

# TEXAS HEALTHCARE TRUSTEES Trustee Bulletin

## QUALITY: A Trustee Imperative

In health care, few challenges are as complex as quality care. Medical errors and sentinel events are among the most sensitive and costly of all health care issues. Additionally, scrutiny by patients, purchasers, regulatory agencies and the general public has increased. Yet, armed with the right tools, hospital and health system trustees can ensure that their organizations are committed to quality care and have processes in place to ensure quality care is being delivered.

"Board members have an obligation to understand the level of quality and service that their organizations deliver. Quality is not only a key issue in health care today, but also is paramount to a hospital's mission and its governing board's fiduciary duties," said Eric Lister, M.D., a quality expert and recent speaker at the Texas Healthcare Trustees Summer Forum in August.

"The days when boards could just receive reports and scan them are over," he explained. "Boards, by virtue of their unique authority with respect to quality, need to be prepared to exert a level of involvement beyond oversight of the executive team and the passive receipt of reports from the medical staff. They must take an active role," he emphasized.

### The Board's Role

Health care quality has been an issue for decades, but accountability for health care quality is a relatively new board responsibility. In fact, current Joint Commission on Accreditation of Healthcare Organizations standards state, "A hospital's governing body ultimately is responsible for the quality of care that a hospital provides."

In July, the Joint Commission Board of Commissioners approved six national patient safety goals, further reinforcing the need for health care leaders to be accountable.

### Embracing the Quality Mission

According to Lister, being responsible doesn't mean "trustees peek over the surgeon's shoulder in the OR. A trustee's job is to create a system of oversight," he explains.

He added, "Being responsible does not require one to be an expert in content, but rather demands the design and implementation of a rigorous, proactive and effective oversight loop." Lister suggested that the first step a health care board must do is "embrace the quality mission and establish quality as a priority."

Lister said that when a board of trustees commits itself to assure quality, it should request that hospital

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## TrusteeBulletin

The *Trustee Bulletin* is produced by the Texas Healthcare Trustees in cooperation with the Texas Hospital Association.

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management create a blueprint which will:

- outline practical steps to manage quality in measurable and demonstrable ways; and
- identify the resources to implement and monitor the interventions.

### Transforming the Culture

The most visible responsibility that the Joint Commission has assigned to board members is to transform the culture of their organizations where everyone participates fully in reporting medical errors or near misses. When it comes to changing cultures, "having a road map and ongoing dialogue about quality throughout your organization makes all the difference," said Lister.

Today's hospital and health care system boards take great steps to ensure quality and safety, but research shows that most quality problems in hospitals are not the result of individual error. Rather, the majority of quality problems are caused by the breakdown of processes and systems of care that are complex and involve many people. Consequently, trustees are encouraged to create health care environments that support error identification and offer solutions to prevent errors from recurring, while minimizing individual blame or retribution for reporting them. Activities can include:

- articulating organizational values;
- creating appropriate policies;
- measuring and tracking key variables;
- hiring and rewarding an executive team based upon the advancement of those values; and

- establishing expectations for the medical staff consistent with those values.

### Joint Commission Patient Safety Standards

Beginning on Jan. 1, 2003, compliance with six new patient safety goals approved by the Joint Commission Board of Commissioners will be assessed in all Joint Commission-surveyed organizations. The goals and recommendations, which were announced in July, are effective for one year and cover the following areas:

- Improve the accuracy of patient identification.
- Improve the effectiveness of communication among caregivers.
- Improve the safety of using high-alert medications.
- Eliminate wrong-site, wrong-patient, wrong procedure surgery.
- Update the effectiveness of clinical alarm systems.
- Improve the safety of using infusion pumps.

### Questions for Trustees

As an outgrowth of patient safety, the Joint Commission has developed a set of key questions for hospital trustees and board members. The following questions have been adapted and currently are incorporated into the on-site survey protocols for use in interviewing hospital leaders.

- What percent of the hospital's annual operating budget is devoted to patient safety activities?

- What are we doing to ensure that staff is kept current regarding the latest safety techniques? List some specific examples.
- What do we do to encourage the reporting of medical errors? If not, why not?
- What is the definition of medical error in the hospital?
- How do we know that medical errors are being reported?
- What serious adverse events have occurred during the past year?
- What have we learned from these events?
- What happens when a medical error occurs?
- How is the medical staff involved in patient safety initiatives?
- What patient safety improvements have occurred during the past year?
- What do our patients suggest for improving patient safety?
- What does our staff suggest for improving patient safety?
- Are we communicating our focus on patient safety to the public?
- Are we rewarding staff who “step up to the plate” in proactively initiating activities to improve patient safety? If so, how?

### **Trustees Must Take the Lead**

Boards need to make error reduction and medical safety among their top priorities, says W.W. Aston, THT chairman. “The challenge that cuts across all of our activities – and that should be embraced by every person with any responsibility for providing care to the sick and suffering – is the improvement of quality care and patient safety,” Aston emphasized.

He added, “Even though we are facing financial constraints, we should not be too quick to say that we cannot afford to spend the capital this year. Rather, let us seize the opportunities to improve

quality and patient safety. Some initiatives involve little or no significant capital outlay.” The culture of safety means designing systems geared to preventing, detecting and minimizing hazards and the likelihood of error – not attaching blame to individuals.

For more information, contact Starr West, THA’s director of health care quality, at 512/465-1042, the American Hospital Association’s Web site at [www.hospitalconnect.com/aha/key\\_issues/patient\\_safety/index.html](http://www.hospitalconnect.com/aha/key_issues/patient_safety/index.html) or the Joint Commission Resources’ Web site at [www.jcrinc.com](http://www.jcrinc.com).

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**— W.W. Aston  
Texas Healthcare Trustees Chairman**

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# The 'Enron Effect:' Lessons for Trustees

**H**ospital trustees who think strategically understand that the Enron and Allegheny Health debacles hold a number of lessons for boards. In both these cases of corporate scandal, boards failed to meet their fiduciary requirements with disastrous results. A proactive stance will position a hospital to weather the current climate, which will cast a brighter spotlight on governance than in years past.

"With the extensive media attention, the public may be more willing to scrutinize a hospital board than before, and this particularly is true for a taxing entity. Allegheny Health, Education and Research Foundation, and Enron should serve as wake-up calls for everybody on a board," says Fletcher Brown, J.D., shareholder with the Austin law firm, Davis & Wilkerson, P.C.

The board plays a crucial role in ensuring sound, ethical business practices and would do well to protect itself from potential liability through careful remedial and preventive action. "The biggest lesson from Enron is that 'trustee' is not just a title that you acquire. You have to exercise ethical, prudent business judgment and inquiry so that you can exercise your fiduciary duty of oversight of the organization in the appropriate manner," Brown says.

Citizens or an inquisitive reporter now may be more inclined to ask specific questions about ethics, such as why the board awarded an equipment contract to a particular vendor, or why it made the choice to purchase rather than lease. A tax rate increase also may embolden people to question boards. The Enron case is complex, and many are asking the question, "Where was the board?"

Inevitably, Enron's board will be judged for its actions. And while the final outcome is to be determined, prudent boards will seize this opportunity to prepare for the likelihood of increased scrutiny. A willingness to apply the

lessons of Enron and other corporations puts a board and its members in the best position to face accountability demands.

By carefully evaluating current governance practices and potential areas of liability exposure, a board can determine what steps need to be taken. After prioritizing the identified risk areas, the board can develop a strategy to assure the governance and leadership skills of the board and its members are appropriate. An active campaign to do so can protect the health care institution and the board from potential risk.

Possible pitfalls include:

- monitoring the Code of Ethics;
- the oversight of executives; and
- appropriately separating the financial responsibilities of the board.

## Ethics

"Responsibility for monitoring the hospital's Code of Ethics rests with the board. Effectively carrying out this duty may be the single most important strategy for avoiding an Enron situation," says Brown, who adds that the Enron board waived its ethical policy to do some of the things it did, such as off balance sheet transactions.

Most public hospitals are subject to Texas nepotism and conflict of interest statutes. Boards always have been aware of these requirements, but since Enron, the need for better education and monitoring has increased.

Boards in small communities must pay particular attention, simply because of the increased likelihood of a board member's relative working for or doing business with the hospital. Does that mean that a board member's relative no longer can work for the hospital? What about a board member who owns a company that sells to the hospital? A potential conflict doesn't mean anything is wrong.

"Doing the deal is not bad – what is bad is if it's done in secret, or not in compliance with the statute," Brown says. For clarification, boards may want to contact an attorney or the Texas Healthcare Trustees.

The board should issue an annual disclosure statement, regularly review contracts, and abstain from decision-making where there exists any hint of a conflict of interest.

### **Oversight**

The board has a duty of inquiry as it relates to the oversight of executives. "Oftentimes, management makes a report to the board, and a board member doesn't understand – yet he doesn't ask any questions. Board members must be willing to ask questions," Brown says, or risk the consequences of inaction.

Particularly challenging to a board can be the issue of how to deal with a rogue executive. For example, such an individual may create off balance sheet financing to secure goods or services in a way that does not serve the best interest of the facility. "These can be hard people to detect, by virtue of the fact that they're trying to cover up their actions. For that reason, it's critical to have audit and finance committees

that will ask questions about transactions, purchases and contracts to see if there is any impropriety. "It all comes back to a willingness to ask questions," Brown explains.

### **Financial Separation**

Any criminal penalties that may be levied on Enron's board remain to be determined, but hospital boards must establish a clear separation of the audit and finance committees. To avoid potential complications, board members should limit their service to either the audit or finance committee – but not both. Similarly, outside auditors should not be performing both functions. "The board ought not to let the fox watch the henhouse," Brown says.

For more information, contact Fletcher Brown, J.D., shareholder with Davis & Wilkerson, P.C., in Austin at 512/482-0614.

## **CREATING A CODE OF ETHICS**

All hospital organizations should work with their hospital counsel to draft an appropriate Code of Ethics. Whether a facility is a nonprofit, public or for-profit hospital, the Code of Ethics should address such items as conflicts of interest, with emphasis on business interests; real estate interests; self-dealing; usurpation of corporate opportunity; competition with or against the organization; the interests of board member relatives; and nepotism. The code also should provide for an annual "Conflict Statement" as well as an acknowledgment of receipt and review of the code for new board members as part of their orientation. Once a draft is prepared, the full board should participate in the discussion, approval and implementation of the code.

### **Board Ethics 'Check-Up'**

- Does the board appropriately monitor senior executives?
- Does the board maintain a vigilant awareness of conflict of interest and nepotism concerns?
- Is the finance committee functioning in the best interest of the organization, and does it function separately from the audit committee?
- Are the actions of the board and its members within ethical parameters that can stand up to public scrutiny?

Source: Fletcher Brown, J.D., shareholder, Davis & Wilkerson, P.C., in Austin, 512/482-0614.

# Texas Governance: People and Places



Jim Allbright

**Hospital/Health System:** Fayette Memorial Hospital, LaGrange

**Occupation:** Jim Allbright is a principal in the accounting firm of Bauer and Allbright, LLP, in LaGrange.

**Length of service:** Allbright joined the board in October 1994, and was appointed chairman in 1998 after serving as secretary/treasurer for two years. Allbright is the recipient of the "Distinguished Trustee of 2002" award from Memorial Hermann Healthcare System.

**Facility description:** Fayette Memorial Hospital is a nonprofit, licensed 50-bed acute-care facility with a 24-hour emergency department that serves Fayette, Lee and surrounding counties.

**Board involvement:** "I was invited to join the board in 1994. My interest was piqued because, as a CPA, I had several health care clients who provided exposure to the issues. I thought I could bring some knowledge to the board."

**Most satisfying:** "We have made a strong effort to become more in touch with our community. Ten

years ago I don't believe the community felt like this was 'their hospital,' but I think that has changed. Also, plans are underway for building a new hospital, St. Mark's Medical Center, for which we have created a foundation and fundraising. We're changing the name in part to avoid spotlighting either Fayette or Lee county, since we serve both, but also to focus on spirituality. And overall, I like challenges – it keeps things interesting. If it was humdrum, I don't know if I would have enjoyed it as much."

**Interest in public service:** "I was in Boy Scouts, and active in my son's troop when he was growing up. My parents always taught me to leave more than I took. I suppose I have a sense that somebody's got to do it, and besides, I don't guess I'm very good at saying no."

**Most challenging:** "Deciding how to go about building the new facility. We need to address everything from how to handle a foundation and fundraising to what to name the hospital."

**Biggest surprise:** "The depth of our hospital employees' dedication and caring. They have a special something in them that allows them to connect with others on a human level. I knew that quality was here, but I'm not sure I appreciated the way most of them embrace their work and put passion into it."

**Proudest moment:** "Seeing the continuum of progress. I like to make steps forward, even if they're baby steps. I think we've pretty well stayed on track with our vision of building a new facility and becoming more open to the public."

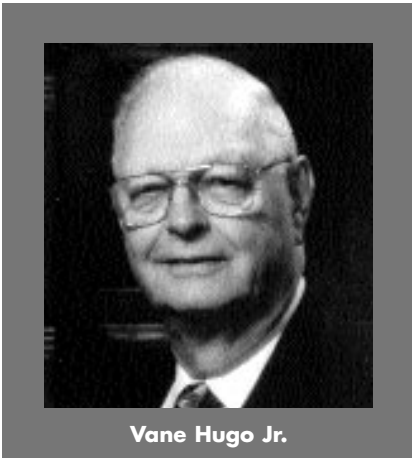
**Important lesson:** "We can find jewels in the most unlikely places. Sometimes after you know people for many years, you mentally paint them into a box and figure they'll come from a certain position. If you stay open-minded to what people can offer, their perspective can be very enlightening."

**Advice for new trustees:** "Get educated in the way of health care, especially as it applies to your organization. Learn and remember your role. You are in a governance mode – you are not trying to manage the day-to-day operations. And when the majority prevails, get behind the majority – don't second-guess the decision. The board's job is to function as a board, not as individual members. Governance needs to be measured by the effectiveness of the entire board. Indeed, my Distinguished Trustee award is due to the effectiveness of the board and its members."

**Hometown:** Born in Camp Roberts, Calif., Allbright graduated from Lanier High School in Austin and received his bachelor's degree in business administration from The University of Texas at Austin in 1974. He and his wife of 27 years, Mikki, moved to LaGrange in 1983.

**Family:** Although they grew up just blocks from each other, Allbright met his wife Mikki while both were students at UT. Their son, J.J., recently graduated from Trinity University in San Antonio and is pursuing a career in military intelligence.

**Hobbies:** Allbright likes to hike, camp, fish and is a self-described "football junkie."



Vane Hugo Jr.

**Hospital/Health System:**

Methodist Healthcare System, Ltd., San Antonio

**Occupation:** Retired Col. Vane Hugo Jr. served in the U. S. Air Force for 35 years.

**Length of service:** From 1989 to 1995, Hugo served as trustee for the Methodist Hospital board. He was chair of the community board for Southwest Texas Methodist Hospital, Methodist Children’s Hospital of South Texas and Metropolitan Methodist Hospital from 1995 to 1999. Hugo continues to serve on the community board, which oversees the five hospitals in the Methodist Healthcare System.

Committee service includes five years in finance, seven years with the institutional review board, two years in public affairs and five with the hospital medical executive committees for Methodist Hospital and Methodist Children’s Hospital.

**Facility description:** The Methodist Healthcare System of San Antonio owns and operates 22 health care facilities in San Antonio and South Texas, including six acute-care hospitals with a licensed bed capacity of 1,598. Services offered at these facilities range from pediatric to adult services and include oncology, cardiology,

women’s services, neurology, orthopedics, Gamma Knife, behavioral health, rehabilitation, diagnostic imaging and bone marrow and solid organ transplants (heart, kidney, kidney/pancreas, liver).

**Board involvement:** “After retiring from the Air Force, I became involved with my church which needed some executive and administrative guidance. Two church members, who were on the Methodist Hospital board, appreciated my efforts and nominated me to the Methodist Hospital board.”

**Most satisfying:** “The opportunity to work alongside outstanding board members who are dedicated civic leaders. We can – along with an equally outstanding and dedicated medical staff and the members of the administration – contribute to the goal of bringing the best possible health care to San Antonio while accomplishing the mission of the Methodist Healthcare System, ‘Serving Humanity to Honor God.’”

**Interest in public service:** “I considered my Air Force service to be ‘public service’ to the U.S. I welcomed the opportunity to serve my church, Laurel Heights United Methodist, and was honored and eager when asked to serve on the hospital board.”

**Most challenging:** “Early in my board experience, it became apparent that a stand-alone hospital could not offer all of the services Methodist Hospital needed if it was going to remain the preferred provider in San Antonio. Several ventures were explored with significant cost in time and resources to find a solution. A partnership venture with Columbia/HCA finally was accepted. It has been a great success and, from my vantage point,

HCA has been a very competent and honorable partner.”

**Proudest moment:** “I was chairman of the community board when Methodist Children’s Hospital was being built. A lot of board activity went into the organization and decision-making that established this fine facility. I was proud to represent the community board at the dedication and opening of this facility – now three years old.”

**Important lesson:** “The importance of team action – many times I believed that I knew the answer, yet when the ideas were ‘scrubbed down’ by the board, it was the team effort that provided the way to success.”

**Advice for new trustees:** “Get on the finance committee. That is where you will see the most frank – and sometimes heated – discussions, while you find out ‘who’s who’ and ‘what’s what’ with the board.”

**Hometown:** “My wife, Marjorie, and I are natives of San Antonio. Our only absence from home was during my time with the Air Force – and then we came back home!”

**Family:** “We have two grown sons who, along with their wives, have given us four wonderful grandchildren. We have two grown granddaughters, one 10-year-old granddaughter and an eight-year-old grandson.”

**Hobbies:** “Volunteering – it’s all I have time for! In addition to my Methodist Healthcare System duties, I also serve on three other boards and five committees to those boards.”

# Texas Hospital Forecast: More Change

**T**exas weather is notorious for its fast-changing, unpredictable nature. Health care is no different. In recent years, the shifts in health care can be compared to ever-fluctuating, often chaotic weather patterns, says one noted expert. The only certain prediction? Change is inevitable.

"Our health care system is remarkably flexible," says Jeffrey C. Bauer, Ph.D., senior vice president of Superior Consulting Co., of Hillrose, Colo. "In fact, over the past decades, it has changed a lot.

Change can come fast and unexpectedly. New drugs, new payment systems and new diseases have forced rapid change and the need for decisions about how resources are allocated."

With no clear forecast emerging for the 21st century, how can trustees best lead their facilities in such an era of change? While there is no one clear-cut answer, Bauer suggests that trustees are in the best position to marshal change.

"History shows that health care successfully adapts to change, and trustees will make the decisions that will take their hospitals into the future. Your job as trustees is to expect the future to be different. Find out how to best act upon the diversity and change in your environment; it can be an exciting opportunity," he emphasizes.

## The Current Forecast

According to Bauer, health care no longer will be "business as usual." Trustees will have to redirect their

facilities into uncharted waters, but they will have tools to help. Better tools – especially information technology – are creating a new realm of possibilities, he adds.

"Information technology is the key. It will separate the winners from the losers," says Bauer. "It is vital for trustees to think about different ways to re-do their health care delivery system and how technology plays a role in that transformation."

What will health care look like in the next decade? What is going to happen? Bauer shared his vision for a health care forecast.

## Medical Science and Technology

Explosive progress in science and technology will cause diversity to become the key characteristic of health care in the U.S., with no single delivery system, business model or payment mechanism emerging as the solution for more, better or cheaper health care. Health care organizations will become less and less alike. Innovative technology such as robotic surgery will become more in demand and more widespread.

## Uneven Evolution

A new and improved health care delivery system will evolve unevenly over the next decade, with the early successes coming to organizations that use creative and flexible tactics to implement visionary, market-specific, effi-

cient and effective (best practice) strategies.

## Virtual Spaces

New technology already allows patient monitoring by physicians or specialized equipment from thousands of miles away. Patients conceivably can receive care in their homes, physician offices or hospitals that previously were only feasible face to face. Health care will be delivered in a growing number of physical and virtual spaces that are designed, constructed and operated in response to the changing functional needs of medical science, consumer expectations and economic opportunities.

## Delivery System Reorganization

The health care industry will continue to grow, but new roles will emerge for health care providers. Practitioners of the future will fall into an increasing number of differentiated categories. They will seek relationships based on common concepts of physical, mental, spiritual and social well-being and shared expectations of patient-practitioner relationships.

## Technology – Key to the Future

On the horizon, the new wave of technology is poised to change the way hospitals do business. For rural facilities, this means they can compete in a global marketplace while "thinking locally," asserts Bauer.

Primary examples include new advances in telemedicine, which

eliminate prohibitive costs and allow access for rural residents; and e-health, which offers a multitude of applications for consumers and health care providers alike.

Telemedicine uses telephone lines and computers to improve the efficiency and effectiveness of health care by liberating caregivers from traditional constraints of place and time. It empowers consumers to make informed choices in a competitive marketplace.

The realm of e-health includes a plethora of new products to complement the delivery of telemedicine with coordinated services that add value for customers, improve efficiency for providers and enhance exchange relationships. Patient support groups, disease management programs, patient monitoring via “wearable” computers, patient education, customer relations and inventory software are only the tip of the technology iceberg. Digital storage will replace soon-to-be obsolete picture archiving communication systems (radiology film).

### **Critical Success Factors**

According to Bauer, there are a number of critical success factors necessary to thrive in the new world of health care, including:

**Heightened attention to quality** – “Trustees must ensure a culture of safety, not blame. There should be a focus on competence and capacity,” says Bauer. “To ensure that people must be willing to work constructively, errors should be visible. Find the error, know what went wrong and have immediate processes in place to ‘fix’ it. Like manufacturing and aviation, health care should

focus on adverse event root cause analysis and communications. Attention to patient safety and error reduction must be paramount.”

**HIPAA** – Facilities everywhere will be expected to move to integrated data systems and complying with the Health Insurance Portability and Account-ability Act regulations. To succeed in this new environment, hospitals and health care systems must develop state-of-the art information plans and resolve privacy issues. It will be critical to have a modern communications infrastructure to submit claims electronically and computerize patient records.

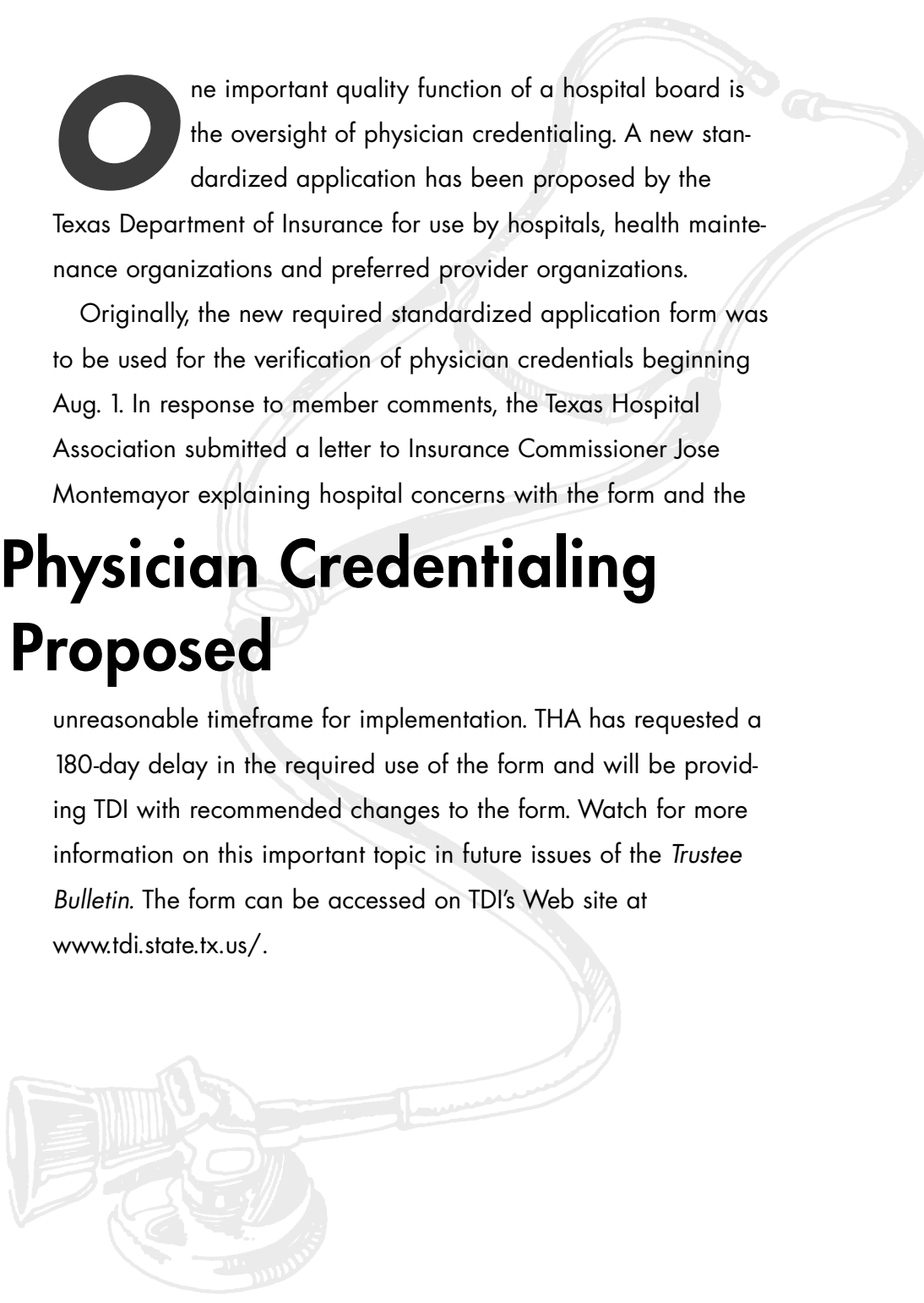
**Government and public policy** – Health reform efforts led by trustees on the state and federal level will be critical to success in the hospital of the future. Reimbursement issues and federal regulations crippling health care delivery must be changed and simplified.

**Workforce issues** – Staff shortages and other economic factors have squeezed hospitals and health care systems from all sides. With the number of nurses, pharmacists and other health care personnel aging or leaving the field, hospitals in the 21st century must find creative ways to address this issue.

While hospitals face significant challenges, they are not insurmountable. Health care organizations that embrace the rapid, uncertain evolution of health care, recognize the evolution of the clinical environment and create a positive culture of change are poised to reinvent health care. The forecast? One hundred percent chance of opportunity and optimism.

Bauer was a keynote speaker at the THT Summer Forum Aug. 9 in San Antonio.





**O**ne important quality function of a hospital board is the oversight of physician credentialing. A new standardized application has been proposed by the Texas Department of Insurance for use by hospitals, health maintenance organizations and preferred provider organizations.

Originally, the new required standardized application form was to be used for the verification of physician credentials beginning Aug. 1. In response to member comments, the Texas Hospital Association submitted a letter to Insurance Commissioner Jose Montemayor explaining hospital concerns with the form and the

## New Physician Credentialing Form Proposed

unreasonable timeframe for implementation. THA has requested a 180-day delay in the required use of the form and will be providing TDI with recommended changes to the form. Watch for more information on this important topic in future issues of the *Trustee Bulletin*. The form can be accessed on TDI's Web site at [www.tdi.state.tx.us/](http://www.tdi.state.tx.us/).

# Trustees Elected to THA's Council on Policy Development

**T**exas Healthcare Trustee members Denzer Burke, D.D.S., Ronald Epps, D.V.M., and Harold Samuels were elected to three-year terms on the Council on Policy Development for the Texas Hospital Association. The council reviews public policy issues affecting health care and recommends policy positions to the THA Board of Trustees. THT representatives help provide the COPD with the trustee perspective on public policy issues affecting Texas hospitals.

**Denzer Burke, D.D.S.**, is a board member of CHRISTUS St. Michael Healthcare System in Texarkana. Burke has been honored by the Texarkana Chamber of Commerce as "Citizen of the Year." He is a former Texarkana City Council member and now serves on the Texas State Advisory Committee to the U.S. Commission on Civil Rights. In addition, Burke is a member of the board of the Texarkana Community Foundation, the Northeast Texas Economic Development Board and is a past member of the Texas Educational Opportunity Committee of East Texas State University in Commerce. A practicing dentist in Texarkana, Burke is a retired lieutenant commander of the U.S. Naval Reserve and an ordained deacon and elder in the Presbyterian Church.



**Ronald J. Epps, D.V.M.**, currently serves as a board member and is past president of the Harris Methodist Hospital H-E-B board of trustees. He has been a board member since 1993 and served as board vice-chair and chair of the Finance and Strategic Planning Committee. Dr. Epps also serves on the Harris Methodist Health System board of trustees. A doctor of veterinary medicine, he is the program director of veterinary technology at McLennan Community College in Waco and a guest lecturer at numerous veterinary colleges. Dr. Epps is the chairman of the Hurst-Eules-Bedford Chamber of Commerce and serves on the board of the Hurst-Eules-Bedford Independent School District Education Foundation.



**Harold D. Samuels**, a former mayor and city councilman of Eules, is the current chairman of JPS Health Network in Fort Worth. He is president of Samuels & Associates, a manufacturer's representative firm in Eules. Long active in civic and political affairs, he has served as a member of the Mayor's Advisory Committee to the Governor of Texas and as a member of the Civil Service Commission and Industrial Development Board in Eules. He served as mayor of Eules for 18 years.



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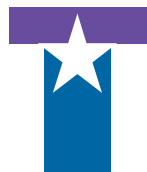
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