney that was trying the case. I meet privately

with that attorney and I got a feel for it. What he told me at that luncheon was that he did not care what happen with the lawsuit, that if we wanted at John Peter Smith that it would have to happen by community support. At which point then I brought together the faculty, the students, the staff at a 5:00 p.m. meeting and I asked the attorney if he would be kind enough to come and present his views. Of which he did. And he told the faculty, the staff and the students that he did not care of the outcome of the lawsuit would be that he had to come through community support. I had the Chairman of our College Advisory Council there at time, now the CEO of the Health Care of Texas, the Osteopathic System across the street, Jay Sandelin, who spoke from his standpoint, we are not criticizing the faculty who filed the lawsuit at all, what we are saying is that there is other ways of doing things. So from that time forward we attempted to build community support. Along that same time I was visited by Dr. George Luibel and Dr. Carl Everett who wanted to meet with me and Jay Sandelin, because he was the Chairman of the College Advisory Council, and Dr. Roy Fisher who was the founder of the Osteopathic Medical Center and we had dinner at the Colonial Country Club one night and I brought Dr. Zachariah, who was the Dean at the time, and they told me that they wanted me to pursue getting in to John Peter Smith. I said do you understand what they means for the Osteopathic Medical Center, then it was the Fort Worth Osteopathic Medical Center.

Hailey: This was back in the late 1980's?

Richards: This was in the, somewhere between 1984 and 1986, I do not know that exact time. What I told them was that I would give my commitment to open up John Peter Smith and that I would do everything I could to make that happen. But that there would be a down side to that. The down side would be that once we as an institution have the credibility to get into John Peter Smith, whatever it takes through community support, then our faculty and other DO's would then be open to admitting patients to other hospitals besides the Fort Worth Osteopathic Medical Center and that is exactly what happen. But we pursued that on the basis of creating networks and lunches, if I brought in six hundred people in a period of four years of tours and lunches we been in this facility, we brought in community leaders to tell the story and the themes that bring was of two themes, why haven't you told your story so we understand who you are as an institution and what you bring to the community and second of all, why are you not serving in John Peter Smith? And of course, now that has happened.

Hailey: What types of things did you do for the community support? I know that you are very active as far as involvement in the community. What kinds of things did you do to enhance the schools image now? I know for many years people had heard of TCOM but that was about the extent of it and now everyone knows.

Richards: I think what that is is that the community leaders who came in here where so impressed with the people and so impressed

with what our mission is and that we have a wonderful story to tell. So those people go out and tell other people and it has taken years, plus the fact we are doing good things. We have brought in good faculty. The best example I can give you is because of the relationship with the University of North Texas we were successful in bringing in Janis Knebl. She is a Geriatrician. But the reason she came here is because of the University connection. She hired twenty-five years ago as a PhD developed a center for aging at the University of North Texas. But with that connection she saw the potential and as a result of that as of today or yesterday that she would receive \$1.2 million of funding from the National Institute of Health for her geriatric training for Geriatricians in partnership with the Baylor College of Dentistry. Those are how some of things happen over a period of years, you bring in the right people, you let them lead a division and they move forward with a zeal to do the things that need to be done.

Hailey: Are there any other events or people that come to mind at the top of your head that help gain support of TCOM at that time?

Richards: Oh, yes. Besides Dr. Hurley, who took over as Chancellor in 1981, that a need to know factor, you have to, I cannot single one or two individuals, what I can single out is that a community as a whole made that happen, everyone is a father and mother of

success. Where two people stand when they are sure of it. There are so many people that made that happen because they have invested in us. The state legislature, Gib Lewis, all the Tarrant County Delegation over the period of years. The Republic and Democrat have given us support when we really did not need that support. That it is an involvement we put 31% of graduates in quorums of only 25,000 population in the State of Texas.

Hailey: Is that the goal in the mission of TCOM or the Health Science Center?

Richards: Is an mission in a very few medical schools in the country that have that record.

Hailey: That is very impressive.

Richards: Well, its a story that has to be told because from fifty from now I hope that someone will look at a tape and understand the changes that have happened in this institution in a short period of time. The people who are president, Bob Huleritz, who now in college, who was in leadership previously and people that I can't mention because I do not know that some of them and they were there in the front lines making it happen.

Hailey: I know in my research in you doing all of this, I can see some of the changes from what little knowledge that I have and know

I going to ask you a point, I don't now get ready for this now, but..

Richards: Go for it.

Hailey: What choices or decisions that you have to make either good or bad in TCOM becoming the UNT Health Science Center.

Richards: The choices that I had to make was that, appreciate that a couple of things that when I was offered the job of Interim Executive Vice President by the Board of Regents and the Chancellor, one of the stipulations when I considered being a candidate for the Presidency, I did not know at the time when I took that, they ask if I would consider this. But I did not know if I would want it because I was going through a situation while my wife had cancer and we thought at one point that her life would limited because of the cancer, there were many stipulation in there. When my wife's health looked like it was progressing to the point that she would be okay, and I knew that I did not have an obligation then I decided to pursue as a candidate to become President of TCOM. But as soon as that confirmed there were two things that I gave a commitment to personally and this was articulated with the Dr. Hurley and we were knowledgeable that two goals are that I would do everything in my power to increase the opportunity for a quality program, educationally and that soon grew into the John Peter Smith prospective and the second thing is that

we would become an academic health center associated at some point in time with the University of North Texas and appreciate that that dream was not mine alone, because if you go out in the atrium there is a plaque out there that refers to the Health Science Center then North Texas State Health Science Center. So that's not a new goal except the implementation of that occurred as we increased our creditability, not only in this community but within in the state and the nation. And North Texas grew and the leadership of the Board of Regents assisted in putting in place a support system to make this happen. An example, is this library that you are sitting in here now. The Tarrant County Delegation saw fit to give us the state the art library which was named the Health Science Center Library. Because this was a resource, not only for our mission but also as community as a whole.

Hailey: So this whole concept has really been around since 1981 or 1982 in theory.

Richards: This concept goes back at the start of the relationship in 1972 with then the relationship with the North Texas State University which is now UNT.

Hailey: And our relationship with the Board of Regents and the Chancellor always seem then to be a very good thing now.

Richards: Very critically for the growth of our institution. There

is no good medical school in the United States that I know of, that is not associated with a University. There is no good university that does not have an association with a good medical school. There are a few exceptions there are a private medical schools that are outstanding but the majority of those have a relationship with the University.

Hailey: Was becoming a Health Science Center necessary for the growth and the success of TCOM? Can you elaborate a little bit more on that.

Richards: We are a state institute. Our competitors are not the private osteopathic schools or the state osteopathic schools. We are in a different league in my opinion then those other schools. What we have to deal with, where is the State of Texas going and how do we fit into that situation.

Hailey: With all the other medical schools. Not the DO schools in the country but our state alone.

Richards: Our state alone. And that doesn't mean that we are anti-osteopathic. The day that the decision was made for us to take that first state dollar. The first dollar that we got from the State of Texas to do business. It created change. Because now we are subject to the rules and regulations and the wishes of the legislature. The legislature was heading in to and to economy

difficulties. The state was headed in the economy difficulty. When I took over as president in January 13, 1986, I thought, my goodness what a good time to president we have so many things to do and there are so many dollars that we were, at one point, we would say what we want and we got what we needed to do our business. It was that simple. But in 1986, Governor White, then was Governor and one month after I became President, he said that we cut our budget 5 or 10%.

Hailey: What a way to start off.

Richards: What a way to start off! So, we had to look at ourselves differently.

Hailey: Right.

Richard: Then the next fall we did another 5% cut. A total of a 15 or 20% cut and here is a young institution that is trying grow. We were trying to evolve. We are fragilant, but yet with the budget cuts that we had. So we had to reset our priority. There were three factors: one is the cost per student ratio. Appreciate, when you have 400 students and you have the number of employees that we have and that we have the facility that we have then it cost per student is relatively high if you sitting there alone.

Hailey: Right.

Richards: The other perimeter that the state perimeter is, what is the cost per student, per space ratio. Just look at this library in itself in the relationship with the number of feet, we are very plentiful in terms of space. So in those two categories we stick high. The cost per student and the space per student is very high. So what do we do about that this. Before recognizing that healthcare reform is going to occur at some point in time, we needed to become a Health Science Center, so we could add, for example, the graduate program where our PhD's and Masters which in October moved down to the Health Science Center. So now instead of having 400+ students we had 400 plus 75 students. So now the ratio curves. Which means that my salary and other peoples salary is now divided partially between the medical school and partially within the area of the graduate school. Also recognizing that we have a unique mission to train primary care physicians to areas in need in Texas. That is our overall medical school mission. But now in adding a graduate school and looking at the public health school and looking at the public health school and looking at the allied health programs that fit within the mission, then we have an opportunity to figuratively take down the walls of the Texas College of Osteopathic Medicine and figuratively move in out of the community. That is what a Health Science Center is all about. It is not bricks and mortar. It is people in programs that serve the community as a whole and ultimately the history will be judged and how successful this institution is. Not on the basis of the number of students that would graduate in our graduate program or our

public health program or in the medical school, but how well have we collectively used the resources from the State of Texas as well as from our external funding to serve that community as a whole and appreciate that I am not defining that community, that is for others to determine, but how we successful we are there will ultimately impact how successful this institution has been in the last 23 years of existence.

Hailey: I know that the healthcare situation is in its infancy so it sounds like to me that you are definitely looking at that in a since. How would that might go?

Richards: We are strategically trying to plan ourselves to take advantage of our strings and move into position of leadership, not only with the state but at the national level in healthcare reform. There are consistent perimeters at this point in time on what healthcare reform is about. Tonight we will listen to the President of the United State talk on crime and violence and healthcare reform. But will be consistent is that three perimeters will address healthcare reform in whatever negotiated areas that the federal legislature will determine and what the state legislature will determine. One, what will happen to increase the access to healthcare. Two, what will happen in terms of reducing those costs and where do we fit into quality as it relates to healthcare. And your institution has been working for years on those three issues so that we can set ourselves on the edge. We are on the cutting

edge. I was called today and was asked to testify before Steve Cannety relative to the performance base funding. The reason that I am being asked is because we are out on the leading edge. The Governors Task Force on healthcare reform was written for us. Which consist of the perimeter of healthcare reform is one to shift from hospital care to ambulatory care because of the refinement and enhancement of high technology in the relationship to how medicine is practiced more things can be done ambulatory. The second is in the area of specialty care to primary care. We are one of the leaders, we are the leader in the State in family medicine and in primary care and we are one of the leaders in the nation in that same category. Those are two perimeters. The other is from position control to government control in terms of the age of cost access and the area of quality and those areas will be enhanced. Whatever programs negotiated either Republican or Democrat that will occur. We have to position ourselves in what we are doing in cooperative in club programs, not only with the University of North Texas but also with other area hospitals also with other medical schools and we are part of that nation network looking at rural health and border health and doing the things that are necessary to be on the cutting edge of healthcare reform. We think that individual disease focus is another perimeter. We are previously positioned and concerned about one with a disease. While the focus will move to, what about the population? How is the population concerned? What is happening in the North Side community in the incidence of diabetes knowledgeable is so great and what do you do Health

Science Center, Medical School, Graduate School whatever the perimeter, what are you going to do to support those population issues in helpless?

Hailey: So in other words, instead of a cure for the disease, how do you keep it from happening in the beginning, what were the factors then? Is that what you are saying? In North Side you are saying the people there?

Richards: We are out right now, last weekend with negotiations and meeting with our admissions people and meeting with our student affairs people and working with some leadership in the department and we have met with a group of ministers, Baptist ministers from the stop six area. Please can you help us. Met with the coalition of these ministers, will you help us? Will you come out to our community and will you put on a program, a series of programs using the resources of the Health Science Center and using the resources of the University and the case may be needed to come out and share with us the first symposium on the single parent. Because the cold value structure of the family and the deterioration of the family and the values and the social issues that fit into that community were are deficiencies and what they are looking for is a support system which our Health Science Center can bring by using our resources, not only to teach medical students and graduate students but to serve that community and this will be a first in a series of programs to reach out and have them understand who we are and the

bottom line of what I am trying to do with my team and my vice presidents and the chairman is to bring leadership. You know, I read some place, no I received a Christmas card from somebody who said Proverbs 25 that men or women without vision will perish. What we are trying to do is find out what that vision is collectively and that translate as far as we are concerned in the area of community.

Hailey: Again, this is on the cutting edge.

Richards: It is on the cutting edge.

Hailey: You made a remark about performance based funding and I not so sure that I am real clear on that. Would you mind explaining that in some way?

Richards: Performance based funding is that you have a set budget. They may give us x number of million dollars as a base budget, but the legislature look there are needs that are not met in Texas, we do not have enough rural physicians, we do not have enough urban physicians who are serving in underserved urban communities right in Fort Worth or in Dallas or right around the country. Now we are going to give x number of dollars as a based budget but based on

the number of graduates for example that you put in rural areas you will get credit for that in terms of dollars. Getting credit for what you do in the relationship to the number of rural physicians that you have. Getting credit in the relationship in the number of minorities that you have in rural areas. You will get a set of perimeters based on the state needs. Therefore, the extra funding, it could be research, it could be service, it could be grants, it could be a variety of different things but we are trying to position ourselves so that we are ready to met those expectations.

Hailey: There was an appropriate time for the Health Science Center initiative, when was that, when did you really decide this was the time to do it?

Richards: The time to do that came when we had a enhanced relationship with the University of North Texas and we felt that the community groups were moving forward in the relationship to support for this institution and felt that this last legislature was the time, because Gib Lewis was stepping down, he still had support which was viewed as his medical school, he wanted to move forward and felt that we had a high interest this year to make it happen.

Hailey: What decisions had to made in all this to make this a successful initiative? What concerns did you have to address?

Richards: The decision had to be made is what we were going to call ourselves.

Hailey: Are you going to call it a name? Huh?

Richards: The University of North Texas Health Science Center. Appreciate that you do not have to many medical schools in the country where two of the founders are still alive. Two out of three are still alive and are still active and what happened, they invested their money and they invested their time twenty-three years ago. They invested their life to make the Texas College of Osteopathic Medicine which had a very strong Osteopathic influence to go ahead and make that change was a drastic move. How did the alumni feel about this and appreciate that when this thing was done that there was not the Texas College of Osteopathic, the bill occurred at the Health Science Center stated as it did with every other health science center that was created in the past that there would be a College of Osteopathic Medicine that was one stipulation but not the Texas College of Osteopathic Medicine because the legislature did not feel that that was something that they wanted. Because they viewed that it was an umbrella type of program. So what transpired was when the bill was signed it was the College of Osteopathic Medicine and technically the Texas College of Osteopathic Medicine did not exist. That created a problem with the alumni. We graduate, we have two sons that are graduates of this where their diploma says that they graduate from the Texas

College of Osteopathic Medicine. That did not exist for a period of time. But the Board of Regents supported Dr. Hurley and their wisdom renamed the Texas College of Osteopathic Medicine.

Hailey: Making that the cornerstone of the Health Science Center.

Richards: Yes, it has, it is the cornerstone and it always will be the cornerstone. Without the Texas College of Osteopathic Medicine and the mission that it has there could be no growth in the Health Science Center as we envision it. So the problems are how do we solve that? How does that fit? When the signs went up the first sign went up The University of North Texas Health Science Center on the side of the building I started getting calls. What are you doing? Where is the school that I graduate from? The other sign is coming. It could not come until the Board of Regents authorized the name Texas College of Osteopathic Medicine and then it went to the Coordinating Board for its non-subsequent approval.

Hailey: The Coordinating Board as in...

Richards: The State of Texas.

Hailey: Of the colleges and universities.

Richards: That's correct. Higher education.

Hailey: So the name changes for some people was kinda upsetting even though it may help the Health Science Center or TCOM immensely, I guess all the people are accepting for various reasons.

Richards: Not a lot of people. The people who supported us who were non-supported of us and gave us money, they were not upset, they understood. The alumni who did not support us, when I get I call I go check. They did not support this, however, that eased down as we moved forward. Becoming the University of North Texas Health Science Center with that background automatically gives us contrary to somewhere along the 100,000 alumni. And appreciate we had 3,000 alumni that were graduates of TCOM. So now 113, whatever the numbers are, 113,000 alumni which have the name of University of North Texas Health Science Center. Also, what that does is give those nine legislatures who are graduates of University of North Texas and it opens up the opportunity for cooperative and quality programs which we did not previously.

Hailey: For example, in programs as far as some degrees from North Texas to here.

Richards: Well, the graduate degree from there, also, I told you about the quality geriatric program that we have with Dr. Knebl. We also have the opportunity for other programs which will be mentioned to you about specifics of quality programs with the

University of North Texas.

Hailey: It makes an alumni person has a lot to work with, with that many alumni. I did not know that there were as many as mentioned. Has the mission that TCOM had and now the Health Science Center has a mission, has it changed in the alternating in regards to research, for example of patient care and educational.

Richards: No, the medical school mission will not change. It will continue to be primary care and will continue to be producing physicians for areas in need in Texas. That will never change while I am President and I do not think that it will change with my predecessor, hopefully, because that's where the healthcare reform is. What it is is an enhancement, the Health Science Center offers the opportunity to be an enhancement for our mission and make our mission stronger. That's the best that I can answer that.

Hailey: Well, that sounds good to me. I can't complain with that answer. With the steps that you now have to face, now that you are a Health Science Center connected with the University you have to choose that goal. Are there some other steps that you need to look at taking next in the progression of our local progression, if you will of this happening.

Richards: Yes, what we have to do now is to, well let me press this by, nothing beats success better than success. And part of the

problems that we are dealing now are products of success. Now that we are a Health Science Center groups are coming out of the woodwork, Dr. Richards, Dr. Cohen, Mr. Ferguson we like to be considered putting in an x number of programs here at the Health Science Center. We have had visits by three or four different groups that would you be interested in moving forward with pharmacy, podiatry. allied health, can you do some things with us? So what we have to do is be very careful to make sure that our strategic plan relates to the natural progression that will not be pulled from our central mission that I related to earlier. That is the next phase. The other phase is that because of our status in this community we are know having local hospitals come and say "Dr. Richards would be interested in a further partnership with my hospital?" Because appreciate the healthcare reform is alliances and networks and in one common denominator that reflex upon that area because we are the largest patient, the largest physician group in the community and with our stature, would it be nice if we were part of this network and this network and that network and we have to make some choices on where that is. And I want those choices to be made very clearly on the basis of what is the best for the community as a whole. And what fits in the educational perimeters under which we licensed, if you will. We are here in the educate business, we are not in the market share business. We are in the patient care business, not in the market share business, but we want to be the Health Science Center with all the components to have the same rights and privileges and responsibilities as any

other health science center and that's where is planning is located and that's the message that I carrying to the community right now. We are the healthcare system in Tarrant County that is in disarray. Said it publically. Because what we have is the highest mortality, we have the highest teenage pregnancy, we have drugs and violence and all that other craziness with the demise of the family, but yet we can bring something to the table. The reason there is problem is we had John Peter Smith running a group of clinics, we have the public health department running a group of clinics, we have the Health Science Center running a group of clinics and a patient that is caught in the middle of the bureaucracy and there is no coordination. So what we have is a medical education consortium and the medical education consortium is John Peter Smith Hospital, Harris Hospital System, Southwestern Medical School, University of North Texas that I brought to the table, and formally the Texas College of Osteopathic Medicine, now the University of North Texas Health Science Center. That is where 38% of the healthcare sits at this table, the goal was to bring together a community effort in medical education. But reality with 38% of healthcare sitting at the table some of the strategic way, where can we serve better collectively and we are looking at that issue.

Hailey: So education in patient care is your main focuses in the County, sounds like. Whats best for those two things.

Richards: Let me rephrase that. Education is our mission. What can

we do to serve the community? Now it could be through patient care, it could be through public health research on the diseases in the Tarrant County and it could be by putting on programs to get support to go to those groups who have special needs. So it is multi-focused serving the community.

Hailey: That is a big picture definitely to do a grasp on.

Richards: Yes, it is but it certainly is a point that is very compatible with what we are doing. The federal prison hassle that is going in out there at Carswell there is an opportunity to serve the community. Because what happens in the job structure at Carswell, with military Air Force base closing and the Navy going in there in the number of jobs, this is economic factor. And we were approached again over a year and a half ago I was approached by the Assistant Surgeon General of the Federal Prison System, who is a friend of Dr. Cohen and myself for twenty years, Dr. Kenneth Sugle, he said would you be interested. He said we do have a partnership for the health science center, we think you can offer something for us and we can offer something for you. Would you be interested? I said if it is in the best interest of the community and fits our educational base, we are interested. That's how we can move forward.

Hailey: Excellent. What other challenges lie ahead for you as well as the Health Science Center in the immediate future or even

projecting out a few years?

Richards: Well, there are major challenges. The challenges are what's the pot is there for higher education by the tax payers of the State of Texas. That one. They maybe willing fund those institutions preferably who met the Governors Task Force on Healthcare Reform that are doing the things necessary to meet those that are underserved. Second of all, we are we where external funding relative to National Institute of Health type of people, will there be funding there for programs and people, quality people like have, who can apply for those grants and get funding to offset the downsizing of higher education in the State of Texas. What investments will Tarrant County and the State of Texas has in supporting us with foundation grant and an individual grant recognizing the role that we have and a private effort within this community. Those are the major challenges.

Hailey: The Health Science Center gets a lot of grants, I noticed, for research and it sounds like that will continue even, from what I can gather, you have a lot of focus on that then.

Richards: We do. It is important for us in the area of creditability to let the people of Texas and the Nation know that along with our mission of producing our primary care physicians that we also serve to bring a set of knowledge in healthcare as a whole. Because healthcare as whole, healthcare information changes

at about 10% per year. And we contributed to it.

Hailey: How do you see the overall as President changes, do you choose significant changes coming in the next few years. A nice even keel, so to speak.

Richards: No, my role is changed dramatically in the last year. I am not doing the things that I did a year ago. A year ago, much of my work has been internal within the institution. My work now is outside the institution it is in the community, it is Washington, it is in Austin, it is in those areas where, we are also in consultation with other networks within the osteopathic community to get leadership and serve where I can to bring an external focus to our institution.