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Letters to the editor are considered for publication if they have not been published elsewhere and are not simultaneously under consideration by any other publication. All accepted letters to the editor are subject to copyediting. On request, the corresponding author is responsible for providing the editor with photocopies of referenced material.

When sent by mail or fax, letters must be typewritten and double-spaced. Except in rare instances, the text of a letter should not exceed 500 words and should not include any more than five references and two tables or illustrations. JAOA encourages its readers to submit letters electronically to jaoa@aoa-net.org.

Letter writers must include their full professional title(s) and affiliation(s), complete address, day and evening telephone numbers, fax number(s), and e-mail address(es). Letter writers are responsible for disclosing financial associations or other possible conflicts of interest.

Although JAOA cannot acknowledge the receipt of your letter, we will notify you if the letter has been accepted for publication. Rejected letters and illustrations will not be returned unless accompanied by a self-addressed stamped envelope.

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Give Yourself as a Gift

To the Editor:
The article by William M. Silverman, DO, “Where have all the heroes gone?” (J Am Osteopath Assoc. 2003;103:27-28), was wonderful and made me consider the qualities of a hero. Most heroes are not famous and therefore do not influence large numbers of people, yet millions who would never consider themselves heroes live in ways that strongly and positively influence others.

People who were my personal heroes never realized their impact. My 5th-grade teacher, in choosing me to do community work, taught me respect for others. My 6th-grade teacher, a survivor of the invasions that occurred during World War II at Guadalcanal and Okinawa, taught me to love and appreciate the military. Finally, Wiley Rountree, DO, a family practice physician in Texas who is now deceased, taught me the love of osteopathic medicine.

We need new heroes worldwide more than ever, and they will rise as needed. It may be that true success in life is having heroes to help direct your life and then becoming a hero to the generation that follows.

I hope Dr. Silverman’s article will influence other osteopathic physicians to step up and be a hero to someone who needs them.

Patrick J. Hanford, DO
Lubbock, Texas

A Call to Arms

To the Editor:
A recent article by Carol Smith and Sam Skolnik, “Surgeon guilty in UW case” (Seattle Post-Intelligencer. July 17, 2002), reported that University of Washington surgeon, H. Richard Winn, MD—investigated for improper billing of residents’ time and for obstructing that investigation—agreed to a plea agreement, sparing the university a scandalous trial. This is the 14th of our nation’s most prestigious universities whose respected teaching physicians fell from grace in so-called billing scandals. Federal investigations of Medicare and Medicaid billing scandals that resulted in settlement without trial have occurred at the University of Pennsylvania ($30 million), the University of California system—five schools ($22.5 million), and the University of Texas at San Antonio ($17.2 million). None of these notorious, high-profile cases has gone to trial, so guilt or innocence is unknown. The public assumes guilt, however, and shame is therefore cast on the medical profession.

I do not think anyone familiar with the complexities of Medicare/Medicaid billing believes the accused physicians had any detailed knowledge of their institution’s medical billing procedures, or intended to do wrong. I believe the accused physicians were innocent pawns in an outlandish scheme designed to finance Medicare and other government agencies. It is time for this extortion to stop.

As for those of us in the trenches, consider this strategy: Stop signing contracts, opt out of Medicare and Department of Social and Health Services. Medicare and Medicaid have become too complex and treacherous to deal with any longer. The experience of this clinic—aft-opting out of such contracts—is that patients continue to fill our schedule and are willing to pay when necessary. Refusing to sign third-party contracts is one way we have returned medical decision-making to those for whom it matters most: physicians and patients.

Dale E. Alsager, DO
Maple Valley, Washington
NSUCOM Establishes Bioterrorism Preparedness Center

To the Editor:
The year 2002 was a notable one for the Nova Southeastern University College of Osteopathic Medicine (NSUCOM) in Davie, Florida. As we continued to provide exemplary education to our students, we also reached out to medically needy individuals across South Florida and throughout the world by participating in various health fairs and medical missions.

One of NSUCOM’s most notable accomplishments occurred in August 2002, when the college’s year-old Task Force on Bioterrorism and Weapons of Mass Destruction Preparedness was officially upgraded to become a center of excellence. The new Center for Education and Research in Bioterrorism and Weapons of Mass Destruction Preparedness will provide leadership as a vital education, training, and research resource for the health care profession, and the community at large.

In this period of heightened national stress, the center aims to impart a sense of calm. All community members can rest assured that their concerns related to bioterrorism are being addressed in an ongoing way.

Anthony J. Silvagni, DO, PharmD
Dean
Nova Southeastern University College of Osteopathic Medicine
Davie, Florida

Corrections

JAOA—The Journal of the American Osteopathic Association regrets the following errors:


In Table 2, first-year enrollment for Midwestern University’s Chicago College of Osteopathic Medicine (CCOM) for the 2000–2001 academic year was mistakenly reported at 210. The correct number is 156. Further, the total enrollment at CCOM for this period was incorrectly listed as 805; the actual number was 638. Therefore, the total number of first-year enrollments at all schools in the 2000–2001 academic year should be 2870. Similarly, the total enrollment for all schools should be 10,650, rather than 10,817.

In Table 5, the number of nonresidents for CCOM in the 2000–2001 academic year was incorrectly listed at 159, instead of 85. Similarly, the total number of nonresidents for CCOM was incorrectly presented as 210, when it should have been 156.


The authors’ corrected text for the last two sentences of the introduction was mistakenly not inserted. The text, as printed, reads as follows:

In our hypothetical considerations, we sought to maintain symmetry of ipsilateral myoelectric activity during shoulder and trunk rotation in opposing directions to maintain this feature in our functional model. Further, in response to regional rotation tests, we wanted to include the uniform distribution of myoelectric activity.

The text should have been edited to read as follows:

Our first hypothetical consideration concerned the symmetry of ipsilateral regional motion in the active and passive phases, incorporating myoelectric activity as a feature in our functional model of spinal rotary function. Further, we sought to investigate the distribution of myoelectric activity in response to regional motion tests.


In Tables 2 through 4, the abbreviation for Midwestern University’s Chicago College of Osteopathic Medicine should have appeared as CCOM rather than MWUCOM.