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1 INTERVIEW OF MICHAEL CLEARFIELD, 1994

2 BLAKE HAILEY: Today's date is
3 February the 22nd, 1994. I'm Blake Hailey, and we're
4 pleased to have with us Dr. Michael Clearfield, the
5 chairman of the department of surgery -- or no,
6 medicine. I'm sorry.

7 MICHAEL CLEARFIELD: Medicine.

8 BLAKE HAILEY: Here at the
9 University of North Texas Health Science Center at
10 Fort Worth, and we're doing this video in the Biomed
11 Communications Center, which is located in the Gibson
12 D. Lewis Library.

13 Sorry about the job title, I didn't
14 mean to make that mistake. After going through the
15 rest of that spill, though, I'm surprised that I only
16 made one this time.

17 MICHAEL CLEARFIELD: A lot of words.

18 BLAKE HAILEY: Thank for being with
19 us today, Dr. Clearfield. If you could, go back into
20 your prior background, a little bit of your history
21 long before you thought about coming to TCOM.

22 MICHAEL CLEARFIELD: Well, my
23 history prior to this is not very exciting, I don't
24 think. I -- I went to college, a small college
25 in Reading, Pennsylvania called Albright College.

1 BLAKE HAILEY: Uh-huh.

2 MICHAEL CLEARFIELD: And after I
3 graduated from there, I went to medical school, the
4 Chicago school, Chicago College of Osteopathic
5 Medicine. I did my internship and started my
6 residency there and then finished my residency at
7 Metropolitan Hospital in Philadelphia, internal
8 medicine. And, at that point, I was looking for an
9 academic position, and I heard about this school
10 from some friends and I had a brother-in-law who
11 was living in Dallas at the time, so I figured I could
12 kill two birds with one stone. I could at least visit
13 the school and visit him at the same time. I liked
14 what I saw so I came here right out of my residency.

15 BLAKE HAILEY: And what year was
16 that?

17 MICHAEL CLEARFIELD: '79.

18 BLAKE HAILEY: '79. And you've been
19 here? A long career.

20 MICHAEL CLEARFIELD: I've been here
21 for a long time, yeah.

22 BLAKE HAILEY: What are some of the
23 positions that you've held here at TCOM?

24 MICHAEL CLEARFIELD: Formal -- well,
25 I became vice chairman of the department.

1 BLAKE HAILEY: Uh-huh.

2 MICHAEL CLEARFIELD: I guess it was
3 around '81. And then in '83, I became acting
4 chairman. And after that I became full-time chairman.
5 I guess it was '85, something like that.

6 Other positions that I've held, I've
7 been in numerous search committees. I've been
8 chairman of the MSRDP, which is the practice plan.
9 I've held offices in that. I've been in various
10 advisory committees throughout the institution.
11 Multiple committees.

12 BLAKE HAILEY: Do you have
13 interesting experiences that you could relay? Maybe
14 some of those committees that you've served on?

15 MICHAEL CLEARFIELD: Interesting,
16 that can be documented. Let me think. Well, yeah. I
17 guess that what's interesting from the prospective of just
18 being on committees is how little you think you're
19 accomplishing on these committees, and at the end
20 sometimes you realize that things have been
21 accomplished. Frequently, it just seems to be needing
22 to depth, so to speak, but eventually things have
23 changed. Sometimes it takes the length of time over a
24 span of time to see the difference, as opposed to when
25 you're in the middle of it you think that nothing's

1 getting done, but the school's changed quite
2 dramatically over a time period. Specific thing of
3 any single committee -- I can't really -- really say.

4 One of the recent ones that I'm on
5 is we're looking at how to define and what the future
6 plans to make this mature medical school. And we're
7 dealing with many issues with regards to that right
8 now. That's somewhat interesting. A lot of lively
9 debate.

10 BLAKE HAILEY: I'd like to go ahead
11 and maybe mention to you -- I guess as acting chairman
12 that's probably a way to get you into becoming
13 chairman. Kind of an allure, it sounds like.

14 MICHAEL CLEARFIELD: Maybe. I don't
15 think it was allure at the time. It was sort of like
16 -- well, the department's very small.

17 BLAKE HAILEY: Uh-huh.

18 MICHAEL CLEARFIELD: We were fairly
19 tight-knit group, but there weren't many of us. We
20 were all just trying to survive at the time. So I
21 wasn't sure that was something that I wanted to do
22 long term either so it was sort of try it and see what
23 happens.

24 BLAKE HAILEY: And now you're stuck
25 with it?

1 MICHAEL CLEARFIELD: Yeah.

2 BLAKE HAILEY: I want to ask you,
3 about some of the research you're involved in and
4 we'll come back to the plans here in a bit on the
5 Health Science Center, but what are some of the
6 research things that you're involved in? I notice
7 that in the -- some of the things around you TexCAPS,
8 I believe it's called, something that you have a quite
9 a bit of interest in?

10 MICHAEL CLEARFIELD: Uh-huh.

11 BLAKE HAILEY: Can you go into a
12 little of that and some other project?

13 MICHAEL CLEARFIELD: Yeah, well
14 TexCAPS is a project that we started a couple years
15 ago here. It's an off shoot of what's called the
16 AFCAPS program. That's the Air Force Coronary
17 Atherosclerosis Project, and ours is the Texas
18 Coronary Atherosclerosis Project. It originally
19 started at Willford Hall in San Antonio with the Air
20 Force and retired military, and then it expanded to
21 the private sector and went out of San Antonio and
22 expanded to the metroplex.

23 And basically, it's a study looking
24 at cholesterol levels and what's called the "mild to
25 moderate elevated level", where most of the population

1 presides. It's about 60 million people could
2 theoretically be effected by this study and we're
3 looking at a drug to lower cholesterol called
4 Lovastatin.

5 BLAKE HAILEY: Uh-huh.

6 MICHAEL CLEARFIELD: It's double
7 blinded placebo controlled study. Looking at this
8 drug versus the placebo, and seeing if it will
9 decrease the incidence of heart disease over a five-year period and
10 we're sort of in the middle of it now. It's quite
11 extensive.

12 We interviewed approximately 52,000 -- or
13 screened 52,000 participants to get the 2,868
14 participants at in site. There's 6,605 people totally
15 enrolled in this study.

16 BLAKE HAILEY: So you're about
17 halfway through?

18 MICHAEL CLEARFIELD: Not quite.
19 Wish I was halfway through. We're through --
20 completely through the first year. It's a five year
21 study and we're into the second year.

22 BLAKE HAILEY: Do you have any
23 thoughts about what will happen after the five years?
24 Do you think there will be some more studies?

25 MICHAEL CLEARFIELD: We're hoping to

1 get continued funding through other organizations.
2 This is funded through a pharmaceutical company,
3 Mertropendome. Hopeful the NIH or somebody else will
4 continue to fund it just because of the large patient
5 population that we're following. We'll wait and see.
6 Right now we're mired in the data and the patients.
7 It's difficult to think of five years down the road.

8 BLAKE HAILEY: It must take a lot of
9 your time, it sounds like?

10 MICHAEL CLEARFIELD: Yeah. It takes
11 considerable time. The first year was very extensive
12 as far as time. We fully examined well over 4,000
13 people and we did that in a little over a six month
14 time period. So those six months were very intense.
15 Since then it seems much less. It's only one
16 full-time job and so about five, so.

17 BLAKE HAILEY: So do you have to do
18 any other types of research that you had an interest
19 in?

20 MICHAEL CLEARFIELD: Well, we're
21 doing some research in conjunction with biochemistry
22 departments, several different areas regarding
23 lipometabolism.

24 BLAKE HAILEY: Uh-huh.

25 MICHAEL CLEARFIELD: But Department

1 of Medicine is doing research in varied areas. And we
2 just got our first article accepted for publication,
3 New England Journal of Medicine, Dr. Steven Weiss and
4 some of the pulmonary people put together an article on
5 tuberculosis that they've been doing through the
6 Public Health Department. I'm real proud of that. We
7 got our first NIH grant in geriatrics for fellowship
8 programs. There's a lot of other things going on in
9 the department other than TexCAP.

10 BLAKE HAILEY: How have you seen the
11 Department of Medicine change since you first took on
12 that role?

13 MICHAEL CLEARFIELD: It's changed a
14 lot. I mean, just in mere size it was five when I started
15 and there's 28 of us now. So that's changed
16 considerably in size. We have full spectrum of
17 personnel as far as all of the subspecialties covered
18 in medicine. That was one of my first objectives was
19 to get our medicine department balanced in regards to all
20 of the different fields and expertise. And it's
21 changed in regards to, I think how we're perceived in
22 the community, how we're perceived nationally. We
23 have several people that have national reputations in
24 their field and the research aspects. Obviously,
25 there was virtually no research back then and now we

1 have considerable amount.

2 BLAKE HAILEY: So it has changed in

3 the local community then, is that what you --

4 MICHAEL CLEARFIELD: Yeah,

5 definitely. I think we have numerous people on boards

6 throughout the community in relationship to their

7 fields of expertise. Frequently when people are

8 looking for the expert opinion in an area they will

9 come to us for that and we've made a lot of, I think,

10 positive strides with the community as a whole both in

11 the medical community and the general community.

12 BLAKE HAILEY: Are you, yourself,

13 able to serve on some of those committees?

14 MICHAEL CLEARFIELD: Uh-huh. I've

15 represented the school in a thing called Leadership

16 Fort Worth.

17 BLAKE HAILEY: Uh-huh. What is --

18 MICHAEL CLEARFIELD: That's a group

19 of, I guess community leaders that band together for a

20 year and then afterwards you join a forum in Fort Worth

21 where you still meet on large issues that deal with

22 the community as a whole. This is a very diverse

23 group, multiple community leaders. Not only medicine,

24 in fact, most people aren't, but most major hospitals

25 in town are affiliated with this and law firms and

1 businessmen and educators and industrialist,
2 politicians, everybody pretty much participates in
3 that sense. One thing, I've been on the board with
4 the American Heart Association locally and things like
5 that.

6 BLAKE HAILEY: I notice that the
7 school issues a joint, D.O. and Ph.D. degree to kind
8 of bring D.O.s more into the research part of it. Do
9 you think that has a good impact? Is it something
10 that needs to have more students? How do you feel
11 about that particular situation?

12 MICHAEL CLEARFIELD: Well, I think
13 that it's always important to try and give a student
14 who's interested the opportunity to pursue a career
15 that might extend somewhat further than just the D.O.
16 degree so for that reason I think it's very strong.

17 We have our first DO, Ph.D.
18 residents. We have two of them currently in our
19 program. I think that gives an added depth to their
20 ability to do what we need to do as far as the
21 clinical medicine is concerned. Plus, the added
22 benefit in the research. I think it's another strong
23 point that the school's evolved into.

24 BLAKE HAILEY: Why do you think a
25 health science center is necessary for the growth and

1 success of what was TCOM?

2 MICHAEL CLEARFIELD: I think that
3 the Health Science Center adds to the prestige of an
4 institution. Whether that's real or perceived, I'm
5 not as clear, but the perception is that you're more
6 of a full academic center if you're a health science
7 center and if you have other schools affiliated with
8 you that does give you the ability to utilize that
9 many more personnel for each and every school so that
10 you can actually increase what you're doing without
11 necessarily duplicating all the personnel to do that.

12 BLAKE HAILEY: So diversity, then?

13 MICHAEL CLEARFIELD: Diversity's one
14 thing. I think increase in depth is another. I think
15 a different way of looking at it is it allows you to
16 do more things that might fulfill some of the needs
17 for the state and the community.

18 The school's progressing in that
19 regard with some of the other public health schools
20 that they're thinking about going after and other
21 allied schools of health. So I think that with where
22 healthcare's going health science centers are probably
23 going to be at the forefront of that and I'm glad to
24 be affiliated with one.

25 BLAKE HAILEY: How do you see this

1 health science center different from the others that
2 we have in Texas and there are a number of them. What
3 differences do you see?

4 MICHAEL CLEARFIELD: I think that
5 the major difference is that this health science
6 center is dedicated to what I believe is where the
7 country's going. And that is an emphasis on health
8 promotion, disease prevention and primary care. The
9 school's founded on that, I believe that the Health
10 Science Center is continuing in that regard and where
11 the other schools are health science centers that might be
12 more tertiary care oriented, ours is more primary care
13 oriented.

14 BLAKE HAILEY: Uh-huh.

15 MICHAEL CLEARFIELD: And I believe
16 that the country has a great need for this type of
17 center. Not only from the clinical aspect and the
18 academic aspects, from the research aspect also. And
19 as long as we stay on course with this I think we can
20 be quite unique in that regard and really make a
21 significant difference to the health care environment
22 in this country.

23 BLAKE HAILEY: It sounds like the
24 environment is changing with possibility of health
25 care reform and all that. It's been mentioned in a lot

1 of these interviews I've done. I guess that's
2 something you're kind of concerned about then,
3 watching those changes?

4 MICHAEL CLEARFIELD: Well, I think
5 everybody's concerned about health care. The system
6 that we're currently under isn't working very well. I
7 don't think too many people would argue that. There's
8 a lot of people that don't have care that need care.
9 There's a lot of care that goes, that seems to be
10 extraneous, too expensive. There has to be some
11 constraints on this.

12 I think the primary care concept is
13 going to be probably reinvented, for lack of any
14 better term. And the fact that the deemphasis of
15 primary care over the last almost quarter of a century
16 has caused us to have many more specials in this
17 country than what's called primary care providers or
18 gatekeepers.

19 BLAKE HAILEY: Uh-huh.

20 MICHAEL CLEARFIELD: That concept
21 has to change. There has to be more control over the
22 system. I believe that the government is going to
23 force that issue. They've been forcing that issue.
24 Private insurance companies and employers are going to
25 reemphasize the fact that we need to keep restraints

1 yet maintain quality. In order to do that it's going
2 cause a reform and we're under that now. I think
3 everybody's concerned about it. I think that we are
4 poised to really do something about it. That will
5 give us a very good advantage compared to other
6 institutions that have followed a different trail over
7 the years.

8 BLAKE HAILEY: What challenges --
9 you said you're on a committee for planning for the
10 future -- what challenges lie ahead, do you think, for
11 the Health Science Center and you as well?

12 MICHAEL CLEARFIELD: Well, I think
13 that the biggest challenge that I can see is for us to
14 stay on course and not be attracted to some higher
15 technical, more high-priced ways of doing things. By
16 keeping on course with primary care will allow us, I
17 think, to investigate areas that need to be
18 investigated that aren't as, quote, unquote,
19 glamorous.

20 BLAKE HAILEY: Uh-huh.

21 MICHAEL CLEARFIELD: That might not
22 be as attractive in this day and time, but in the
23 future might be the most attractive ways of practicing
24 medicine in the future.

25 Once the government, once insurance

1 companies, once the public understands what has to be
2 done, if we can show we have a better way of doing it
3 because we have been doing it for years. And can show
4 that in some good research modes, whether it's
5 Alcon's, whether it's behavioral science's, whether
6 it's clinical drug trials, whether it's pure basic
7 research in that area, I think we'll be that much
8 further ahead.

9 It's very difficult to try and do
10 that, maintain the current curriculum that we have and
11 our current research endeavors that we have and stay
12 on course because the focus can get somewhat hazy.

13 BLAKE HAILEY: Uh-huh.

14 MICHAEL CLEARFIELD: But if we can
15 keep it clear and I think sharp focused then we can
16 achieve all the these things. I think that, for
17 example in the curriculum, we need to investigate some
18 new ways of doing things.

19 Again, I think curricular reform
20 just like health care reform and medical schools is
21 going under some kind of renaissance where people are
22 looking at better ways to teach medical students,
23 better ways to render clinical care, better ways to
24 include the whole family and that decision making
25 process that we call health care. Once we can do,

1 that emphasize things such as preventive medicine.
2 More progress has been made as far as saving lives,
3 and I think improving our health has been in
4 preventing disease than it ever has been in curing of
5 the disease once you get it. If we can continue to
6 emphasize that type of thing I think we'll be far and away
7 ahead of the game.

8 BLAKE HAILEY: Are there any
9 suggestions -- off the top of your head -- that you
10 think need to be changed in the curriculum?

11 MICHAEL CLEARFIELD: Well, yes.
12 There's so many. I don't even know where to begin. I
13 think that we have to -- number one, I think, reward
14 educators in this institution and reward them in ways
15 that are tangible. We have to look at the truly
16 gifted educator in the same manner as we would look at
17 a truly gifted researcher or a truly gifted clinician,
18 or whatever, truly gifted administrator and that they
19 are invaluable for the institution.

20 We are an institution that's here to
21 train students to become good physicians, hopefully
22 primary care physicians, take care of the people that
23 need the care in this county, in this state.

24 BLAKE HAILEY: Uh-huh.

25 MICHAEL CLEARFIELD: So in order to

1 do that, I think we need to have a curriculum that
2 better emphasizes areas that may not be what's tested
3 and unfortunately certification exams and boards.

4 Because of that, we are caught in a
5 dilemma. And the dilemma is do we teach to a test or
6 do we teach to what we think they need. And I think
7 that the future has to be -- the answer has to be
8 both, but hopefully they'll both come very close
9 together.

10 I think that the National
11 Osteopathic Board of Medical Examiners along with the
12 USMLE, which is the allopathic boards will hopefully
13 get closer to asking the questions that need to be
14 asked with regards to these primary care issues
15 instead of emphasizing things that are, I think, a
16 little old school now and that's more tertiary care
17 oriented and not oriented towards where the majority
18 of the healthcare needs in this country exist.

19 BLAKE HAILEY: So it kind of needs
20 to be changed in across the board?

21 MICHAEL CLEARFIELD: It's major
22 changes.

23 BLAKE HAILEY: What do you see
24 yourself doing in the next few years? Obviously,
25 continuing with TexCAPS. What else do you see

1 yourself doing?

2 MICHAEL CLEARFIELD: Well, we have
3 several goals for the department. One goal is for our
4 department to continue to grow in the area of
5 subspecialty growth. We have several areas in the
6 department where there's only one man divisions.
7 Those areas, I believe, we need to grow somewhat
8 stronger. With a minimum of two just for backup?

9 In the area of general medicine, we
10 need expansion because of the primary care base that
11 we provide for the rest of the department and the
12 gatekeeper concept. Also the area of geriatrics, which I
13 think is booming. We've just gotten funded to do a
14 fellowship. We also have a fellowship approved in
15 critical care medicine so that's two other areas that
16 I think we need growth and continue to expand our
17 general medicine residency.

18 One of the things that I would like
19 to try and do is evolve a residency program that would
20 be a generalist type curriculum that might not only
21 include our general medicine residence, but also
22 family practice. Possibly pediatrics in something
23 that might be more consistent with what I think the
24 country's going to be looking for in the future.
25 Somebody can truly be the quote, unquote, gatekeeper

1 that can handle most of everything. When they need to
2 refer, the referrals will always be appropriate and a
3 focus. Otherwise they can contain the costs within
4 their own practices. I think those are the type of
5 people that would be very marketable in the future.
6 If we can produce those people I think we'll be doing
7 a great deal of positive work for the school and the
8 country.

9 BLAKE HAILEY: What areas did you
10 say you need to -- would you like to bring more people
11 in then? You have pretty much everything covered but
12 you want to bring in the --

13 MICHAEL CLEARFIELD: Well, yeah.
14 Right now we have single-man divisions and several
15 subspecialty areas like neurology, infectious disease
16 and the intracraniology that we're trying to recruit. We
17 have no oncologist full time now but we're trying to
18 bring in several oncologists and in other areas where
19 the needs are.

20 BLAKE HAILEY: Uh-huh.

21 MICHAEL CLEARFIELD: You know, for
22 the most part, now what we're trying to do is round
23 out the department in areas where we feel there is a
24 need to get the department balanced so that hopefully
25 what I'm trying to do is have it so that we have each

1 division can be a balance, three-tier division.
2 Meaning that each division will have effective
3 service, education and research behind them, even
4 though each individual might not be able to have all
5 three legs of that stool, each division will be so
6 that every person can be utilized for what their
7 strength is. Some people are naturally better
8 teachers. Some people have more interest in research.
9 Some people have more service interest. There might
10 be better clinically, they might have more community
11 involvement, et cetera. That each division can have
12 all three of those things then I think we can achieve
13 the goals that we have outlined in our department
14 anyway.

15 BLAKE HAILEY: Do you see any of
16 this changing the mission much with the school or
17 pretty much going right on track?

18 MICHAEL CLEARFIELD: We try to just
19 stay as close as we could with the mission of the
20 school. Our focus with regards, for example, research
21 --

22 BLAKE HAILEY: Uh-huh.

23 MICHAEL CLEARFIELD: -- was
24 developed almost a decade ago and it was based in
25 three primary areas. One was prevention, the other

1 was geriatrics, and the third was health promotion.
2 And in doing those types of things what we tried to do
3 is focus all our research efforts in areas and they're
4 pretty wide areas, but they're all basically areas
5 that are consistent with the goals of the institutions
6 so that when we recruit people we try and recruit
7 people who have an interest in those areas so that we
8 can all grow together.

9 BLAKE HAILEY: You mentioned earlier
10 about where you would like to see the department and
11 the tiers and that kind of thing. How is that going
12 to change your role as department chairman? Can you
13 pretty much going into the function that you're under?

14 MICHAEL CLEARFIELD: Well, my role
15 has evolved over the years as we've gotten bigger.
16 I've had to obviously delegate a lot more to other
17 people in the department. Where that's changed is
18 that I now look at much more -- how can I put it
19 together? I'm a much larger negotiator now. Looking
20 at contracts, looking at how to expand our horizon, so
21 to speak, so that we can continue to grow. And
22 that's, everyday, a new challenge. Whether it's
23 dealing with setting up a new practice or increasing
24 our practice at another institution. Bringing in
25 oncology into the group. We have dermatology starting

1 this spring, into our group. That's another new area
2 that we have not been involved with in the past. And
3 then looking at possibly expanding our horizons into
4 John Peter Smith Hospital, which is the county
5 hospital in several different areas. We're already
6 there in infectious disease. We're also talking about general
7 medicine clinics. We're also talking about areas in
8 gastroenterology right now. There's a lot of irons in
9 the fire.

10 BLAKE HAILEY: So you see your role
11 just keep right on changing more?

12 MICHAEL CLEARFIELD: I have to be
13 flexible. You have to.

14 BLAKE HAILEY: We've covered a lot
15 of ground here in a short time. I'm sure there's
16 probably some things that I've missed with regards to
17 your background and so forth in research and all.
18 What other things can bring up about yourself or the
19 Health Science Center that we haven't discussed or
20 touched on?

21 MICHAEL CLEARFIELD: Well, I just
22 think that one of the things that attracted me to the
23 institution when I first came was the potential and
24 the potential always seemed to be around the corner.
25 I think we've rounded the corner, at least one of the

1 corners or several of the corners. For a time I never
2 thought we'd get there.

3 BLAKE HAILEY: Uh-huh.

4 MICHAEL CLEARFIELD: But with some
5 major changes in the community, in the nation we have
6 been, I think, very well-accepted now. And we have in
7 a lot of areas, like I said before, not only in my
8 department, but a lot of areas, national reputation --
9 and because of that, I think we can start to fulfill a
10 lot of these expectations, a lot of the promises that
11 I saw here back in '79.

12 We still have a tremendous
13 advantage in that we're the only medical school in a very
14 large city. It's a city that seems to be growing and
15 supportive of our institution far greater than it ever
16 had been in the past. I think the president and the
17 dean have done a lot of work in that regard with
18 regards to community relations, with regards to
19 affiliations with other institutions. We're now in
20 affiliation agreements with institutions that never
21 seemed possible years ago. All those types of things
22 give a hope for the future that I think is much
23 brighter here than a lot of other places in talking to
24 other people around the country.

25 I couldn't think of a better medical

1 school in our profession to be affiliated with than
2 this one, as far as future potential and promise. To
3 me that's one of the exciting things that keeps a lot
4 of us here.

5 BLAKE HAILEY: Do you have any other
6 final remarks you'd like to make?

7 MICHAEL CLEARFIELD: I don't think
8 so.

9 BLAKE HAILEY: I do appreciate your
10 time, Dr. Clearfield, in meeting with us. I know this
11 is late in the day for you. I do appreciate you
12 taking time out to help us on this project. I know
13 that your continuing efforts at the Health Science
14 Center, sounds like in the community as well as in the
15 academic circle and research. You have quite a bit to
16 do and seem to do very well at it. We are very happy
17 to have you here.

18 MICHAEL CLEARFIELD: Nice to be
19 here.

20 BLAKE HAILEY: Thank you, again, for
21 taking up your time. So that will conclude this
22 interview. We appreciate everything.

23 MICHAEL CLEARFIELD: Great. Thanks.

24

25