

Check Your Insurance Coverage – Changes, Re-enrollments Due by July 31

By Pamela Lewis, *Institutional Advancement*

Did you check that information e-mailed to you in late June from the UT System Office of Employee Benefits (OEB)? July is nearing its end and benefits-eligible employees and faculty have only a few more days — through Tuesday, July 31 — to make any needed changes to university-supported or -sponsored insurance coverage and UT Flex accounts.

New Benefit ID numbers (BID) have been issued to all benefits-eligible employees in an effort to eliminate unnecessary use of Social Security numbers. The BID will be your universal number used to identify you to OEB insurance vendors and will be used instead of your Social Security number to log on to UT Touch and make your Annual Enrollment selections. It also will be the number used for accessing benefit information when contacting customer service personnel with the various plans. Please refer to the OEB Summer Newsletter online (<http://www.utsystem.edu/benefits/newsletter/>) for more information about the BID and changes to vendor identification cards and Web sites.

In addition, you should have received your annual enrollment coverage option letter and PIN by e-mail during the last few days of June or the first few days of July. It details the coverage you have in the current FY2007 and provides information on the options available to you for FY 2008, beginning Sept. 1.

Perhaps the biggest change to health insurance coverage is that the HMO option is no longer available mainly due to rising costs associated with managed care plans. All benefits-eligible employees' medical

coverage will be through UT Select PPO plan.

If you are currently enrolled in HMO Blue Texas, you will automatically be moved into the UT Select plan, at the same coverage level, for the FY2008 plan year which begins on Sept. 1.

There will be a slight increase (6 percent) in UT Select premiums for the FY2008 plan year.

Actual plan trend is in the 9-10 percent range.

The 3-4 percent difference in the trend and premium increase will be funded from changes to the prescription drug co-payment and from reserve funds.

To help maintain lower out-of-pocket premiums under the UT Select medical plan, there will be increases in the co-payments for the Pharmacy benefits under UT Select, administered by Medco Health Solutions.

Retail co-payments will increase by \$5 for the preferred and non-preferred categories which result in benefits of

- \$10 Co-Payment Generic Brands
 - \$30 Co-Payment Preferred Brands
 - \$45 Co-Payment Non-Preferred Brands
- Mail Order Pharmacy co-payments will increase:
- \$75 Co-Payment Preferred Brands
 - \$112.50 Co-Payment Non-Preferred Brands
 - \$20 Co-Payment Generic Brands co-pay will not increase

If you have not been able to attend one of the annual enrollment meetings, you can view the PowerPoint presentation from those sessions at http://www.uthouston.edu/mass_info/AEfy07-08_bw.ppt. ★

International Travel & Health Issues

When traveling abroad, coverage is provided for your medical needs through your UT Select program. However, additional services are available through the UT System-wide International SOS program. This is a comprehensive, 24-hour medical response organization that provides international assistance services worldwide through the use of multilingual Alarm Centers on duty 24/7.

International SOS responds to calls for help and advice from students, travelers and expatriates, managing the simplest task, such as a doctor referral, to the most complex, such as emergency evacuation.

While membership is included for no charge when traveling abroad on university business, it also is available at a discount when traveling for a personal trip. Contact the Auxiliary Enterprises Travel Office to receive a membership card.

All University-related travel abroad that is not booked using one of the university's contracted travel agencies should be reported to International SOS in advance. This can be done via the UT System SOS portal at <http://www.internationalsos.com> (use UT System Membership # 11BSGC000037 to log on).

Basic Coverage Package

UT provides eligible employees with the following basic coverage:

- UT Select Health Plan, with Prescription Drug Coverage (Employee only)
- \$10,000 Basic Group Life Insurance (Employee only)
- \$10,000 Accidental Death and Dismemberment Insurance (Employee only)

Optional Coverage

You may select the following Optional Coverage for you and your eligible dependents:

- Dental Insurance
- Vision Insurance
- Voluntary Group Term Life Insurance Coverage (in addition to the Basic Group Term Life Insurance)
- Voluntary Accidental Death and Dismemberment Insurance (in addition to the Basic Accidental Death and Dismemberment Insurance)
- Short Term Disability Insurance (for employees only)
- Long Term Disability Insurance (for employees only)
- Long Term Care
- UT FLEX Medical Expense Reimbursement Account
- UT FLEX Day Care Reimbursement Account

Benefits Tips

Did you know?

- The State's contributions to retirement matching are increasing with the start of the new fiscal year, Sept. 1, for both the Teacher Retirement System and Optional Retirement Program.
- You can give yourself additional take-home pay by enrolling or re-enrolling in UT Flex for medical expense reimbursement and/or for day care expenses.
- New and enhanced benefits are being offered with CNA Long Term Care insurance.
- UT Retirement Manager is for anyone interested in saving additional monies for retirement. Ask benefits personnel about this program. ★

Administrative Changes Take Place around Health Science Center

Medical School



Dr. Michael Bungo

Medical School Interim Dean Jerry Wolinsky announced that **Michael Bungo, M.D.**, vice dean for clinical affairs, has decided to step down from this role to return to his first love: teaching and clinical care in cardiology. He will return full time to his position of professor in the Department of Internal Medicine, Division of Cardiology.

Dr. Bungo came to the Medical School

in 2002 to serve as chief of staff of LBJ General Hospital. His role expanded into medical administration in 2006.

"Dr. Bungo has served the school with insight and commitment. I will continue to seek his counsel as he pursues his interests in cardiology and aerospace medicine," Wolinsky said.

One of Dr. Bungo's main projects and responsibilities was medical billing compliance. Brent King, M.D., interim chief operating officer, remains the designated responsible party for health care billing compliance for the institution, which includes coordination of compliance activities at the Medical School.

SPH San Antonio Regional Campus



Sharon Cooper, Ph.D.

Sharon Cooper, Ph.D., became dean of The University of Texas School of Public Health's San Antonio Regional Campus, July 1.

Dr. Cooper returns to the UT School of Public Health after serving as a faculty member from 1985 to 2002, and as assistant dean for academic affairs from 1999 to 2001. She most recently was professor and head of the Department of Epidemiology and Biostatistics at the Texas A&M

University Rural School of Public Health.

Announcing her appointment, UT School of Public Health Dean Guy S. Parcel, Ph.D., said, "Dr. Cooper was not only a student here, but she also was a faculty member here for 12 years — and, during her tenure at Texas A&M, she continued collaborating with the faculty here, maintaining her orange and white connections."

Dr. Cooper is a fellow of the American College of Epidemiology, and she has been a consultant for the National Institute for Occupational Safety and Health and a reviewer for a several professional journals.

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Internal Communications Changes Coming

By Pamela Lewis, *Institutional Advancement*

Changes in how we communicate internally at The University of Texas Health Science Center at Houston will take place throughout the summer and into the fall. Editorial and Web members of the Communications Team are working with Information Services and other areas of the university to establish an internal intranet, which is tentatively scheduled to go live in October. The intranet will serve as the university's internal portal to news, features and other useful information from all areas of the health science center.

Separating internal and external content on the Web is triggering a design for the intranet and a redesign of the public Web site incorporating principles of usability. This is a cooperative project involving Institutional Advancement, IT, Medical School Communications, School of Health Information Sciences, and the Web Council.

As part of this change, *The Leader Update* will move to the intranet, and its content will be broadened and deepened to replace the printed newspaper, *The Leader*, which will cease publication with this combined

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THE UNIVERSITY
of TEXAS
HEALTH SCIENCE CENTER
AT HOUSTON

CCTS's Collaborative Efforts Facilitate Clinical and Translational Research

By Pamela Lewis, *Institutional Advancement*

Boundaries of many sorts are being crossed in the 9-month-old Center for Clinical and Translational Sciences (CCTS), one of 12 such centers nationwide funded in the first tier of what may eventually be 60 National Institutes of Health (NIH) Clinical and Translational Science Awards (CTSA). First of all, says Maureen Goode, Ph.D., CCTS administrative director, the local site is a collaborative effort among The University of Texas Health Science Center at Houston, where it is based, the UT M. D. Anderson Cancer Center and the Memorial Hermann Healthcare System.

The NIH designed the CTSA program to solve problems that slow down clinical and translational research, explains Dr. Goode, who came to the CCTS from the cancer center. "The purpose of the CTSA program is to speed up the research and to get findings more quickly from bench to bedside to community and back. The NIH gave us a mandate: to synergize and transform clinical and translational research in ways that cross boundaries of departments, schools, and institutions." To accomplish this, the CCTS put together a program of 12 components to provide assistance with training of new investigators; study design, conduct, and analysis; ethical, regulatory, and informatics issues; core laboratory services; pilot funding; and transfer of information to and from the community.

Even at the national level there's more collaboration among the 12 sites than Dr. Goode's ever seen before. "We're working as a consortium among these components. Most of the sites have similar components and through meetings at NIH and through video conferencing we are all working together across the country to try to figure out how to do this in the best possible way," she says.

The Houston group's various strengths are very complementary, says the administrator. "We are very lucky: M. D. Anderson has strengths in clinical trial research and translational research, specifically cancer-oriented, as well as strong education programs; the health science center has a much broader

range of research, and strengths in many educational areas, as well as the Clinical Research Center operated by the UT Medical School and Memorial Hermann-TMC, which has been very active. In addition, the Memorial Hermann Hospital System brings in community health care workers from all over Houston. And the Clinical Research Unit in Brownsville serves



Maureen Goode, Ph.D., left, administrative director, Center for Clinical and Translational Science, meets with Barbara Legate, senior business systems analyst in the Office of Research. Photo by Natalie Wong Camarata

a unique population. All these areas were very important in us being selected as one of the first CTSA sites. We have a great team."

The center's collaborative focus is essential, says Dr. Goode, because research doesn't stop once new therapies get to the clinic. "Clinical observations about why therapies are successful on some patients and not others are extremely important. They lead us to look at targeted therapies or overturn long-held ideas."

Using CCTS

The center is the place where people should come first when they are thinking about doing translational research, maybe even before they know what kinds of questions to ask, she says.

"Some people who come to us already have a lot of expertise and know exactly what kind of help they need — for example, they want advice from our regulatory group on filing an investigational new drug application for a new therapy they've developed. But other investigators need more help — for

instance, a new assistant professor who has just come to Houston to start up a research program may need help formulating a testable hypothesis and finding out how to fund a study and who else is working in the same area," Dr. Goode explains.

There are many ways in which new investigators can get help from the CCTS. Hypothesis-generating meetings might first take place, in which an assistant professor says, "OK, I have this idea. I'd like to do a prospective study on this particular disease and here are my thoughts on what I want to do." Then, the CCTS administrative group gets together several people from the Engine of Innovation Think Tank with expertise in that area or on how to design studies in general, she says.

"They'll work with the principal investigator (PI), asking questions such as, 'Have you thought about the fact that it will take you five years to get enough patients to complete the study, so maybe you should do a retrospective study instead?' They can provide an enormous amount of advice for people who are just beginning."

SPARK an idea

PIs with a sound hypothesis for a clinical study can benefit from meetings with the SPARK (Scientific Partners for Research Kickoff) team, Dr. Goode explains. SPARK, which is based in the CCTS's Clinical Research Center, helps investigators start and complete their studies faster by providing initial advice, monitoring study progress and stepping in to assist when needed. To further speed up the process, the Clinical Research Center has merged its application into the institutional iRIS application, so that PIs can apply for both at once.

While departments and schools provide a certain amount of help for researchers who are just beginning, Dr. Goode says that in her experience, "It's really helpful to be able to come to some place like the CCTS and be able to ask: 'How do I start planning a clinical trial?' 'How do I find grant opportunities?' 'Where can I get control DNA samples from normal individuals?' 'Can someone help me

with quantitative polymer chain reaction?' 'Are research coordinators available?'

"It breaks my heart," she says, "to see people trying to reinvent the wheel when they could get help from us instead."

In addition to consultations, the CCTS also has formal training and career development programs, including didactic programs and support for predoctoral students, medical fellows, and assistant professors. "We try to fill the gaps in people's knowledge. I think our approach is unique among the CTSA centers because it's not one size fits all. Those we educate may be the potential principal investigators of major studies; others may play a supporting role. They may not need to know as much, so we are setting up programs for people at different levels," Dr. Goode says.

Also of help to the researchers will be the Biobank, a source of biological samples and genetic marker data. "It started out as a virtual biobank — a compendium of data — but has evolved into an actual sample repository," she says.

"It's very exciting, we are extending different aspects of it to physicians in the community, which is a big push that NIH is doing. Memorial Hermann has a big part with that and the School of Public Health also has that community component," she adds.

Community engagement also is a big part of the program.

"We need to alert the public to what's happening in health research, and we need feedback from them on their health concerns. So, we're working with the greater Houston community and communities in the lower Rio Grande valley," Dr. Goode says.

"We are here to serve people and share our expertise in every aspect of clinical and translational research," Dr. Goode concludes.

For information on the Clinical Research Center, contact ms.grc@uth.tmc.edu, 713-704-4137; for information on SPARK, contact Sandra Williams, 713-500-7926, or Madelene Ottosen, 713-704-4147. For information on other aspects of the CCTS, contact Maureen.Goode@uth.tmc.edu, 713-704-5115. ★

Keeping the HSC Running in the Event of an Emergency

The University of Texas Health Science Center at Houston already has experienced, and may encounter again, any of a variety of emergency situations. Depending on an emergency's severity, the institution could be drastically impacted, making it problematic to fulfill its stated missions or handle daily business transactions.

To minimize both the frequency and severity of emergency situations on the institution, the health science center maintains a proactive environmental health and safety program that works to prevent the occurrence of emergency events, and to mitigate the extent of any emergencies that might arise.

In the same vein, says Robert J. Emery, Dr.P.H., assistant vice president for Safety, Health, Environment and Risk Management, the university must have contingency plans in place to deal with how we do business after such an emergency.

"Based on the experience with Tropical Storm Allison," says Emery, "30 days post event is the most critical time frame with regard to immediate recovery decisions, resource procurement and the establishment of temporary means and locations of essential functions."

Therefore, a Business Continuity Plan has been established for the university to provide recommended actions and decision-making capabilities needed within that time frame.

Essential infrastructure services, such as communication about access to and condition of facilities, information systems availability and operational status, will be needed to pay

employees, acquire and pay for goods and services, bill for services, collect and deposit proceeds and take care of needed student housing and transportation, as well as operation of the UT Professional Building and garage and the University Center Tower garage.

The Emergency Situation Response Plan (ESRP), the IT Disaster Recovery Plan, and the business continuity plan provide a comprehensive guide for operating in a period leading up to and for 30 days after an event.

Business Continuity Education

To ensure business continuity in the event of an emergency, says Emery, first we must make sure that all students, faculty and staff are educated about the importance of being prepared at home because "institutional preparations are essentially useless if the individuals who make the processes happen are preoccupied with issues at home."

- So, supervisors and instructors should encourage their employees and students to make "all hazards" preparations for home emergency situations, including care for family and pets during any type of emergency. Remember, says Emery, the health science center is not a place of refuge for family and pets in emergency situations, hence the increased need for at home preparations."
- Everyone should carry with them at all times supervisor or entity contact information so they can make notifications if they are unable to report to work or class.
- Employees who have been identified by their supervisors as critical to the continued

operation of the unit are expected to have preparations in place for their families and pets so that they can fulfill their work obligations.

- Students and employees are responsible for knowing how to access information about the university's open, restricted or closed status (see information/communication, below).
- If the institution is open, but faculty, staff or students are unable to get to classes or the workplace for any reason, the appropriate supervisor must be notified and the appropriate type of leave time must be utilized.
- If the institution is in a restricted-access condition, only individuals absolutely needing access to university buildings will be allowed. Examples of such essential persons would include animal care workers and facilities support personnel.
- In situations where the institution is closed (e.g. government-mandated evacuation), no building access will be permitted.

Information/Communication

During any period governed by the ESRP, information/communications will be driven by the Executive Team, which retains the authority to suspend operations. The decision to suspend operations will be applied to all schools and departments on a consistent basis.

If operations must be suspended during normal business hours (8 a.m.-5 p.m., Monday-Friday), the Executive Team will request that designated members of the Office of Institutional Advancement's (OIA) Communications and Media Relations

Teams notify all Level 4 Essential and Advisory personnel and administrative department heads.

In an emergency situation, faculty, staff and students may obtain information about the institution's official status by:

- Viewing the university's home page, <http://www.uthouston.edu>.
- Tuning to radio stations: KILT-AM 610, KILT-FM 100.3, KPRC-AM 950, or KTRH-AM 740. Local television stations KHOU 11, KHCW 39, KPRC 2, KRIV 26, KTRK 13, KXLN 45 and KTMD 47 are notified but may not always run the information.

In the event of severe weather:

- Most faculty, staff and students should call 713-500-9996 to find out the health science center's operational status.
- UT Harris County Psychiatric Center employees should call 713-741-5001.
- Faculty, staff and students located at the Medical School, John Freeman Building, UT Professional Building, Cyclotron facility or Jesse Jones Library building should call 713-500-7999.

For the 30 days following an event that compromises facilities and systems, the primary method for conveying campus information will be <http://www.uthoustonemergency.org/>. The Web site will provide information regarding the status of facilities, the information system and operations, using a green (fully operational), yellow (diminished capacity) or red (closure/failure) approach.

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Mail Services Helps Keep the HSC on Track



From left, Renee Pasley, Wendy Payne, Elnora Kinney, and Jonathan Parker hard at work in the mail room. Photos by David Klotz.

By Camille Webb, for *Institutional Advancement*

Before you wrap that parcel for mailing or try to figure out what it's going to cost or how long it will take it to get to its destination, you better call Mail Services. Providing the UT Health Science Center community with fast, friendly customer service is the goal of all the staff of Mail Services.

"One of the things we really try to focus on is customer service," said Wendy Payne, director of Mail Services, which is part of Auxiliary Enterprises. "We really want our customers to feel comfortable talking to us and asking us questions."

The Mail Services team is reliable. Nine mail clerks service the entire university, and work begins at 6 a.m. They pick up and

deliver all interoffice and outgoing U.S. mail for the university twice a day — once in the morning and once in the afternoon.

On a daily basis, the mail clerks travel to 249 mail stops at 28 buildings in the Texas Medical Center and to the Lyndon B. Johnson General Hospital. The heaviest mail run is to the Medical School Building.

Payne noted that interoffice mail picked up in the morning is delivered in the afternoon, and afternoon pick-ups are delivered on the next mail run.

However, the Postal Service makes its daily collection of outgoing mail from Mail Services just once a day at 4 p.m.



From left, Marvin Holmes, Brandon Shepherd, Raphael Peralta, Marcellus Smith, and Charles Washington Jr. take time to pose for a picture.

"It does not matter whether outgoing mail is picked up during the morning mail run or the afternoon mail run — it all goes to the post office at the same time," Payne clarified.

Because Mail Services is the liaison with the U.S. Postal Service, Payne said Mail Services should be the first point of contact before any large departmental mailing is sent. This can help eliminate common errors like an incorrect return address.

"One of the most common mistakes in mailings is not making the first line of the return address say The University of Texas Health Science Center at Houston," Payne said, adding that this kind of an error is an easy one to correct and avoid.

Additionally, Mail Services picks up all accountable mail (such as express mail or certified mail) several times a day from three post offices, including the Astrodome, Medical Center and Foster Place locations.

Other services provided by Mail Services include Registered Mail, Certified Mail, Insurance, Special Handling, Express Mail, and International Express Mail.

Mail Services is located at 1851 Cross Point Ave., in the Operations Center Building. Its main phone number is 713-500-8115. Service is provided from 8 a.m.-5 p.m. Monday through Friday. ★

Mail Tips

New U.S. Postal Service postage price and product changes became effective May 14. To help avoid confusion regarding postal changes, Mail Services shares these "Mail Tips."

No. 1: First Class Mail

Use a letter-size envelope whenever possible.

Why?

The cost of postage is no longer determined solely by weight. Now, the shape of the mail piece also determines the postage. For example, a 2-oz. letter costs \$.58 to mail, and a 2-oz. flat costs \$.97 to mail.

No. 2: Envelopes

Do not order envelopes that have a clasp, string, button, or similar closure devices.

Why?

A 1-oz. envelope costs .41 cents to mail, but a 1-oz. envelope with a clasp or string costs \$.80 to mail.

No. 3: Express Mail

Use the Express Mail Flat-Rate Envelope.

Why?

A new 1-lb. price was added to Express Mail, but the best value is still the Express Mail Flat-Rate Envelope. Regardless of the weight, postage is at the ½-lb. rate.

Adieu to Longtime Employee Cleveland Williams

With the nature of his job, Cleveland Williams had the pleasure of meeting and getting to know people on his daily route as a mail clerk. During his 22 years picking up and delivering mail for Mail Services, the UT Health Science Center became his second family.

"When you're a mail clerk, you get to meet many different people," Williams said. "One thing I've learned from working here is that Mail Services and the university have probably the best people in the whole world working here. The university is like family."

Williams retired from his post as a mail clerk June 29 to spend more time with his two grandchildren, Gabrielle and Seth. But, he will not forget his university family.

"These people are my family," he said. "I can't say goodbye to each and every one in person, but I am going to miss all of them. I truly love them all."

Williams' other calling in life was to be an evangelist. He speaks the Good Word to everyone he meets.

"If you talk to people, you find out a lot about them," he said. "I'm a big talker because I'm a preacher. I preach everywhere."

For those who did not get a chance to say goodbye to Williams, you may send your well wishes to him at: 21526 Sullivan Forest Dr., Porter, TX 77365 or call him at 281-354-0621

"I'm not dying; I'm just retiring!" exclaimed Williams, adding that he promises to come back and visit. ★



Cleveland Williams, right, with Charlie Figari, Auxiliary Enterprises, and Cleveland's wife, Glenda. Photo by Ron Mackert.

Administrative Changes Take Place around Health Science Center

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Her grant-funded research interest is the health and safety of adolescent migrant farm workers and the relationships between environment and cancer.

She received her bachelor's degree in psychology from The University of Texas at Austin in 1973, a master's degree in quantitative psychology from the University of Oklahoma in 1975, a second master's degree in biostatistics and epidemiology from the Harvard School of Public Health in 1976, and a doctorate in epidemiology from the UT School of Public Health in 1982.

"I'll look forward to working with other partners in San Antonio — for example, the community, the Health Department, UT San Antonio, and the UT Health Science Center at San Antonio," Dr. Cooper said.

She succeeds two faculty members who had served separate stints as interim regional dean for the campus since January 2004.

Located near the UT Health Science Center at San Antonio, the UT School of Public Health's San Antonio Regional Campus offers graduate-level courses leading to the Master of Public Health degree. A new M.D./M.P.H. dual degree program now provides public health education to medical students in San Antonio.

Delattre Named Dental Branch Director of Quality Assurance

Veronique Delattre, D.D.S., associate professor of Restorative Dentistry and Biomaterials, was named effective June 1 as the director of Quality Assurance and Risk Management at the UT Dental Branch at Houston.

In this position Dr. Delattre will be responsible for the development, implementation, management and coordination of the quality assurance programs at the Dental Branch. She will work closely with clinical department chairs, directors, faculty, staff and students to ensure a high quality of patient care in the pre-doctoral, postdoctoral and dental hygiene clinics.

Her responsibilities will include establishing procedures for evaluating the quality and appropriateness of care and service provided in the Dental Branch clinics, determining the cause of deficiencies in care and/or service when identified and making recommendations to the appropriate person or committee for consideration and action, and assisting in ensuring compliance with the Commission on Dental Accreditation standards that relate to patient care.

Dr. Delattre has been on the faculty of the UT Dental Branch for more than 13 years. During that time she has served as a member of a variety of committees that prepared her for the position including the Outcomes Assessment Committee, Clinical Affairs Committee, Quality Assessment & Risk Management Committee, Infection Control Committee, and Patient Care Committee. In addition, she served two years as Clinic Facilitator/Practice Leader.

"A robust and clinically meaningful Quality Assurance program must be a joint effort among faculty, students and staff," Dr. Delattre said. "Building on our current firm foundation, I look forward to leading the UT Dental Branch in assuring excellence in patient care."

Student Financial Services Promotions Announced

Wanda Williams has been promoted to the position of director of Student Financial Services. Williams holds a bachelor of arts degree from Stephen F. Austin University. She has been employed with The University of Texas Health Science Center at Houston since 1988

and previously served as assistant director of Student Financial Services.

"Wanda's dedication and service over 19 years has been an asset to our students and community," said Controller Michael Tramonte, on announcing Williams' promotion. "She offers a wealth of knowledge and experience to the university. Student Financial Services and the student body will greatly benefit from the positive direction in which she will lead the department. Wanda's goal is to offer the most timely, efficient and professional service possible to our customers. She wants to educate our community in the process of application and delivery of Financial Aid to the students."

Araceli Alvarez has been promoted to the position of assistant director of Student Financial Services. Alvarez has been employed with the health science center since 1990. She has more than 21 years of financial aid experience. Alvarez holds a bachelor of arts degree from Concordia Lutheran College. "Araceli's goal is to bring customer service to the next level for Student Financial Services," said Tramonte. ★

IMM's Caskey Developed DNA Technique Feds Use to ID America's Most Wanted



Houston's original DNA crime fighters were reunited at a Health Access Texas award luncheon May 23 honoring Dr. Thomas Caskey. In 1988, Caskey teamed up with then assistant district attorney Rusty Hardin to win a conviction in the first Texas criminal case in which DNA evidence was admitted. Left to right are: Caskey, Hardin, and Caskey's daughter, Caroline. Photo by Rob Cahill

By Rob Cahill, *Institutional Advancement*

When C. Thomas Caskey, M.D., embarked on a career in genetics research after graduating from the Duke University Medical School in 1963, he didn't expect to testify at a Hell's Angels trial or to tangle with future members of the O.J. Simpson "Dream Team" of defense lawyers.

But, Dr. Caskey — who now heads the Brown Foundation Institute of Molecular Medicine for the Prevention of Human Diseases (IMM), a part of The University of Texas Health Science Center at Houston — did that and more that included pioneering a DNA fingerprinting technique used by the FBI.

Dr. Caskey testified at the first criminal case in Texas in which DNA was used to place a suspect at a crime scene. This was an application of genetic research that no one saw coming when Caskey was training to be an internist.

Dr. Caskey, who at the time directed the molecular genetics program at the Baylor College of Medicine, also developed a DNA identification technique called short tandem repeat or STR that is today's gold standard.

The FBI converted its DNA database to the STR standard. Other laboratories use it, too.

"I didn't intend to be a forensic scientist but my disease discovery research offered the opportunity," said Dr. Caskey, who in 1971 moved his family to Houston from his job at the National Institutes of Health in

Bethesda, Md.

To researchers, Dr. Caskey is the scientist who discovered 12 disease-causing genes and proved the universality of the genetic code. He also is known to the business world for senior positions at Merck Research Laboratories as well as Cogene Biotech Ventures and Cogene Ventures.

To the public, he is the expert witness who helped authorities prosecute rapists, murderers and other felons, including several suspects represented by "Dream Team" attorneys Barry Scheck and Peter Neufeld. Ironically, two years later, Scheck and Neufeld would set up the "Innocence Project" and use DNA evidence to free prisoners. "I'm glad they saw the value of DNA identification testing," he said.

Dr. Caskey's involvement in DNA fingerprinting started in the late 1980s in Houston with a call from then assistant district attorney Rusty Hardin, who was trying to halt a serial rapist preying on elderly women. DNA had been used in England to solve the rape-strangulations of two 15-year-old schoolgirls but had not yet caught on in the United States,

Hardin said.

Hardin needed someone to connect a semen stain from the mattress of a 74-year-old victim to a suspect. Not surprisingly, the prosecutor was referred to Caskey at Baylor.

Hardin, now a prominent defense attorney, said it took less than three hours for Dr. Caskey to explain how DNA fingerprinting works. The suspect got life and remains in a state prison. Texas got its first DNA-related rape conviction.

Hardin recalled Dr. Caskey telling a defense attorney during cross examination, "I'm sorry. You're just going to have to start asking better questions."

"I had never been in a courtroom before," said Dr. Caskey, who edits the *Annual Review of Medicine*. "Defense attorneys were trying to keep DNA out and I was trying to get it in. They tried everything to discredit me. I had to learn how to control my temperament."

Dr. Caskey testified at the landmark DNA criminal trial "United States v. Yee" at a federal courthouse in Toledo, Ohio, during which Scheck and Neufeld mounted a full-scale attack on DNA testing. Despite their protests, the DNA evidence was admitted in the case involving crime scene blood and a motorcycle gang murder. "A bullet ricocheted, struck a suspect, thus leaving blood at the crime scene," he said.

At a hearing, Dr. Caskey was admonished by a judge who didn't want to hear another number on the statistical probability of the DNA coming from a different person. "I said the findings were very, very, very, very, very, very, very significant. Each very stood for a logarithm. The jury got the

point," he said.

It was during this time Dr. Caskey's laboratory at Baylor came up with a new DNA identification technique that required only small amounts of DNA, could be processed quickly and, most importantly, could be automated. His test focused on the one tenth of one percent of DNA that varies from person to person and involved a type of variation called STR which looks something like this:

C A T A C A T A C A T A C A T A C A T A

Each letter stands for one of four bases in DNA, and there are more than three billion of these letters strung together in each strand of DNA.

By comparing STRs at different locations along a DNA strand, Dr. Caskey could establish a match with a high degree of certainty. For example, match repeats at one location and the odds of the DNA coming from someone else are one in 25. Match a second location and the odds climb. Match STRs at 13 locations and the odds of a sample being from someone else are in the billions.

This STR identification technique stemmed from Caskey's work with "triple repeats" — a genetic variation he linked to a form of mental retardation called Fragile X Syndrome and a type of muscular dystrophy named myotonic dystrophy. "It was this disease discovery which led to the forensic application," he said.

Thanks to advances in technology, scientists can now make a match with a single molecule of DNA, although most rape kits and blood splatters contain hundreds of thousands of DNA molecules, Caskey said ★

Keeping the HSC Running in the Event of an Emergency

Continued from page 2

The facility status will be reflected on a campus map with color-coded university buildings. In the event of a yellow or red status, additional information will be available by clicking on the yellow or red object.

This information will be updated, minimally, on a daily basis by the OIA's Communications Team after receiving a

status report from pre-defined facility coordinators. The facility coordinator's response is based upon input from UT Police, Facilities, and Environmental Health and Safety representatives.

Information Systems updates will be communicated by the OIA's Communications Team daily on the

Internet. Information Systems will be grouped into these categories: campus infrastructure; clinical systems; academic systems; administrative systems; and collaborative technology. Details surrounding the individual systems impacted will be provided in the event of a yellow or red status.

Operational status, independent of facility

availability, will be indicated for each of the schools, the UT Harris County Psychiatric Center, UT Physicians Clinics and Administration. Any closures during the business continuity phase will be unique to the operational entity. A daily update for any change contrary to normal operations will use the green, yellow or red status indicators. ★

Necessary Institutional Infrastructure and Services

The following institutional infrastructures and services are essential to maintenance of an environment that can support efforts to maintain business continuity in the period 30 days after an event:

1. UT Police: Building access controls — locks, doors, security; controlling community unrest; crowd control.
2. Facilities: Building integrity — roofs, walls, windows, doors; building power — electrical, water, ventilation systems; debris removal.
3. Information Technology/

Communications: Information technology — phones, Internet communications, data preservation, business information systems.

4. Office of Institutional Advancement: Sources of communications — ability to transmit key decisions and information to the institutional community.
5. Environmental Health and Safety and Risk Management: Sanitation and health — the ability to determine if the work environment represents a potentially unsafe condition; hazardous wastes — the ability to remove and manage any hazardous wastes; insurance

- loss assessments — notifications and assessments by insurers.
6. Center for Laboratory Animal Medicine and Care: Animal care — the uninterrupted support and care of research animals.
7. Financial: The ability to purchase goods (procurement), bill for services (contracts, grants), and manage cash.
8. Human Resources/Payroll: Personnel policy — make decisions regarding return-to-work issues, hiring and separation of employees, maintain payroll (including time-keeping).
9. Medical billing: The ability to charge

- and collect for services rendered.
10. Registrar's Office: Tracking courses and grades for fulfillment of academic requirements; ability to process new applicants
11. Auxiliary Enterprises: Student Housing and Student/Staff Services — Housing for students and day care for faculty/staff/students; Transportation Services — off-campus transportation for health science center badge holders to on — campus work stations or classes. ★

Internal Communications Changes Coming

Continued from page 1

July/August issue.

Beginning Tuesday, July 31, and continuing until the intranet is officially launched, *The Leader Update*, the online news and feature update which has published on Monday and has been announced in Monday's *News on the Go*, will take over as the main internal news organ. It will publish every Tuesday, with alerts and links continuing in *News on the Go*, which also will publish on that weekday.

As the ramp up to the intranet continues, *The Leader Update* format will undergo some augmentation. The deadline for *News on the Go* will remain 10 a.m. on the Thursday prior to publication. The deadline to request inclusion of an article in *The Leader Update* is preferably one

week prior to the Tuesday of publication.

A special print publication — explaining how to access the intranet, what it will contain and how it should help you perform your work more easily — will publish a week or so before the intranet goes live.

Distinctions will continue to publish in print at the beginning of each month to highlight the university's distinctive capabilities and accomplishments in research, education, service and philanthropic support.

HealthLeader will continue to publish as a weekly online health and wellness magazine for consumers.

Please submit story ideas and requests for consideration for publication as follows:

• *The Leader Update* to Pamela.Lewis@uth.tmc.edu.

• *News on the Go*: Dated event/lecture information should be submitted to the Web Calendar at http://publicaffairs.uth.tmc.edu/calendar/submitevent_new.asp. Other items for that publication

should be sent to newsonthego@uth.tmc.edu.

• A mass or segmented e-mail for distribution to all or a large segment of the university community to Pamela.Lewis@uth.tmc.edu.
• *Distinctions* to Ina.G.Fried@uth.tmc.edu.
• *HealthLeader* to Karen.O.Kraker@uth.tmc.edu. ★



THE UNIVERSITY of TEXAS
HEALTH SCIENCE CENTER AT HOUSTON

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James T. Willerson, M.D.
President
Charles W. McClain
Special Assistant to the President
and Chief of Staff
Ina Fried
Executive Director of Communications
Pamela Lewis
Editor
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Designer

Advisory Committee
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