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Summer 1993
With the completion of a seminal white paper defining MSUCOM’s Primary Medicine Initiative, Dean Douglas L. Wood has established a Blueprint Committee to outline plans to implement PMI.

As the Committee prepares its report, Dean Wood addressed questions and answers concerning the Primary Medicine Initiative at the recent convention of the Michigan Association of Osteopathic Physicians and Surgeons in Detroit.

What is the general thrust of the Primary Medicine Initiative?

The Primary Medicine Initiative will increase the number of MSUCOM graduates prepared to practice as generalist physicians in the 21st century. We believe these primary care practitioners will best meet the health care needs of the future.

So how are you going to do this?

A streamlined educational program is central to the success of PMI. We’re building a comprehensive curriculum that begins with prematriculation, flows into a continuum of education that encompasses what was taught in the old “boxes” of medical school, internship, and residency, and is completed in a lifelong continuing medical education program. Since all of the continuum will be coordinated by MSUCOM, we anticipate the curriculum can be shortened to six years, cutting the cost of education by eliminating duplication and redundancy.

The PMI educational model will be brought to Michigan through a strengthened alliance among MSUCOM, the state’s osteopathic hospitals, and physicians. This statewide campus system, now being developed, is a cohesive network dedicated to achieving academic excellence in clinical education. Through this system, PMI and future educational innovations will be brought to ambulatory and hospital training sites across the state.

Will these “primary medicine” practitioners be any different than the osteopathic physicians already out there doing general practice?

The osteopathic profession has a proud history of providing family physicians, especially to small towns and underserved areas. But in the last two decades, massive social forces — including increased specialization, changes in reimbursement patterns, the burgeoning medical knowledge base, and malpractice issues — have changed the perceptions of the professional status of generalist doctors. We think generalist physicians deserve better.

Medical schools share in the responsibility to better prepare physicians to deal with these social forces. At MSUCOM, we’re working to make this new curriculum so effective and comprehensive that graduating physicians will have had an opportunity to learn in the classroom and clinical setting many things that general practitioners have had to learn on the job. It’s our priority to prepare these physicians for the environment and the challenges they’ll encounter, and then to support them with a strong CME program as new issues and the need for new skills emerge.

What kinds of changes will generalist physicians have to meet in the 21st century?

There are many. Among the most important, we believe, are:

• A broader scope and greater depth of practice in the ambulatory setting
• Increased emphasis on practicing medicine as part of an interdisciplinary team
• Use of technology for communication, information retrieval, and education
• A demand for community-integrated medicine
• Increased diversity among patients and colleagues
• The need to be lifelong scholars
• Modeling and teaching the promotion of health and the prevention of disease and injury.

What do you mean by “community-integrated” medicine?

We believe that primary medicine physicians should be concerned with the health of their communities, not simply the health of their patients. We are teaching the importance of physicians participating in community life, serving as positive role models, and becoming active agents for change to address community problems. We are stressing the importance of being able to assess community health needs, and to identify and work with community leaders for change.

Why do you think primary care is the medicine of the future?

Issues of access, cost, and continuity of care are central to our country’s health crisis. Strong social and economic forces have forced the physician population into urban and suburban settings, increased the cost, made care less accessible for many, and disrupted holistic, person-centered care. We see MSUCOM’s Primary Medicine Initiative as providing an efficient way to address these problems. Although specialty medicine remains a vital component of our health care system, we believe the generalist/specialist ratio should be 3:1. Right now it’s 1:3 and continuing to decline, even in the osteopathic profession.

How will the Primary Medicine Initiative fit into emerging health reform?

Perhaps the only point upon which people can agree in addressing the health care crisis is that it will require massive reform. The proposed changes provide the osteopathic profession a unique opportunity to model reform. Federal and state policies clearly show strong incentives and support for generalist medicine. Major national foundations are aggressively implementing generalist medicine initiatives.

Third-party payers, business, industry, and communities are clamoring for this shift toward primary care, already the foundation of osteopathic medicine.

Part of the Primary Medicine Initiative involves bringing together representatives from government, communities, insurers, health care providers and institutions, schools, business and industry, third-party payers, and health advocates to hammer out together a comprehensive, systematic approach to improving the future practice environment for these critically needed physicians.

But isn’t MSUCOM already producing a high number of generalist physicians? Hasn’t that been our chief mission all along?

Yes! Of our 1,897 alumni, 62 percent are actively practicing primary care, which we conservatively define as the disciplines of family medicine, general internal medicine and general pediatrics. The national average for medical schools is about 30 percent. But recently we, like many other medical schools, have seen a trend toward specialization among our alumni. It’s that trend we’re working to reverse.
MSUCOM Alumni
Advocacy Meetings Held

"W

We want to work with the MSUCOM alumni and ask them to advocate our goals to others."

This was the message that Dean Douglas L. Wood conveyed in a series of six alumni advocacy meetings held in different parts of the state last fall. Grand Rapids, Traverse City, Battle Creek, Saginaw, and Lansing were the venues for these meetings. These meetings were augmented by a training workshop for advocates at the MAORBS convention in Detroit. At each meeting, Dean Wood introduced the concept of communication, advocacy and development for the College of

/internship, primary care residencies and continuing medical education, all under the auspices of MSUCOM. This new curriculum, Dean Wood contends, will produce a primary medicine physician who will be fully equipped to practice in the health care system of tomorrow. The PMI also includes emphasis on community-integrated medicine, the use of technology for education and practice, and enhancing the practice environment in support of primary care. Dean Wood called upon the alumni to provide comments and suggestions in developing this new curriculum and to become advocates of this initiative.

In addition, Dr. Wood also asked the MSUCOM alumni to spread the word on college programs and priorities to state and federal lawmakers, to their peers in the osteopathic profession, and to others concerned about health care reform.

To address some specific concerns, comments and suggestions, College unit heads from health policy, public relations, continuing medical education, academic affairs, media relations, development, clinical departments and a consulting government relations specialist were present. Stressing the importance of osteopathic medicine in the move toward primary care nationally, Dr. Barbara Ross-Lee, associate dean of health policy, mentioned that "Health policy is pervasive. Michigan is the strongest osteopathic state in the country. We should make this profession known to every policy maker." This has gained added importance due to the Clinton administration's thrust toward solving the health care crisis. If promoted in the right fashion, osteopathic medicine and Michigan in particular could have a larger role to play in the soon to be announced health care reform policy.

Dr. Wood expressed satisfaction at the overall success of these meetings, and particularly regarding the enthusiasm and commitment of the alumni who attended.

Osteopathic Medicine. The purpose of these meetings was threefold:

1. To bring alumni up-to-date on the Primary Medicine Initiative that MSUCOM is undertaking
2. To create a network of MSUCOM graduates around the state to support communication and advocacy efforts of the college and
3. To get assistance from the alumni in the development efforts of the college.

Dean Wood strongly emphasized that MSUCOM alumni were key players in helping achieve the goals and objectives of the college, with one area of particular challenge being the college's Primary Medicine Initiative. Part of this focus includes establishing an integrated educational continuum which includes pre-matriculation, medical school, osteopathic

Consultants Noble Kheder (right) and Paul Ray of Mudago

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Department of Pediatrics: Of Words and Deeds

The vision of community service is deeply rooted in the Department of Pediatrics at MSU.COM. The department has initiated and implemented several model programs in community service since its inception.

Of the total 30,000 ambulatory visits by the Department of Pediatrics in 1992, a third served the indigent population. The department runs a clinic at the MSU Clinical Center and at Okemos Pediatric Associates. In these clinics, needs of people of all socioeconomic levels are addressed.

The adolescent clinic at Willow Plaza addresses the general medical, psychosocial, and issues relating to sexuality among children of this age group. A one-of-a-kind facility in mid-Michigan offered by the physicians from the Department of Pediatrics is the myelodysplastic clinic. This clinic treats children born with defects in the spinal cord. This is a cooperative effort with specialists in the area.

The history of community service goes back to 1970s when the Department of Pediatrics participated in a federally funded program called 'Model City.' After the funding dried up in 1976-77, a new child health services program was developed in association with the Ingham County Health Department. The purpose of this program was to ensure that all infants born to poor parents had the opportunity to receive health care.

In addition, the pediatrics program encompasses WIC (Women, Infants and Children) nutrition and immunization clinics. This was a federal program started in the early 1980s which serves as a model for all counties and was developed to help the underserved.

Another first from the Department of Pediatrics is the primary care pediatrics residency. This pioneering effort is in the field of osteopathic medicine in collaboration with Sparrow Hospital, Lansing, started in July 1992 with eight residents.

The physicians in the Department of Pediatrics play an active role in the Children's Miracle Network, (continued on page 12)

A Drama in Real Life

I f Hollywood were in search of an exciting true life story, replete with triumph over struggles and hardships, Bheesa Msubi's could do it. Msubi, an MSU.COM '93 alumnus, started the journey of his life in a small village in the African state of Swaziland. A landlocked monarchy which lies north of South Africa, the state was colonized by the British, but gained independence through peaceful negotiations in the early 1960s.

Msubi was born in a family of nine siblings. His father was an illiterate farm worker and his mother a homemaker. Bheesa's father would shuttle between his numerous wives and their children. (Polygamy is legal in Swaziland.) At the tender age of four, when most children take parental care for granted, Bheesa's mother passed away. His father left the kids under grandmother's care. But as fate would have it, within three months of moving in with his grandparents, Msubi's uncle and aunt died. This left the poor grandmother to look after nineteen children from ages two to twelve. Looking at the hopeless situation, Msubi, then six, realized that he had to fend for himself. Msubi "adopted" his younger brother and left his grandmother to seek a better life.

Given the circumstances and background, it wouldn't be surprising if all Msubi had hoped for was to become a farm laborer like everyone else in the family. But Msubi had a dream to become an educated and informed person. At six Msubi moved to a mission where he worked in the fields and attended the mission-run school. But he had to move to another place, since fourth grade was the highest he could study at the mission.

For every family that Msubi worked, he had to put in long hours at the farm, walk for about two hours to school each way and bear the brunt of daily physical abuse from employers. This did not deter him from getting "A" grades in school. By the time Msubi had finished junior high school, he had lived with nineteen families. At almost each place he encountered the same experience: physical abuse, inhuman treatment, long work hours and low pay.

The exception was an American couple from Indiana who came as missionaries in Msubi's life. This couple, serving under the auspices of MCC (Mission of Christian Church) employed Msubi to work around the house. Through hard work and diligence Msubi won their hearts. They left with a promise not only to help Msubi in his education in Swaziland, but also to help if he wanted to get a college education in the United States. This gave Msubi the strength and courage needed to sustain the hardships and move on. Leaving his younger brother who had now grown up to take care of himself, Msubi moved to the capital city of Mbabane to attend high school.

For the first few months Msubi lived with his brother-in-law in a one-room shanty. He had to put up with a alcoholic person and his abusive language. Within six months Msubi was moved to his brother-in-law's uncle's place. This uncle put Msubi through severe hardship and almost treated him like a slave, working him from 4:00 a.m. until midnight. Most of the working hours were spent milking cows, selling the milk in the market, cutting grass, collecting fodder and feeding it to the cattle. When Msubi was lucky he could attend (continued on page 12)
Visit to the Enchanted Land

What started out as a trip to the Himalayan kingdom of Nepal to study missionary medicine in 1986, turned into a lifelong quest to understand some traditional forms of medicine in Asia.

John McPartland, D.O., assistant professor of biomechanics, recently returned from a four-week tour of India. McPartland has received funding from National Science Foundation (NSF) to study manipulations performed by Tibetan and Ayurvedic physicians. He wanted to see if these techniques could be incorporated into osteopathic medicine.

Ayurveda is reputed to be the oldest complete system of medicine on earth. Its earliest books were written nearly 3,000 years ago, in ancient India. Ayurveda influenced early Tibetan physicians, who also borrowed from Persian and Chinese medicine and evolved into a truly unique hybrid system. (See sidebar.)

This was McPartland’s second trip to the subcontinent. As an osteopathic student in 1986 he visited Nepal to fulfill a rotation in missionary medicine. But when he arrived, allopathic physicians at the British missionary hospital balked at his osteopathic credentials. So McPartland turned to the Ayurvedic hospital down the road in Kathmandu, where he also had the opportunity to work with Tibetan physicians. During his two-month stay, he drew many comparisons among osteopathic, Ayurvedic and Tibetan medicine. All three systems had been considered “alternatives” in their homelands compared to allopathic medicine. All three systems provide primary care, apply a “holistic” approach to patients, aim to cure patients as a whole and not just specific symptoms, and utilize manual medicine. There are few parallels between the “osteopathy” as practiced in England, where an “osteopath” is not a true physician, and Ayurveda. In contrast, McPartland asserts, American osteopathic medicine can draw many common threads with Ayurveda.

McPartland, who made contacts with many physicians and scholars, hopes to continue collaborations, especially with Banaras Hindu University, in the northern plains of India. McPartland calls BHU a “sister school” of MSU, since both universities have two medical colleges on the same campus.

Before he departed for India, McPartland recalls one of his mentors, Dr. William Johnston, asking, “Why is an osteopathic physician from an osteopathic college studying Ayurveda?” McPartland replied by describing his interest in herbal medicine. “There are no other physicians I’ve met who have an undergraduate degree in botany,” he said.

Now that he has returned, McPartland has a better answer. “Ayurveda, Tibetan medicine, and osteopathic medicine are, at their core philosophies, very similar. Studying Ayurveda is like studying osteopathy. They have much to learn from each other. And both Ayurveda and osteopathic manipulation are enjoying a resurgence, from identical nadiis in the 1950s and 1960s,” he added.

McPartland is disappointed with the practice of Ayurveda in America. For example “Mahanarayana Ayur-Veda,” marketed in the U.S. by Maharishi Mahesh Yogi, was derided by the Journal of American Medical Association as a corruption of shuddha or pure, Ayurveda. McPartland says, “Indian Ayurveda is where Chinese acupuncture was 10 years ago. It’s hot. So you get a lot of hysters jumping on the bandwagon.”

McPartland sees more formal exchanges between the faculties in Indian universities and MSU. But more cooperation and more investment mean more dollars, McPartland sighs, “I am only a neophyte at writing grant proposals.” He is encouraged to see the National Institutes of Health have just funded an Office of Alternative Medicine, with the hope that more grant monies should be available soon.

Hippocrates knew about Ayurveda more than 2000 years ago, and A.T. Still was influenced by Hippocrates. McPartland hopes to bring the relationship full circle. Whether tomorrow’s osteopathic physicians will study prana, asawas positions, and marma manipulation, only time will tell.

Ayurvedic Medicine As Old as Life

Brahma, the lord of creation in Hindu theology, is said to have composed a stupendous work on Ayurvedic medicine as a part of creation itself. Tracing its origin 3,000 years ago, Ayurveda, the ancient Indian form of medicine, is regarded as “almost as old as life.”

Ayurveda differs from most other forms of modern medicine as it does not contain any reference to health, disease or treatment. Ayurveda consists of two concepts, “Ayur,” meaning “life” and “Veda,” meaning “science” or “knowledge.” Therefore Ayurveda means the science of life.

“The objective of Ayurveda is the maintenance of metabolic equilibrium of the human psychosomatic machine and the restoration of the same to normality if the homeostasis is upset or disturbed by undesirable factors,” Pandit Shiv Sharma, an expert on Ayurvedic medicine, states in his book The Realm of Ayurveda. Ayurvedic principles maintain that nothing exists in the realm of thought or experience that cannot be used as a medicine. What it means is there is nothing that can be conceptualized that does not influence the body or mind, physiological or psychological phenomena. Since anything that affects the constitution one way or the other can be utilized as a therapeutic agent, there is nothing that is not a medicine.

A most common misconception prevalent today is that Ayurvedic medicine is nothing but herbal cure. Although Ayurvedic medicine uses thousands of herbs, it also uses thousands of metallic preparations like Loh or oxide of iron, marina shell, gold and silver. Ayurveda uses surgery, manipulative therapy, faith healing, meditation and yoga as other forms of treatment.
MSUCOM Alumni: Stories Worth Sharing

A D.O. in California has been a physician for the space shuttle program. Another D.O. is serving the poor in the rural areas of Midland County. One more is pursuing research on chronic fatigue, a unique kind of illness. Another is a host of talk shows on primary care. What do these people have in common? They are all alumni of Michigan State University College of Osteopathic Medicine, examples of how osteopathic physicians make a difference in the small steps of their day-to-day activities.

**FROM MISSISSIPPI TO MIDLAND**

Dr. David Bosscher, class of '76, is a prime example. How many physicians after spending six years of their life in medical education would opt for a non-remunerative service? Dr. Bosscher served the poor and underprivileged in Nigeria for six months as member of the Peace Corps, and moving homeward, he practiced in the rural community of Cary, Mississippi, as a missionary doctor for a few years. Dr. Bosscher has made serving the poor and needy his mission in life.

Dr. Bosscher is currently working as assistant medical director at the Regional Medical Center, a family practice center in Midland, serving a rural area in northeastern Michigan. While serving the poor in Nigeria, "I came to grip with the fact that the number of poor people in this country is very high," said Dr. Bosscher. "That started my thought process and I felt the need to serve the poor in the United States." A deeply religious person, Dr. Bosscher has been associated with the Christian Community Health Fellowship (CHF), a nationwide organization consisting of more than 2,500 members from the medical community. All members have a common goal to provide health care to the poor in this country. According to Dr. Bosscher, the Bible gives a clear call to help the poor.

As an assistant clinical professor and doctor at the Regional Medical Center, Dr. Bosscher is playing the dual role of serving the poor in the community and communicating the importance of serving the poor to the new interns who come to work at the hospital. The hospital has 18 interns and they all work in separate teams. Every patient admitted to the hospital is assigned to a team of doctor, nurse and two interns. About 50,000 patients are treated at the hospital every year.

About 10% of the population in Midland, Bay City and Saginaw are medically poor (people on Medicaid, Medicare and without any form of health insurance). More than 30% of the patients seen at the Regional Medical Center are medically poor, which is three times the percentage of the population. On the other side Dr. Bosscher is trying to enhance the attitudes of the interns who are tomorrow's physicians. "I tell them that they are the servants of the patients and not the other way," he said.

On primary care Dr. Bosscher is of the opinion that general practice physicians, by virtue of their training, should be able to take care of a greater variety of problems than a specialist. "A specialist has a very narrow and focused training, whereas a general practice physician has a broad and varied experience," said Dr. Bosscher. "Medical training needs to go back to its relational roots. No matter how high-tech the equipment is, if human interaction is not right, healing is not going to occur."

Dr. Bosscher has also contributed to the CHF journal through a series of writings titled "Service to the Poor." Dr. Bosscher is in the process of setting up a program called "Task Force Plus," which would provide primary care clinics in the community. According to Dr. Bosscher by providing health care to the poor we can bring them to the mainstream of the society.

**READY FOR LIFT-OFF**

Imagine a scenario where the space shuttle Columbia develops a malfunction in its boosters or engines. It is confirmed that the snag is beyond repair. The NASA code of procedures calls for the crew members to enter the earth's atmosphere, abandon the space shuttle and land into the Pacific Ocean. A specially trained recovery team consisting of pilots, officers and doctors rescues the crew members. This team provides the crucial medical treatment and attention needed to neutralize the physical and mental shock the crew members have undergone.

Robert Acosta, D.O., 1977 alumnus of MSUCOM, has worked as a team leader of the space shuttle rescue and recovery team for the Western half of the U.S. As a flight surgeon in the combat Air-Sea Rescue unit of the United States Air Force, Dr. Acosta's boundaries extend from Arizona to the Hawaiian Islands. The rescue and recovery team use one C-130 aircraft and six helicopters. This job calls for rescue of personnel on board aircraft, ships and submarines too.

Cary, Mississippi
In addition to fulfilling the responsibilities as a USAF flight surgeon, Dr. Acosta is a practicing physician in Pomona, California. His general practice gives him a chance to serve a lot of needy patients from minority groups. "I refer only 5% of my patients to specialists. The remaining 95% of the patients' problems are taken care at my clinic," he said. "The broad scope of training at the College of Osteopathic Medicine and the rotating internship give osteopathic general practitioners an edge," he added.

Dr. Acosta has been the chairperson of the National Advisory Council on Migrant Health from 1984-88. He teaches as an assistant clinical professor of family medicine at the College of Osteopathic Medicine of the Pacific at Pomona. In recognition to his service to the osteopathic profession, Dr. Acosta was awarded the "Physician of the Year" Award by the California Osteopathic Society.

When asked about the lighter moments in his career, he mentioned the infamous space shuttle incident. While working on the space shuttle program, he was left behind at a air base by a military aircraft, the crew of which assumed that he was on board. He had to wait at the control tower until arrangements for another aircraft could be made.

SETTING AN EXAMPLE

If you walk into Dr. Robert Amsler’s Family Doctor’s Clinic on Hays Road in Utica, MI, you would get the impression that you have just walked into a corporate office of a large organization. A smiling secretary greets you and asks you to take a seat. You can watch a large screen television, or browse through some of the latest magazines or look through the unique scrapbook of complimentary letters received by Dr. Amsler. After the patient is called inside he or she is given a tour of the entire clinic and is shown an organization chart. As the patient is waiting in the examination room he or she is shown a small video on the Family Doctor’s Clinic and also another one on the ailment for which the patient is visiting. Dr. Amsler, a 1977 alumus, has seen at least two other successful careers before pursing studies at MSUCOM. He has served in the Navy for several years and was also a successful insurance sales agent. He has incorporated the qualities of a navy officer and a salesman to make his medical practice a resounding success.

He truly believes in team spirit and works with his wife, who is the general manager of the clinic, and a team of doctors and staff. "We get our best ideas from our staff. They are our biggest asset." "Quality care and excellent service are the keys to a successful medical practice," said Dr. Amsler. That is probably the reason why his clinic is open six days and four nights a week.

He is also a spokesperson for osteopathic medicine on local radio talk shows and television. Dr. Amsler said, "Our profession needs to have spokespeople. A lot of physicians don't speak in public. Osteopathic physicians must communicate the benefits of osteopathic medicine to the public. This will help popularize osteopathy."

The third and most important facets of Dr. Amsler's medical practice are three "occupational hazard" clinics in Macomb County. His clinics have 18 of the top 25 businesses in the area as clients. By virtue of training as a packaging engineer, Dr. Amsler can understand occupational problems faced by people working in the factory environment. For example, in the wake of closure announcements by General Motors, Dr. Amsler is running a program for GM workers on how to avoid or reduce stress.

Dr. Amsler is proud of being a osteopathic physician and says that in pure business terms "Patients get a whole lot more from the D.O. for the dollars spent." He adds that the holistic approach of the osteopathic philosophy makes the doctor aware of other problems. According to Dr. Amsler, by touching a patient much can be learned about the ailment, and few allopathic physicians touch the patient as much as D.O.

HOLOSTIC PRACTITIONER PERSONIFIED

You have chronic back pain and have tried all sorts of conventional treatments, but the pain just doesn’t seem to subside. Enter Dr. Joyce Foster-Hartsfield, 1976 MSUCOM alumna. Dr. Hartsfield has specialized in treating patients who have unsuccessfully tried various forms of medical care for a ailment or for people who just want to live a healthy lifestyle.

Dr. Hartsfield’s clinic on Grand River in Livonia, MI gets a variety of patients who have chronic back, neck or other pains, people who have refused surgery for a variety of reasons, women with chronic pelvic pain or with PMS syndrome, uterine fibroids, people with eating disorders, stress and cancer. Dr. Hartsfield calls herself a holistic family practitioner, incorporating preventive medicine, acupuncture and manipulative therapy in her practice.

Apart from her own private family practice, Dr. Hartsfield is associated with “Share Inc.,” a Detroit-based non-profit organization treating substance abuse patients. This is a therapeutic program which depends on peer group support.

Dr. Hartsfield said that “osteopathic physicians seem to communicate very well. So even if three to four different specialists are treating a patient, each specialist is made aware of the entire problem by fellow specialists. That’s one difference between osteopathic and allopathic physicians.”

On her future ambitions, Dr. Hartsfield mentioned that she wanted to have two more practices: a family practice that serves the deaf population in the area and a holistic health center.
1991

Lawrence J. McMaster is doing his first year of residency in internal medicine at Henry Ford Hospital.

Nancy Provan is working as a general medical officer at Willow Grove, Pennsylvania, Naval Air Station.

1990

Kathy G. Keller was elected resident representative to the Board of the American Medical Women's Association in November. She presented a workshop on "surviving the first postgraduate year" for the second year in a row, and also welcomed her first child in May.

Lynn S. McCurdy specializes in diagnostic radiology. She gave birth to her son Edward in July. Dr. McCurdy was commissioned in the U.S. Air Force Medical Corps in June 1991 and has since been promoted to major. Her husband Tom McCurdy, OB/GYN resident of Lansing, is in the Air Force as well.

1989

Mitzi C. Amelon finished her general practice residency in July, and delivered a baby girl named Shannon. She joined her father, Maynard Amelon, D.O., in general practice in Redford in October.

Anne Hollingsworth is working as a chief medical resident at Oakland General Hospital. Upon completion of her residency in June, she will move to Michigan City, Indiana, with her husband and join a group practice to serve the community as a primary care provider and as a consultant in general internal medicine.

1988

Brenda Harshman practices medicine in Clare, Michigan. Her special interest is in women's medicine.

Gail (Slomczenski) Denucco works at the Community Health Center in Rhode Island with her husband. She became the proud mother of Sydney Elizabeth in December 1992.

Debra Roggow finished a residency in physical medicine and rehabilitation at Emory University in June. She joined a neurology group in Ft. Myers, Florida, in August.

1987

Eric Eggenberger completed a fellowship in neuro-ophthalmology at Johns Hopkins Hospital. He plans to join as MSUOM faculty in July '93.

Gregory Marcoc's wife had a third child, a son named John, in Midland on July 12, 1992.

Tom Lindsey will begin practicing general surgery in association with C.W. Mercer in Lansing.

1986

Thomas H. Savole has lived in Ft. Wayne, Indiana, for three years with wife Patti and three sons – Brian, 15, Brandon, 11, and Robby, 7. He works as medical director of Huntington Convenience Clinic, practicing urgent care and occupational medicine.

(Continued on page 12)

Making the Rounds

C OGMET, the Consortium for Osteopathic Graduate Medical Education and Training, successfully completed its first full year of operation in 1992. Growth and new opportunities abounded, and COGMET "seized the moment." We are pleased to provide an update of our 1992 accomplishments. Highlights include:

- An 18% increase of 27 new interns and residents (from 225 to 252) serving in COGMET hospitals
- Continued satisfaction on the quality of the educational programs reported by residents
- COGMET physician faculty and staff visited nine osteopathic medical schools, contacted 976 medical students, and as a result, provided 530 names of potential residents to COGMET hospitals
- SOMA (The Student Osteopathic Medical Association) hosted two COGMET presentations at its national meetings
- Two editions of COGMET Rounds distributed to 6000 medical students.
- Ingham Medical Center Corporation, our first associate member, joined COGMET

Numerous faculty development activities included:
- Two state-wide seminars with nationally recognized speakers attracted over 100 physicians
- Twelve COGMET Nights, the community-based faculty development training programs, reached 155 physicians in three months
- A faculty development Advisory Committee of national experts in faculty development continues to address the needs of community based faculty
- An application for a $600,000 federal grant to direct faculty development activities for internal medicine residents in all COGMET hospitals
- COGMET's budget increased from $123,360 in 1989 (supporting the Internal Medicine Program only) to $856,815 in 1993, evidence of COGMET hospitals' strong commitment to graduate medical education
- Pharmaceutical companies gave COGMET $21,000 to support 1992 programs, up from $6,000 in 1991 – a 250% increase
- An ambitious COGMET Three Year Strategic Plan was adopted by the Board of Directors

The strategic plan includes a revised mission statement, goals, objectives and action strategies for COGMET as a whole and the three Residency Program Advisory Committees. The plan was developed with input and advice from all levels of the organization; residents and interns, residency program directors, directors of medical education and chief executive officers. It represents a consensus of the entire organization on the future direction of COGMET.

The COGMET strategic plan calls for the development of educational standards and curricula in all three residencies, a state-wide marketing effort, further fund development, and increased communication among MSU departments, hospital departments, CEOs, DMEs and residency directors.

As we move forward in 1993 toward implementation of the strategic plan, we look forward to sharing our progress. If you would like to receive a copy of the strategic plan or want further information about COGMET, please call 1-800-685-5769.

Christopher T. Meyer, D.O.
COGMET Executive Director
AOA President Addresses MSUCOM Students

This winter the 95th president of the American Osteopathic Association, Edward A. Loniewski, D.O., addressed a large gathering of MSUCOM students, staff and faculty. The presentation, entitled "The Future of Osteopathic Medicine," was organized by the Student Council.

Dr. Loniewski addressed various issues ranging from student attitudes toward AOA, the leadership attitudes of AOA president's goals, students' concerns and the future of osteopathic medicine in the United States.

Dr. Loniewski asserted that the image of physicians among the public was at its lowest. He urged the osteopathic physicians of tomorrow to win back patients through caring and building trust. The Care-A-Van project initiated by the AOA was part of this initiative. This project provided free health screenings which included examinations and tests for height, weight, blood pressure, cholesterol levels, glucose levels, vision, pulmonary function, and eye, ear, nose and throat. AOA's two Care-A-Vans covered 200 cities, screened 22,000 patients and traveled 50,000 miles. He expressed the need for developing high quality, low-cost providers. This would help bring down the cost of health care in United States.

Primary care fitted right into this need, he said.

Dr. Loniewski stressed the importance of public relations in the osteopathic profession. Educating the public and key decision-makers on the importance of osteopathic medicine was key to the success of this profession, he added.

For the osteopathic profession to be effective, Loniewski said, a cooperative attitude must be adopted among osteopathic colleges, physicians and hospitals. Quoting Dr. A.T. Still, the AOA president said that osteopathic students should be prepared to accept progressive principles and practices in medicine.

Citing research, Dr. Loniewski mentioned that osteopathic medicine was not the first choice among undergraduate students aspiring to be doctors. Responding to osteopathic students' perceptions of AOA as a watchdog or reprimanding agency, the president wrote a personal letter to all osteopathic medicine students in the country. This letter outlines the goals and objectives of the AOA and addresses some misconceptions held by the students about the AOA, he said.

MSUCOM OPEN HOUSE '93

An estimated 500 enthusiastic students and parents attended the MSU College of Osteopathic Medicine Open House this spring. The Open House was organized to inform and educate students about the D.O. programs and opportunities offered by MSUCOM.

Student volunteers from MSUCOM gave the participants a tour of the College which included the anatomy lab, the Kobihlak Resource Center, the Kobihlak Computer Center, and numerous student exhibits. The volunteers answered a wide range of questions on teaching methods, extracurricular activities, financial aid, admission procedures, level of difficulty in classes and study hours.
COM Students Celebrate Black History Month

Diversity through the arts...for the art of medicine...was the theme of what is hoped to be a series of visual presentations in MSUCOM’s Kobyljak Resource Center. Coinciding with Black History Month, the college showcased an African American art exhibit featuring the work of Michigan artists Wilbert Robbs and John Mittelsdorf.

A nighttime "meet-the-artist event" gave students, faculty, and staff the opportunity to see Lansing’s Wilbert Robbs show and discuss several pieces of his work. Wilbert combines his art with his love of travel, and painting trips have taken him across the United States, Canada, the Caribbean, Brazil, and several West African countries. In 1989, his "Togolese Famine Market" watercolor, depicting the carrying and weighing of fabric in Togo, West Africa, won first place in Painting Award at the 22nd annual Michigan Painting and Sculpture Competition.

The project was sponsored by MSUCOM’s Diversity Core Group, which is the college’s response to a university-wide effort to promote diversity. The group includes COM faculty, staff, and students. A planning committee for this event solicited ideas for review and MSU art department consultants Brenda Clark Pluta and Bob Wall volunteered their expertise in assisting the group select the artists.

Last year the Core Group sponsored a theatrical presentation designed to expose students to the lives of persons who are physically challenged. Both the performing and visual arts presentations depicted the experiences of different minorities and were intended to give students an appreciation for differences in our society.

Family Contribution

Despite what are predicted to be some lean years ahead for the university, MSUCOM staff continue to respond to the needs of those less fortunate in our community.

For the past few years, the Department of Osteopathic Medicine has "adopted" a needy family identified by the St. Vincent Home for Children in Lansing. Their success in the past led them to sponsor two families this year and inspired Carol Howland, a 28-year MSU employee, to coordinate a similar effort in the dean’s office. Food, gifts, and cash were collected, and Howland used the money to purchase additional groceries and children’s clothing. The response was so successful that there was enough money to purchase a much-needed vacuum cleaner for the family.

GATLIN SCHOLARSHIP

First-year MSUCOM student Bridget Tab is this year’s recipient of the Elias L. Gatlin Scholarship, a cash award established to assist entering minority medical students to meet their financial needs.

A native of Birmingham, Alabama, Tab received her undergraduate degree in biology from Fisk University in Nashville, Tennessee, where she was president of her senior class and president of the Health Professions Club. The club invited speakers to give future health professionals an idea of what to expect in medical school and practice. Tab also attended a seminar at Meharry Medical College. She first became interested in osteopathic medicine through a friend and, after doing some independent reading, Tab decided she liked its holistic approach to medicine. After graduating from college in 1988, she enrolled in an enrichment program at Southern Illinois University.

Tab’s long-term goals include research, practice, and teaching. She tutored biology and general chemistry at the University of Alabama in Birmingham and has worked in immunology research. She enjoys being able to apply book knowledge to practical situations. She said her practice goal is “to provide people with the medical care they need regardless of their economic status.”

Tab is only the second student to receive this award, named for Elias L. Gatlin, who established the MSUCOM’s Medical Access and Support Program, an initiative to prepare students for medical school and to assist them throughout their medical school experience. Gatlin saw the value of cultural diversity and awareness in medical education and was committed to increasing the number of culturally and racially diverse osteopathic graduates of the college. Gatlin died in 1989 and a scholarship was established to continue her commitment.

In Memoriam: James J. Davis

James J. Davis, D.O., F.A.C.G.P., died in an automobile accident on Friday, February 19, 1993. Dr. Davis was a professor in the Department of Family Medicine at MSUCOM.

A dedicated teacher, Dr. Davis instructed osteopathic students at MSUCOM in many areas of family medicine for more than 20 years. His special interests included health promotion and disease prevention. Dr. Donald Waite, D.O., professor emeritus of family medicine, said, “He was one of the most dedicated physicians I have come across in my 37 years of medical practice. I knew him since the time he came to Michigan State, some 20 years ago.”

Dr. Davis was a member of numerous professional organizations, and also served on several local and national osteopathic committees. He served twice as the president of Ingham County Association of Osteopathic Physicians and Surgeons.

He was educated at Philadelphia College of Osteopathic Medicine, receiving the D.O. degree in 1965. He was a graduate of Canisius College and the Naval Officer Candidate School at Cornell University. Dr. Davis also served in World War II, stationed in the South Pacific in 1943.

He is survived by his wife Betty; sons Kingman of East Grand Rapids, Bruce of Grand Rapids, Bradley of Bloomington, Douglas of Golden Valley, MN, eight grandchildren; and other family members.

Contributions in Dr. Davis’ memory can be made to the COM Student Scholarship Awards Fund through the Office of Development, 355-8355. (Mail to: Office of Development, A 314 East Fee Hall, College of Osteopathic Medicine, Michigan State University, East Lansing, MI 48824.)
June

- June 2: COGMEF Family Medicine Education Day
- June 3: COGMEF Basic Science (OB/GYN)
- June 7-11: Level II Manual Medicine Technique: Below Knee Amputations (BC, EL)
- June 11: COGMEF Basic Science (OB/GYN)
- June 13:
- June 14: Psychiatry Grand Rounds
- June 15:
- June 17:
- June 18:
- June 19:
- June 20:
- June 21:
- June 22:
- June 23:
- June 24:
- June 25:
- June 26:
- June 27:
- June 28:
- June 29:
- June 30:

July

- July 7: COGMEF Family Medicine Education Day
- July 8-11: Camouflage Techniques: Part II (BC, EL)
- July 11:
- July 12:
- July 13:
- July 14:
- July 15:
- July 16:
- July 17:
- July 18:
- July 19:
- July 20:
- July 21:
- July 22: COGMEF Internal Medicine Education Day
- July 23:
- July 24:
- July 25:
- July 26:
- July 27:
- July 28:
- July 29:
- July 30:
- July 31:

August

- August 4: COGMEF Family Medicine Education Day
- August 5: COGMEF Basic Science (OB/GYN)
- August 11: COGMEF Faculty Development Advisory Committee
- August 12: COGMEF Basic Science (OB/GYN)
- August 19: COGMEF OB/GYN Education Day
- August 20-22: Spinal-Costovertebral Techniques (BC, EL)
- August 23:
- August 24:
- August 25:
- August 26:
- August 27:
- August 28:
- August 29:
- August 30:
- August 31:

*For information on any COGMEF event, please contact Laura Torres at 506-2892.
Department of Pediatrics
(continued from page 4)

which helps finance health care to children. Another
example of the wide spectrum of community services
offered by the Department of Pediatrics is the sexual
assault clinic in the Clinical Center at MSU.

Championing bringing public perception into line
with practice, Dr. Bernard Kay, chairperson of the
Department of Pediatrics, urges proponents of
osteopathic medicine to become advocates for primary
medicine. "Osteopathic physicians were dedicated to
primary care for a long time. They had just not been
vocal about it before," he said. ■

A Drama In Real Life
(continued from page 4)

a few hours of school every day.

Upon his completion of high school, the couple
from Indiana kept their promise and helped Mobi
get admitted to Goshen College, Indiana, for a B.A.
in biology. Now Mobi has graduated in May, 1993
with a D.O. degree from MSUCOM. He wants to
do his internship at Lansing General Hospital and a
residency in orthopedic surgery.

The lure of Western civilization hasn’t veered
Mobi from his ultimate goal. Mobi wants to use his
knowledge for the well-being and betterment of his
country. In a country with one physician for every
16,000 population, Mobi could do a lot of good. He
wants to go back to Swaziland after completing his
commitments here in the United States. In a country
with one of the poorest health standards, an
osteopathic physician from MSUCOM will be all set
to make a difference. ■

Alumni Updates
(continued from page 6)

David Mendelson practices ENT and facial
plastics in Cincinnati. He and his wife Laura are
celebrating the birth of their first child, Rachael
Sandur, born in January.

Karen Baboos married Bruce Kline, M.D., a
family practitioner, on October 9, 1992.

1985

Christine M. Hamilton reports that she recently
bought out her partner, who is going to retire in
one to two years, "so Community Medical Center
in Shipshewana is all mine." She is practicing
rural clinical medicine and delivers about 100-
150 babies a year. She was selected chief of staff
of the local "mixed staff" hospital in LaGrange,
Indiana, as of January. Her second child, Katherine Ann, was born in April 1992.

Jay H. Sandberg practices in Clawson, and has
recently joined the staff at William Beaumont
Troy and Oakland General. He is actively
involved in the training of interns and residents.
He married Alissa Goldaden in March, and in
July, Dr. Walter Lang will join him in practice.

Larry J. Pepper was recently promoted to
manager, Shuttle Medical Operations for NASA-
Johnson Space Center. Dr. Pepper serves on the
Board of Trustees for the Texas Osteopathic
Medical Association and American Osteopathic
Board of Preventive Medicine. He starred in the
movie "To Be An Astronaut," made for the New
Space Center, Houston facility.

1984

Ronald C. Miller was recognized as Preceptor of
the Year in 1992 and for excellence in residency
teaching. He has three children, all college
graduates, but two right in graduate school.

Jay A. Klein is serving as medical director,
Birchwood Nursing Center, and Tendercare
Extended Care Facility in Traverse City.

Phyllis L. Popp in August 1991 married George
Kern, a high-school guidance counselor. They
and his two daughters live in Washington. Dr.
Popp works at the Community Health Center in
Oxford (a satellite of Pontiac Osteopathic
Hospital) and became board certified in
general practice last spring. The latest addition
to the family is Beethoven, a cocker spaniel
mutt puppy.