Dean's Column

It's no surprise to me that as early as the 17th century students were calling their universities "alma mater" — Latin for "fostering mother." Though all our students came to us as competent successful adults, here at MSUCOM they matured into competent successful osteopathic physicians. They didn't just get a degree; they joined a professional family, and they have developed family ties.

It's a great privilege for our faculty and staff to serve as catalysts for that kind of human growth, and our greatest satisfaction occurs when we hear, over and over again, the success stories of our alumni. Some of those stories, unfortunately only a small fraction, are featured in this issue of Communiqué — stories of caring, of compassion, of overcoming obstacles, of triumph.

Among the greatest strengths of our alumni is that they represent a wide variety of ethnic, cultural, social, economic, religious, political and physical characteristics. This diversity is important because our patients include highly diverse populations and often seek physicians whom they perceive to be most like themselves. It's important because the holistic approach to osteopathic practice demands that we have a heightened awareness to the values and cultures of our patients and communities.

We're working hard at the college to maintain and to enhance diversity among our students, staff and faculty. The OsteoCHAMPs program is attracting and retaining the interest of highly intelligent young high school students in disadvantaged communities — an effort to deepen the shallow pool of minority applicants. We are hiring an individual to work only on the recruitment of underrepresented minority students, so that our college can be competitive in enticing highly qualified candidates to our campus. Our Diversity Committee is hard at work on a strategic plan.

We're also celebrating diversity in our college with presentations and other events. Most notable of these is the public Visiting Minority Faculty program, which enticed world-class speakers to discuss the US civil rights movement in 2001, and will be held again in February 2002.

You can help by encouraging qualified persons to enter the osteopathic profession, by providing them with college contacts and materials, by speaking about the profession in your community, and most of all, by continuing to serve as a positive role model for our profession.

Thank you for all that you are and all that you do to promote the science of medicine, the art of caring, the power of touch.

Allen W. Jacobs, DO, PhD
FEATURES

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Trinh Nguyen, DO, almost never made it to medical school in the United States. Here is his remarkable story, including his experiences in the Vietnam War and how his siblings and son have followed in his footsteps.

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One of the strengths of this college has always been its alumni—active, diverse, and committed. We have gathered profiles of a handful of those who graduated in the 1970s, 1980s, and 1990s.

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MSUCOM alumnus Trinh Nguyen (Class of ’89)
proudly stands outside of
his clinic with his son,
Khang-Hy, a member of the
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Against All Odds

TRINH NGUYEN

As part of their education, most medical students and young physicians have the chance to practice their skills in clinics, hospitals and other learning-friendly settings. Trinh Nguyen, DO (Class of 1991), is different. He was thrown into a war.

A native of Vietnam, Dr. Nguyen was a medical corps officer in the South Vietnamese army. After some rudimentary training, he served in the Vietnam war from 1972 to 1975.

As his country exploded into a bloody civil war between the north and the south, Dr. Nguyen became a medical team leader. His team did triage on the battlefield and was responsible for evacuating the wounded. According to Dr. Nguyen, it was very intense. “We were in many battles. It was very scary.”

Although he survived the war, Dr. Nguyen’s ordeal was not over. After the North Vietnamese overran the south, Dr. Nguyen was placed in a prison camp by the Communists from 1975 to 1976.

Solemn and deliberate, Nguyen remembers that year as one of the hardest of his life. “There wasn’t much food in the prison, and I was like a skeleton,” he says softly. One

"THE WAR AFFECTED ME A LOT," DR. NGUYEN EXPLAINS. "I SAW A LOT OF SUFFERING AND I WANTED TO HELP AS BEST I COULD."
of his only comforts at the time was a visit from Hoi, his future wife, and his mother, although visits were limited to 30 minutes every three months.

"They put us on opposite sides of the room," Dr. Nguyen remembers. "We would talk for 30 minutes and then the guards would shout, "Time's up! Time to leave!'"

After the war Dr. Nguyen married Hoi, and with two children and a third on the way, the family immigrated to the United States in 1982 to join family in Chicago. With the war behind him, Dr. Nguyen was determined to make the best of his combat experience and go to medical school.

"The war affected me a lot," he explains. "I saw a lot of suffering and I wanted to help as best I could. My dream was to complete my training and someday become a physician."

With Mrs. Nguyen supporting the family with her dressmaking and tailoring skills, Dr. Nguyen learned English, graduated from Northeastern Illinois University, and eventually joined MSUCOM's Class of 1991. He now runs a own family practice clinic in Lansing.

**A Family Tradition**

With his life-long perseverance and enthusiasm for medicine, Dr. Nguyen led the way for two generations of Nguyens who followed him into the osteopathic profession.

There is brother Quoc Nguyen (Class of 1992), who is practicing in San Francisco with the Navy and sister Phi-Thao Nguyen (Class of 1998), who is completing a fellowship in gastroenterology.

Last, but certainly not least, is Dr. Nguyen's eldest son, Khang-Hy who switched from a possible career in chemical engineering to follow in his father's footsteps. He is now a second year student at MSUCOM.

"I know in 20 years I will look back at my career choice and not regret it," Khang-Hy explains. "I see the way my father comes home excited and happy, telling stories about his day at the clinic. That definitely influenced me. I see how fulfilling medicine can be."

Backdrop (far right): Dr. Nguyen stands with his medic team after a battle during the Vietnam War.
A family tradition (from left): Matt, Karlin, Susan and Eric Sevensma

Osteopathic Legacy

THE SEVENSMA'S

Celebrating Alumni
By K. Friday

Some passions run deep through the generations. Just look at the Sevensmas.

Since the turn of the century—approximately four generations—there has been a Sevensma practicing medicine in the Grand Rapids area. Some have been MDs, optometrists and nurses. Recently, in the last decade or so, there has been a fair share of Sevensma osteopathic physicians—all students at one time or another at MSUCOM.

Meet Susan Sevensma, DO (Class of 1982), a family practice physician and program director for the Family Practice Residency at Metropolitan Hospital. Her daughter, Karlin Sevensma, DO (Class of 1997), is the chief surgical resident at Metropolitan Hospital. Dr. Karlin Sevensma’s cousin, Matthew Sevensma, DO (Class of 1999), is a third year resident in internal medicine at Metropolitan Hospital. His younger brother, Eric Sevensma, is a member of MSUCOM’s Class of 2003.

In many cases a high-achieving family in the same profession could be intimidating, but the Sevensmas reveal that there has never been pressure to follow the family tradition. What there has been, they say, is the respect created by quiet example.

“My mother had a tremendous impact on me going into medicine,” Dr. Karlin Sevensma says. “But she never pressured me; it was always what she did that was more influential than what she said.” Dr. Karlin Sevensma was eight years old when her mother started medical school, and she says her interest in medicine was piqued after playing patient so her mother could practice OMM. Dr. Karlin Sevensma also remembers her grandfather, Eugene Sevensma, MD, using manual medicine.

“My grandfather was an MD, but he was interested in manipulation,” Dr. Karlin Sevensma remembers. “I know he touched his patients and was a very hands-on physician.”

Dr. Matt Sevensma also traces his interest in medicine back to his family. In addition to the optometry practice of his father, he remembers how he and his little brother Eric were fascinated by living things at an early age. “Eric and I used to spend hours outside, playing with crayfish, snakes, animals the cat had caught—you name it. I think this was the beginning of my interest in biology and then, much later, medicine.”

For Eric Sevensma (Class of 2003), his family has shown him the importance of compassionate physician-patient relationships. “I have watched my aunt, my cousin and my brother and have seen the kind of physicians they have become,” Mr. Sevensma states proudly. “They take the time to get to know their patients and interact with them as more than just physicians with jobs to do. That’s the kind of DO I want to be.”
Goals in Sight

GLEN HATCHER

by K. Friday

In 1993, Glen Hatcher, DO (Class of 1975), was happily practicing ophthalmology in Las Vegas when he got a call from an old friend, who proposed an additional career endeavor: help start a multi-specialty eye care practice based in Saginaw, Michigan. Although Dr. Hatcher fully intended to help his friend for two years and then return to Las Vegas, "it is almost six years later and I'm still in Saginaw with a practice that has grown to 12 locations and 150 employees," he says. Indeed, the numbers are impressive for what started out as a "temporary" commitment: the consortium has offices in nine separate Michigan cities and performs over 1,500 surgical procedures a year.

When not practicing in Michigan, Dr. Hatcher has recently found his challenges in the deserts of Mexico and the Southwest. He is one of several physicians who volunteer their time once a month for LIGA International, Inc., a philanthropic organization that provides medical supplies and medical treatment to the rural poor in Mexico. Once a month, physicians, surgeons, and other specialists like Dr. Hatcher climb aboard tiny, privately owned propeller planes (flown by other LIGA volunteers), brave almost certain air sickness, and fly to rural clinics across the Mexican border to offer their skills free of charge for an entire weekend. Dr. Hatcher says that he has made four weekend trips to a clinic in El Fuerte, Mexico and performed as many as 30 surgeries over the course of a single weekend there. "We work from sunup to sundown or until we can't go anymore," he explains. "We often have to deal with power outages, a lack of running water, and equipment confiscations at customs."

This past July Dr. Hatcher embarked on still one more desert challenge: hiking into and out of the Grand Canyon. Although close to five million people visit the Grand Canyon a year, only a tiny minority hike to the bottom, camp along the Colorado River, and hike out the next day. "It was absolutely the most exciting, yet exhausting physical activity I have ever undertaken," Dr. Hatcher says. "Hiking out of the Grand Canyon in 110 degree heat is as close to death as I ever want to be."
here at Fee Hall, people still remember Sharon McGarrity, DO (Class of 1978), even though it has been more than a couple of decades since she was a student. Gregarious, attractive, and energetic, Dr. McGarrity was the kind of student who once savored the chance to participate in a flamboyant, if slightly risqué, dance routine during Fee Follies.

When asked to describe herself, Dr. McGarrity laughs and says, with some understatement, “I think I was a bit of a non-conformist when I was in school.” Indeed, among the faculty, staff and administrators who knew her, no one is surprised that she eventually made it to Hollywood to build her medical career.

A native of Detroit, Dr. McGarrity arranged to do a couple of rotations in southern California as a student, fell in love with the area, and returned to build a family practice. “I liked the weather out here and the whole atmosphere of southern California. It was glitzy, exciting, and it appealed to my personality,” she says.

After settling in Los Angeles, Dr. McGarrity quickly became a figure in the community, befriending physicians, local politicians, and an assortment of entertainers and celebrities. In 1984, she started McGarrity Medical Corporation, a family practice based in south central Los Angeles.

As with everything else in her life, Dr. McGarrity conducts her practice with a certain flair. “My waiting room is kind of a potpourri of people. We have a real cross section of LA here,” she explains. “In one day we can have actors, comedians, seniors, single mothers, and singers/rappers sitting in the same room. Sometimes I think people come a little early just to enjoy the experience.”

Part of that experience used to be seeing what Dr. McGarrity and her staff would be wearing. Apparently, knee-high boots, boa scarves and other flashy apparel were quite common. “That all changed after I got married,” Dr. McGarrity explains. “Now we all wear those boring white coats.”

Despite the play and the inextricable sense of style, Dr. McGarrity is deeply committed to the community she serves. She says she could have gone to Beverly Hills or other affluent communities to start her practice, but she prefers the inner city and the south central community. “This is where I started and where I want to stay. I know this population,” she says.

Part of her commitment involves fighting insurers who want to cut benefits and deny payments to her poorer patients who have been recently moved into managed care programs. “In an effort to cut costs, insurers are increasingly denying payments without explanation,” Dr. McGarrity says. Fighting managed care is no easy task. Dr. McGarrity says that the faxing, letter writing, and paperwork can be overwhelming. “But I am not going to give up,” she declares, “I don’t see why my patients should receive fewer benefits than other populations...just because they are poor.”
Wilderness & Water

by K. Friday

Julie Dixon, DO (Class of 1985) devotes most of her energy to two of her favorite passions: practicing medicine for Native Americans and sailing turquoise oceans.

A member of the Lac du Flambeau Band of Chippewa Indians, Dr. Dixon describes herself as a "small town, northern Michigan" person who "left the woods" to get her education.

A native of Sault Ste. Marie in the Upper Peninsula, Dr. Dixon began her medical career with a nursing degree from Lake Superior State University before graduating from MSUCOM in 1985 and becoming board certified in family practice in 1986. Throughout her education, she always knew she would return to work with Native Americans.

In 1986 she left Lansing, which she describes as a "big city," and opened a private practice in Traverse City. In part, Dr. Dixon provided primary care and obstetrics for the Grand Traverse Band of Ottawa and Chippewa Indians. As the co-director of Access Obstetrics, Inc., she also provided prenatal and delivery services to indigent women.

After working in Traverse City, it was time to indulge her passion for the sea, so Dr. Dixon took a year hiatus and, with partner William Schnurr, DO, sailed from the upper Hudson River in New York down to the Bahamas and Key West. Living on their boat, the two fished, went scuba diving, and explored life outside of medicine.

Returning to the states, Drs. Dixon and Schnurr moved to South Dakota, where they offered their services to the Sioux of the Pine Ridge Indian Reservation. Despite the chronic health problems endemic to poverty and underfunded health care—infected disease, hypertension, trauma, diabetes, etc.—Dr. Dixon says her patients were fun to work with and always grateful.

"It's always nice to feel like you are making a difference," she explains.

Running a 45-bed facility for a population of 35,000, Dr. Dixon was unflagging in her efforts to bring quality health care to this greatly underserved population. "My whole philosophy is simple," she declares. "Native Americans deserve the same level of health care as other Americans."

As part of this commitment, Dr. Dixon bought state-of-the-art radiology equipment and required all the radiologists in the clinic to be certified in mammography. This way, her patients would no longer have to drive almost 100 miles to have a mammogram. Ironically, the improvements helped save Dr. Dixon's life when one of her technicians discovered her breast cancer.

After successful surgery in 1999, it was time to take another break. This time Drs. Dixon and Schnurr took a catamaran and again sailed through the Bahamas, keeping in contact with family and friends through ham radio and email.

Not surprisingly, these days Dr. Dixon is back in northern Michigan, where she runs a tribal health clinic for the Little River Band of Ottawa Indians. Although she spends most of her time finding ways to improve the health care for the tribe, you can bet another sailing and scuba trip is in her future somewhere.
A Big Heart in Open Spaces

JOHN JACKSON

by K. Friday

John Jackson, DO (Class of 1987), might stand out a little in Schuyler (pronounced skyler), Nebraska.

In this small rural community of farmers and meatpackers, Dr. Jackson is one of two osteopathic physicians within driving distance of his clinic, the only physician in his county, and he says he might be the only African-American in the area as well.

Citing the example set by his parents who, by his account, were “always politically and socially active,” Dr. Jackson explains that throughout his career he has always wanted to work with underserved, rural populations.

“I have always wanted to go where I was needed, I will find the poorest of the poor,” he says.

This desire led him to rural Arkansas for four years and then to Appalachia in eastern Kentucky, one of the poorest regions in the nation.

As a family practice physician in these areas with few doctors, Dr. Jackson wears many hats, providing a full range of care to his patients and expanding—out of necessity—what it means to be a family practice physician. In his clinic in Schuyler, Dr. Jackson serves as the area’s obstetrician, pediatrician, and geriatric specialist. On one day he might do a cesarean, and then on the next spend the afternoon making housecalls to patients who can’t make it in to see him.

When asked if he thought it was difficult being an African-American in a rural region comprising mostly whites and Hispanics, Dr. Jackson responded by pointing out that his patients don’t see the color of his skin. The numbers, he says,

DR. JACKSON TAKES TIME OUT FOR A HOUSE CALL.

speak for themselves.

“I have a closed practice,” he says. “I am booked because I do emergency room calls. I am booked because I still do housecalls on a regular basis. I am booked, I think, because I treat people well. I know everybody who comes into my clinic by name, and I know their families as well.”
Susan Roubal, DO (Class of 1981), began her medical career capturing medical images with the help of machines. Now she creates her own images with the help of a brush.

Dr. Roubal’s journey through medicine displays an interesting—if not ironic—symmetry. After a series of residencies and fellowships in radiology and pediatrics, Dr. Roubal became a pediatric radiologist at the Children’s Hospital in the Detroit Medical Center. There she specialized in oncologic imaging and took X rays of some very sick children. Imaging and diagnosing an entire array of diseases and syndromes, Dr. Roubal says the work was intellectually demanding and very stressful.

In 1995, disease became an even greater preoccupation for Dr. Roubal when she was diagnosed with rheumatoid arthritis. By 1996, her condition worsened and she was using a wheelchair and out of work for six months. Eventually she retired, but she still suffers from arthritis, fibromyalgia, and osteoarthritis.

"Initially, the whole experience was devastating to me," she explains. "I could no longer work, and sometimes people would look at me, see a seemingly young and healthy woman in a wheelchair, and wonder if I were truly ill."

By her own account, though, Dr. Roubal’s retirement opened new doors for her. She had to learn how to relax, be healthier, and discover a part of her not connected to career. Though once a radiologist, she returned to her DO roots by undergoing OMM in order to regain some of her functionality lost to the arthritis. Most importantly, she discovered that the same three-dimensional spatial sense that made her a successful radiologist worked just as well in painting.

Dr. Roubal paints with pastels, which are pure pigments with very intense colors. Somehow, that seems appropriate, because as she describes it, “people seem to have a really emotional reaction to my work. They always ask where I went to art school, but I don’t have an answer for them.”

Although her condition does not always allow her to paint, Dr. Roubal says that when she is in remission her energy flows into her painting. “I am not one of these people who can paint when they are unhappy,” she explains. “I paint when I am happy and energetic and largely free of pain. Sometimes I feel so euphoric I can actually see myself paint. It’s strange, I know, but it has happened several times."

When asked about what others might learn from her experience, Dr. Roubal laughed and said, “Physicians should make their avocations as passionate as their vocations. You never know when they might come in handy.”

DURING A REMISSION PERIOD, DR. ROUBAL ENJOYS A RELAXING MOMENT OF PAINTING.
Stepping out in Faith

by Pat Grauer

While others are preaching about health care for our neediest citizens, Dr. Kathleen Kleinert (MSUCOM '95) is out there practicing it. She's seminal in developing a unique faith-based initiative that seeks to serve 15,000 people in southwest Detroit.

Covenant Community Care, Inc., has grown as a partnership of four area Evangelical Covenant churches, Dr. Kleinert, former teacher and new administrator Bruce Larson, and a community board.

"It's an area called 'Mexican Village,'" Dr. Kleinert notes, "and it's about 65% Latino and 25% African-American.

Even though she had wanted to go to medical school since she was 12, Dr. Kleinert was 37 before she made it to MSUCOM. But she and her husband stepped out in faith, something they've continued to do — through osteopathic medical school, residency, and her current practice, a clinic on Eight Mile Road in Livonia.

Emphasizing that care is offered without prejudice to everyone, Dr. Kleinert has always made it a part of her practice to talk about the spiritual aspects of their health issues with her patients.

"Faith is the motivating force for many of us involved," said Mr. Larson. "Faith and a love for this city — this project fits my heart."

Dr. Kleinert will be working hard, with 35 hours a week scheduled at the Covenant site and 30 hours a week at her present practice. She'll be reducing two services she presently offers — delivering babies and making housecalls.

The group has made an offer to purchase an old funeral home in the area, and has plans for major renovations, including installation of an elevator and development of a pharmacy and laboratories.

"Our family had five kids and no insurance," Dr. Kleinert confided, "and I remember how difficult it was for us in that situation. But I know the Lord, and I know that we're called to give back."

DR. KLEINERT SHARES HER BRAND OF OSTEOPATHIC MEDICINE WITH A PATIENT.
The New Face of Medicine

by K. Friday

This year's MSUCOM Alumnus of the Year award winner, Andrea Amalfitano, DO, PhD (Class of 1990), has spent most of his medical career studying genetic diseases.

A medical geneticist at the Pediatric Genetics and Metabolism Clinic at Duke University Medical Center, as well as an assistant professor of pediatrics and genetics, Dr. Amalfitano has devoted his work to some of the most pressing questions in medicine: What makes people predisposed to serious diseases? How are genetic predispositions inherited? Can genetic diseases be treated?

Dr. Amalfitano's research has made him a leader in genetic medicine, a field that examines and addresses the etiology of disease from a genetic level. A recipient of several National Institutes of Health grants, including the Shannon Award, Dr. Amalfitano is currently developing procedures that would use common cold viruses to deliver missing genetic information into humans as a means of combating multiple genetic or non-genetic diseases. Although his study is in the early stages, Dr. Amalfitano points out that at present there are over 500 clinical trials worldwide in this burgeoning field, all of which are looking at different ways to introduce genetic corrections for a variety of diseases and cancer—including AIDS. If any of these studies are successful, it would revolutionize medicine.

"Everybody is born with at least three or four new genetic changes that occurred randomly at conception and everyone inherits genetic traits that may influence their susceptibility to a variety of human diseases," he explains.

"Your health largely depends on where these changes or mutations occur. This is more prevalent than many (including physicians) would like to think. For example, three to five percent of all newborns will be diagnosed with some form of a genetic disorder within the first year of life. Fifty to seventy percent of admissions to children's hospitals result from genetic diseases. Truly, at some level, all diseases are genetic."

Although genetic medicine may seem a bit esoteric, Dr. Amalfitano sees continuity between his current work and his training as an osteopathic physician. He explains that what he does now is the kind of "translational medicine" emphasized in MSUCOM's Medical Scientist Training Program: taking research in the lab and applying it in the clinic.

"Genetic medicine takes holistic medicine to the nth degree," he explains.

"When I examine patients often I am looking for symptoms of genetic mutations. That means I critically rely upon my physical exam skills, and I am very interested in family histories and the impact of environment on genetic predispositions. Genetic medicine is also preventive medicine. Knowing patients' genetic predispositions allows me to intervene in their behaviors in strategic, preemptive ways."
House Call

JOHN BEHM

by K. Friday

Alumnus John Behm, DO, (Class of 1990) likes to make his patients feel at home.

After becoming an independent physician in 1999, Dr. Behm purchased a former residence in Owosso and remodeled it for his clinic. With the help of his father, who made most of the clinic's wooden cabinets and refinished most of the woodwork, Dr. Behm worked on his new "house" for over six months.

When it opened in March 2000, Dr. Behm's clinic featured a waiting room with a fireplace and three exam rooms: an "angels" room, a "Noah" room, and a "fishing" room.

Dr. Behm is a family practice physician, the only one in Shiawassee County who still does obstetrics.

After hearing about his new clinic, representatives from MSUCOM's Office of External Programs paid Dr. Behm a visit to see his handiwork and learn about his practice. In the last year, staff have made more than 80 such visits to MSUCOM alumni.
The role of director of medical education has evolved enormously in the last few years, transforming busy doctors into even busier physician/educators. In most hospitals, they are responsible for all elements of professional education — osteopathic medical students on clinical rotations, interns, residents, fellows and physicians requiring continuing medical education. In Michigan, seven of MSUCOM's alumni have taken on these substantial responsibilities.

Joseph N. Cook, DO
MSUCOM '77
DME 1994-present
Munson Medical Center, Traverse City
I think that the greatest joy in being a DME/PD is that it places me in a position where I can observe the tremendous personal and professional growth that occurs in physicians during their clinical training years. It is a stimulating and humbling experience to work closely with these intelligent and hard-working young physicians.

Richard LaBaere II, DO
MSUCOM '90
DME 1998-present
Genesys Regional Medical Center
"I consider it a privilege to have the opportunity to interact with, guide and serve osteopathic students, interns and residents. I see my role as one who strives to mold environments in which our trainees flourish, promote the osteopathic profession and best serve our communities.

Richard Butler, DO
MSUCOM '82
DME 1995-present
St. John Oakland Hospital
Students come into medical education with a wonderful sense of intrinsic motivation, a desire to learn, and a commitment to care for people. As medical educators, we must develop systems that offer guidance and support for ongoing personal and professional growth. The most important lessons in medical education cannot be taught; they must be self-discovered.

Kari Hortos, DO
MSUCOM '82
DME-1994-present
Mount Clemens General Hospital
As vice president of medical education, I have the opportunity to assist in the design and implementation of the ever-evolving continuum of osteopathic medical education — a challenge I truly enjoy.

Deborah Jo LeVan, DO
MSUCOM '76
DME 1994-2001
St. John Detroit Riverview Hospital
I loved being able to facilitate our housestaff achieving their professional goals and growing into wonderful idealistic talented osteopathic physicians.
Joe Naughton, DO
MSUCOM '89
DME since May 2001
St. Joseph Mercy
Macomb

We are developing a rotating internship and an obstetrics-gynecology residency program. These programs will accept their first classes on July 1, 2002. We are a busy, community-based hospital with many state of the art programs and facilities. Our new Cardiovascular Program, Outpatient Surgery Center, and our Cancer Care Center are just a few of the highlights of our hospital. In addition, our physicians are eager to develop a teaching experience that will allow our interns and residents to be well-trained and well-rounded when they graduate from our program. We welcome any interested students or interns to come and speak with us and tour our hospital.

Gary Willyerd, DO
MSUCOM '78
DME 1990-present
POH Medical Center,
St. Joseph Mercy
Oakland

As the director of medical education for the POH Medical Center, I have the opportunity to work with thousands of medical students, interns and residents. I hope that I have had and will continue to have a positive influence on them and the direction they take with their careers in osteopathic medicine. In addition to working with my "kids," I enjoy a close working relationship with our alma mater, MSUCOM, and serving on the Governing Board for the Statewide Campus System of MSUCOM.

Kathy McLeod

When a course or lab runs smoothly here at Michigan State University's College of Osteopathic Medicine, it is almost certain that Kathy McLeod, this year's Staff Excellence Award winner, helped make this possible. Typically, we appreciate the hard work of challenging professors and helpful instructors. We are also accustomed to appreciating—or, sometimes, denouncing—the authors of course materials and other learning aids.

But seldom do we think of the academic bureaucracy that must be navigated in order to create a meaningful curriculum and bring instructors, students, and reading materials together for a course.

For MSUCOM, Kathy McLeod is one of the people who negotiates this bureaucracy.

As administrative assistant to the associate dean, Ms. McLeod becomes immersed in all Academic Program functions. She provides administrative assistance for the planning, implementation and evaluation of the college's educational programs. These functions include student assignment and scheduling, the scheduling of classrooms and oversight for the development of individual course offerings.

These responsibilities put Ms. McLeod in contact with university and college administrators, faculty, staff and students and the hospital administrators, directors of medical education, and the community based clinical faculty and staff who deliver our educational programs within the college's Statewide Campus System. As one of her nominators for the Staff Excellence Award says, "In many ways Ms. McLeod's position provides her the opportunity to serve as the college's 'window to the world' to other institutional bodies."

Despite her responsibilities and the recent award, Ms. McLeod is the first to thank those with whom she works. "It is very rewarding and it is a privilege to work with the curriculum assistants and everyone else in Academic Programs," she says. "They are a dynamic group of people who work hard and laugh hard."

When not working for the College of Osteopathic Medicine, Ms. McLeod enjoys the campus where she has worked since 1991. An avid fitness enthusiast, she and her husband have walked on MSU's campus for the past 8 years. "We think it is one of the most beautiful campuses," she says. "My husband and I have traveled to Hawaii and London and have seen a lot of beautiful places, but we are always happy to return to MSU."
I recently heard a presentation by Holly Atkinson, MD. You may be aware of Dr. Atkinson from her role as an award-winning medical journalist, a broadcast journalist, an author of health-care books, or the president of iVillageHealth.com, one of the leading Internet web sites for health care.

In her presentation, Dr. Atkinson reviewed some recent surveys on patient satisfaction with their health care. She lamented that health care providers had become physically distant from their patients and commented on how chiropractors are gaining popularity because their treatments include the physical contact the patients want. In an unrelated patient satisfaction survey conducted last year, 50% of patients said that the availability of chiropractic benefits would influence their choice of a health plan.

I tried to find Dr. Atkinson after her presentation because I wanted to tell her how osteopathic medicine was a perfect solution to the patient care needs that she had identified. I wanted to explain to her how physical contact with the patient is an integral part of osteopathic medicine. Unfortunately, I never saw her after her presentation.

While I was disappointed that I could not extol the virtues of osteopathic medicine to Dr. Atkinson, I was gratified that experts recognize something that is at the very heart of osteopathic medicine — caring and curing are different processes. Patients want and need both caring and curing from their doctor. Physically touching the patient, which is ingrained in osteopathic medicine, meets the unspoken need of the patient to be cared for by their doctor. It is a necessary adjunct to curing.

Even though I didn’t get to educate Dr. Atkinson at that time, I left the conference feeling good about the osteopathic profession. I felt proud to be associated with the osteopathic profession and a philosophy of health care that values patients and not merely the relieving of symptoms.
Old Friends, New Memories

Silverfest Alumni Weekend

by K. Friday

It was a time for camaraderie and nostalgia as MSUCOM alumni returned to East Lansing the second week of September. They came to see old friends, visit old haunts and help celebrate the silver anniversary of the Class of 1976, as well as anniversaries for the Classes of 1981, 1986, and 1991.

On Wednesday, 28 foursomes gathered at Forest Akers West golf course for the Osteopathic Open. Sponsored by Metropolitan Hospital, the golf open raised significant funds, with proceeds benefiting MSUCOM student loan funds and the alumni association.

On Friday, 145 MSUCOM alumni, students, faculty, family and friends arrived at the MSU University Club for dinner, dancing, and more reminiscing. By tradition, the Teen Angels played retro and oldies music into the night, and there was a silent auction for everything from coffee certificates to an ocean cruise. Proceeds benefited the Silverfest fund, which supports alumni activities.

Although Saturday’s football game was postponed until December 1, CME held its annual Fall Kaleidoscope morning course. With presentations from four MSUCOM alumni, the course covered a variety of topics of interest to osteopathic physicians.

Sponsors included Fifth Third Bank, Ingham Regional Medical Center, Michigan Osteopathic Association, Michigan State Federal Credit Union and Sparrow Health System.

Daniel Schoenborn, Marilyn McKinney, Colleen McNamara and Kevin McKinney pause on the fairway.

Bill Cunningham, Paul Gauthier, Steve Friedl, Jim Lang, Tim Crowley of Metropolitan Hospital enjoy atypical Michigan weather.

Stephen Knuff, Eric Kozlak, Andy Galbraith and Mark Ryan tee off.

At the dinner dance, representatives from the Class of 1976 included (left to right) Horace Davis, Linda Coniglio, John Thornberg, Barrett Zink, Michaelene Kopy-Austin, Joanne Grzesak, Gary Marsiglis, Myral Robbins, Steve Dupuis, Susan Davis.

Representatives from the Class of 1991 included (left to right) Greg Pira, Theresa May-Hartel, Cindy Gleason, Kim Godfrey Turke, Dee Brown, David Dotson.
DOUBLE DUTY:
Michael Flink

by Pat Grauer

It’s almost a truism to say that medical school is the epitome of hard work. The long hours and high expectations are mentally, emotionally and physically draining. It’s no small wonder, then, that only 20 persons in the history of the college have successfully negotiated MSUCOM’s Medical Scientist Training Program, which combines education toward the DO degree and a PhD. How long does it take? A minimum of seven years.

Michael Flink, one of 11 current students at MSUCOM who are in varying stages of progress toward the dual degrees, is representative. His peers include Jennifer Ballew, Jason Bydash, Mary Chao, Jackie Dao, April Taggie Hoffman, Yanny Lau, Jayme Mancini, Brian Ngo, Wojciech Novak and Yvonne Will-Murphy.

He’s targeted to complete his PhD work in December, and to start his Unit III clinical rotations at Botsford Hospital in January.

Working with William Atchison, PhD, professor of pharmacology and toxicology, Flink has been studying Lambert-Eaton myasthenic syndrome (LEMS), a disorder characterized primarily by profound weakness in the legs. The syndrome is caused by an autoimmune response that interferes with the calcium channels at the nerve ending. This disrupts the release of acetylcholine, the neurotransmitter that carries the signal from nerve to muscle. Flink’s work involves understanding how the nerve and muscle change in response to these insults.

Flink was recruited to MSUCOM in 1996 after receiving an MS in physiology from Georgetown University, where he worked as a research assistant and lab technician. He also was performing research as an undergraduate in biology at the University of Maryland.

“I wasn’t aware of osteopathic medicine when I first applied to medical school,” Flink said, “but then I met two DOs in northern Virginia.

“Osteopathic medicine seemed to be more related to my personality than allopathic medicine.”

Flink sees a career in academic medicine that will allow him to use both his clinical and research skills. Married to Dana Adler-Flink, he’s an aficionado of guitar, skiing, basketball and tennis.

“I’m very glad I’m doing this,” he said. “I’m particularly glad this is a DO school. There’s a nice camaraderie.”
by K. Friday

What happens when the rescuers become the rescued and the physicians become the patients? Steve Karageanes, DO (MSUCOM Class of 1995), knows, because he was one of hundreds of volunteers who put themselves in harm’s way by rushing to Ground Zero after the World Trade Center attacks September 11.

“I never dreamed it would only be rescuers I would be treating,” Dr. Karageanes says. “I expected massive casualties, but there were virtually no survivors pulled from the wreckage.”

After hearing news of the terrorist attacks, Dr. Karageanes, an orthopedic specialist at Henry Ford Hospital in Detroit, drove all day and all night to reach New York City by 3 a.m. There he performed triage on rescue workers brought to a make-shift station set up just outside the rubble.

There at Ground Zero, Dr. Karageanes experienced what most Americans could only watch: firefighters and other emergency personnel pulled from the rubble and treated for their injuries. Dr. Karageanes says he did “anything and everything” he could: he sutured wounds, treated those with smoke inhalation and burns, and even administered OMM to two workers who had back pain—one with a bulging disc—because of excessive digging and hauling.

“I was pretty proud to use my osteopathic skills,” he says. “One guy I treated was able to go back in.”

In the ensuing hours Dr. Karageanes met a man who reported that his friend had been killed, while standing next to him, by someone falling from 90 stories. Dr. Karageanes met a firefighter who had not slept for 48 hours and who failed to realize his own second-degree burns. The triage team saw victims being hauled away in body bags, and learned of an off-duty fireman who had been killed after he rushed to the crash site, thinking, erroneously, that his wife was still at the World Trade Center.

Describing everyone who experienced September 11 and its grisly aftermath, Dr. Karageanes says, “these people carry images that will never fade, losses that will never be replaced.”

By his own account, Dr. Karageanes’ 33 hours at ground zero has convinced him of the importance of patriotism in setting our priorities as a nation. “Until now, I think patriotism in this country has been dormant. For too many years our society has been picking at itself, obsessed with scandals. It all seems laughable now,” he says.
Two Professions

MSU Faculty and the Teaching of Medicine

by K. Friday

It takes a lot of hard work, talent and energy to be a good physician. Add to that the hard work, talent and energy it takes to be a good teacher.

To do both well is the commitment that our faculty at the College of Osteopathic Medicine have made. They could have concentrated solely on their professional careers like most talented physicians and avoided the extra hours of teaching preparation, the after-hours responsibility to questioning students, and the relative modesty of academic salaries.

But they didn’t.

In what follows we asked a handful of MSUCOM faculty, all alumni, from different departments why they chose the additional responsibility of being teachers.

When he was in high school, Dr. Golden (Class of 1984) considered teaching as a profession, but changed plans and eventually went to medical school. A unique set of circumstances brought him back to teaching.

A practicing anesthesiologist since 1985, Dr. Golden never thought about teaching or osteopathic manual medicine until his daughter was diagnosed with torticollis in 1995. Impressed by the osteopathic manual medicine his daughter received by MSUCOM’s own Robert C. Ward, DO, Dr. Golden decided to stop his anesthesiology practice and effectively go back to school to do an OMM residency.

“I could see the results in my daughter, especially her range of motion. I always knew OMM could make people feel better, but I also learned it could make them function better. I got so excited I knew I wanted to be a part of it,” Dr. Golden says.

Now, in his fourth year as an assistant professor of OMM, Dr. Golden enjoys helping students with an area of medicine that he recently learned. "I enjoy seeing the enthusiasm and enjoyment my students have when then get results," he says. "I know it is really rewarding, because I can remember struggling at times myself."
Before she came to MSUCOM in 1979, Dr. Hughes (Class of 1982) was a practicing pharmacist at what would later become Ingham Regional Medical Center and taught pharmacology to nursing students at Lansing Community College. It was there, at the community college, where Dr. Hughes first experienced the rewards of helping students.

She says she had good role models: “I came from a rural community where my grandmother taught third grade, my dad taught my high school science classes, and my mother was a home economics teacher.”

In 1985 Dr. Hughes joined the faculty at MSUCOM and has taught here ever since. In addition, for the past ten years has taught health and safety classes at the junior and senior high schools in DeWitt. For all her students—medical students, residents, and public school students—she draws on her hospital experience in emergency medicine.

“For students who are new to the field I try to bring the boring stuff to life,” Dr. Hughes says. “If I have seen something the night before in ER, or encountered something in my practice, I use examples from real life to illuminate what they’ve been reading. I think the students appreciate that.”

Like Dr. Hughes, Dr. Scott (Class of 1994) comes from a family of teachers, and he also taught before he went to medical school.

Dr. Scott’s father teaches religion and his mother teaches mathematics, both at the university level. For three years Dr. Scott taught high school in Atlanta, and he says that when he began medical school the idea of returning to the classroom was a priority for him. “I have always felt comfortable in an academic setting,” Dr. Scott says.

Two years ago, Dr. Scott volunteered to lecture for MSUCOM’s OST 501-2, a clinical skills course. Splitting his time between the college and a family practice in the Lansing area, this year Dr. Scott was appointed course coordinator. “I like the interaction with the students,” he says. “I try to draw on my experience to describe practical applications for the information students are learning, but many times I learn just as much from the students and their questions.”

Like many teachers, Dr. Wagenaar (Class of 1983) teaches her passion—how to become an exceptional primary care physician.

Dr. Wagenaar came to MSUCOM with the intent of becoming a primary care physician herself, and developed an interest in geriatric psychiatry. She enhanced her skills by practicing for five years at a mental health facility before joining the MSUCOM faculty in 1993.

Dr. Wagenaar brings to her students her experience and compassion for working with geriatric patients in nursing home settings. Last year she began a grant-funded project in a Lansing nursing home in which MSUCOM and CHM students learned how to do assessments and screen for depression. Two of her osteopathic students recently won scholarships for a week-long geriatric residency in Boston, Massachusetts.

Despite these successes, Dr. Wagenaar insists that her students are not the only ones learning. “Medical students ask good questions and they keep you sharp,” she explains.
Convocation 2001

"We have to prepare for a future that no one can predict."

by David S. Warden

At this year's thirty-first annual convocation ceremony at MSU's Wharton Center, the Michigan State University College of Osteopathic Medicine welcomed the Class of 2005.

Dean Allen Jacobs, DO, PhD, welcomed the students before turning the floor over to Mia Taormina, the president of the MSUCOM Student Council.

Ms. Taormina had some advice for the incoming class. "Do not let medical school define who you are," she said. "Patients don't care how much you know, they just know how much you care."

Dr. Barbara Ross-Lee, DO, FACOFP, 1973 MSUCOM alumna and current vice president of health sciences and medical affairs and dean of the School of Allied Health and Life Sciences at the New York Institute of Technology, gave a stirring address to the assembled students.
"At no time in history has medicine had to absorb and respond to so much change," she said. "We have to prepare for a future that no one can predict."

Dr. Ross-Lee was also awarded the Walter F. Patenge Medal of Public Service, along with Max McKinney, DO, FACOFP, Farmington Hills physician and member ex officio of the Michigan Osteopathic Medicine Advisory Board, and Donald Stanton, DO, professor emeritus of physical medicine and rehabilitation at MSUCOM. The Patenge Medal of Public Service is given annually to recognize excellence in health, education, and public service.

Dean Jacobs and Carol Monson, DO, president-elect of the Michigan Osteopathic Association, congratulated incoming students after they received their white coats, officially making each student a part of the MSUCOM class of 2005.

Dean Jacobs then led the students in the convocation oath, in which they pledged their loyalty to osteopathic medicine and to MSUCOM.

Ten students were also recognized as being Osteopathic Medical Scholars. These students are incoming MSU freshmen who have demonstrated exceptional scholarly abilities and who intend to pursue a career in osteopathic medicine.

**CLASS OF 2005**

**APPLICATIONS**
TOTAL APPLICANTS 1,690, CLASS SIZE 125

**FEMALE/MALE RATIO**
FEMALE 58, MALES 67

**AGE DISTRIBUTION**
YOUNGEST 20, OLDEST 45, AVERAGE AGE 24

**ACADEMIC QUALIFICATIONS**
MCAT AVERAGE 8.60, GRADE POINT AVERAGE 3.53

**RESIDENCY OF MATRICULANTS**
MICHIGAN RESIDENTS 112, OUT-OF-STATE RESIDENTS 13
Jon Kabara: Planned Giving

by Pat Grauer

Jon Kabara is always thinking. A charter professor of biomechanics (now osteopathic manipulative medicine) at MSUCOM from 1968 to 1987, Dr. Kabara was well known for his research on antibacterial properties of fats. In a day before liquid soap, he was locally infamous for his "ban the bar" program in Fee Hall, replacing germ-carrying solid soap with tissue-thin, one-use soap wafers. He's continued, since retirement, to serve as a consultant to the cosmetic, food and pharmaceutical industries (see lauricidin.com/kabara.htm).

He was also the spouse of Annette Kabara, the college's first and long-term budget officer. When she died in 1986, Dr. Kabara created the The Annette H. Kabara Memorial Endowed Fund, a scholarship for graduating MSUCOM students who are parents having faced special challenges. Many people in the profession donated to the fund in Ms. Kabara's honor, but Dr. Kabara did not let his efforts stop there.

He published Korkie's Cookbook, featuring the best recipes of the Kabara family, a household known for its love of good food. Escorting the reader through the book were sketches of the Kabaras' beloved Korkie, a Yorkshire terrier with a sophisticated palate and a quirky personality. Proceeds were added to the fund in Annette Kabara's honor.

Now Jon Kabara is thinking again. He and his wife Betty have, through MSUCOM's Office of Development, created a planned gift, a "charitable remainder unitrust" to support the college.

It's a smart move, according to Barbara Ball-McClure, MSUCOM's development officer. "The charitable remainder unitrust allows people to make a gift of appreciated assets in an amount larger than they might be able to in outright cash," she noted, "and it also helps to avoid estate taxes. The donor and family receive income from the trust, and then, at a certain point, it becomes the university's."

"This is a win/win situation for both the charity and the donor. It's provided a way for us to give to the college without depleting our future income. It gives us a safety net," Kabara said -- further evidence he's always thinking!

The Charitable Remainder Unitrust

It's a "charitable remainder unitrust," and it's a powerful medium for planned giving to MSUCOM.

It's similar to other types of trusts, except that MSUCOM receives the remainder interest, and to qualify for the federal charitable deduction, the trust must be irrevocably funded.

The chief advantage and difference between a unitrust and other charitable remainder trusts (CRAT) is that the income payment you receive varies yearly as the fair market value of the trust's assets fluctuates. An annuity trust pays a fixed rate of interest, and cannot be supplemented. One can always fund an additional annuity trust at a later date, but the rate will depend on the Committee on Gift Annuity rates.

"The Charitable Remainder Unitrust (CRUT) can be added to over the years. A CRUT benefits the donors and their families because they receive income from the trust until it reverts to the college," said Barbara Ball-McClure, MSUCOM's development officer. "It allows the gift of appreciated stock or property with no capital gains tax penalty."

For more information see http://www.com.msu.edu/development/unitrust.html or contact Ms. Ball-McClure at 517/355-8355, ballmccl@msu.edu.
2001

Calendar of Events

October

4, 11, 18, Nov 1, 8
Mini Medical School. E105 Fee Hall. 7 p.m. MSUCOM's Mini Medical School is a series of six presentations, offered in conjunction with the MSU Evening College, Healthy U, American Heart Association and American Cancer Society to help persons enhance their health and prevent injury and disease. Topics include blood vessel health, mental health, diabetes, a cancer primer and joint health. For more information, contact Pat Grauer, Director of Public Relations, MSUCOM, 517/353-0616; grauer@msu.edu

November

7-11
Exercise Prescription as an Adjunct to Manual Medicine. Windmill Inn, Tucson, Arizona. 32 hours Category 1A credit. Tuition is $1,000.00, $750 for residents and interns. Contact Continuing Medical Education at 800-437-0001 (toll-free), 517-353-9714 (phone), 517-353-9862 (fax), cme@com.msu.edu (email); http://www.com.msu.edu/cme

11-17
National Osteopathic Medicine Week. Designed to educate the public about osteopathic medicine and the various programs at MSUCOM. Free health screenings and information for the public Osteopathic students, will meet Statewide Campus System administrators, as well as MSUCOM faculty and staff. For more information contact Colleen Kniffen at 517-355-9616 or kniffen@msu.edu

December

28-Dec 1
Direct Action Thrust: Mobilization with Impulse. Kellogg Center, East Lansing. 32 hours Category 1A credit. Tuition is $1,000, $750 for residents and interns. Contact Continuing Medical Education at 800-437-0001 (toll-free), 517-353-9714 (phone), 517-353-9862 (fax), cme@com.msu.edu (email); http://www.com.msu.edu/cme

January

5-9
Principles of Manual Medicine. Kellogg Center, East Lansing. 40 hours Category 1A credit. Tuition is $1,250, $900 for residents and interns. Contact Continuing Medical Education at 800-437-0001 (toll-free), 517-353-9714 (phone), 517-353-9862 (fax), cme@com.msu.edu (email); http://www.com.msu.edu/cme

12-16
Craniosacral Technique: Level I. Windmill Inn, Tucson, Arizona. 40 hours Category 1A credit. Tuition is $1,250, $900 for residents and interns. Contact Continuing Medical Education at 800-437-0001 (toll-free), 517-353-9714 (phone), 517-353-9862 (fax), cme@com.msu.edu (email); http://www.com.msu.edu/cme

For a complete listing of MSUCOM events check out our Web calendar: http://www.com.msu.edu/calendar
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