What is the use of physicians like myself trying to help parents to bring up children healthy and happy, to have them killed in such numbers for a cause that is ignoble? Though controversial child advocate Benjamin Spock was speaking against war, his sentiment still resonates for doctors today who must battle all of the preventable and unnecessary attacks on the health of our kids. These children, damaged for “ignoble” reasons, grow into adults already tainted with chronic disease, obesity, substance abuse, propensity to violence and mental illness. Most obvious, of course, of the ignoble causes are the violence and neglect that are becoming more and more prevalent in American homes. Too many of our children are beaten, burned, confined, humiliated or left to fend for themselves by the very people who have the most responsibility to care for them.

Many of the ignoble causes are the result of parents who choose their convenience and comfort over the best interests of their children. Mothers may buy formula rather than breastfeeding, perceiving it to be time-consuming and “unsophisticated.” Fathers may fill their homes with secondhand smoke, making their addiction more important than their children. Families may neglect prenatal care, well-baby visits and immunizations.

Around the table (or, more often, in the car or in front of the TV) adults regularly choose foods that set up their kids for a lifetime of bad eating habits, foods that may taste great but are calorie- and fat-laden and nutritionally empty. It’s easier than changing Mom or Dad’s role modeling or food preferences, or taking the time and energy to provide a balanced menu and enforce good eating habits. Ditto for exercise: It requires discipline and example by parents to keep kids moving.

As youngsters begin to transform into teens, assuming more and more responsibility for their own health, they may be damaged from other ignoble causes: alcohol consumption, drug abuse, smoking, violence, inappropriate sexual activity and reckless driving. Their ability to make good choices will depend on three major factors. First, what do they know about making good health choices? Second, what habits have been instilled in them to make the right choices? Third, how healthy is their self-esteem so that they will want goodness for themselves?

As osteopathic physicians, we are on the front line in the war against the ignoble causes that attack our nation’s children. We are caregivers, undoubtedly but our most important role may be as educators of parents and children about health, as watchdogs for the factors that negatively impact health, and most sadly, sometimes as the only positive advocate a child may have. At MSUCOM, we continue our commitment to our nation’s children. In this issue of Communiqué we’ll share some of the efforts under way to help kids and their parents create a healthy legacy for generations to come. Please join us!

William D. Strampel, D.O., Dean

The Art of Caring ................................................................. 2-3
A tireless researcher, a dedicated teacher, and a caring physician, Terrie Taylor, D.O., is honored with the University Distinguished Professorship.

Dedicated to Children’s Health .............................................. 4-13
MSUCOM faculty members aren’t just teachers, they are doctors treating patients every day. A look at several who focus on children’s health.

International Health Missions ............................................. 10-11
Several MSUCOM faculty members have taken their skills to Guatemala to help small communities in need of health care.

Welcome to the Family ....................................................... 19
MSUCOM’s newest students make their official entrance into the college with the traditional Convocation and White Coat Ceremony.

Features
**Ambassador for**

Terrie Taylor, D.O., University Distinguished Professor

Research, teaching and compassionate care – all under challenging conditions.

by Steven D. Bevier

Earlier this year, MSUCOM’s Associate Dean for Research Justin McCormick, Ph.D., was on the phone with a young researcher who was trying to contact Terrie Taylor, D.O. Before hanging up the caller asked, "What is the name of Dr. Taylor’s professorship?"

That Dr. Taylor did not already hold a named professorship came as a surprise to the caller and was a reminder to Dr. McCormick that such an honor was long overdue. That oversight was recently corrected when Dr. Taylor was named an MSU University Distinguished Professor.

Through her work with severe childhood malaria in Africa, Dr. Taylor has earned a worldwide reputation as an outstanding researcher, teacher and caregiver. Her nomination was authored by Dr. McCormick and endorsed by three other University Distinguished Professors.

The University Distinguished Professorship is a lifelong title and is the highest honor that Michigan State can bestow upon a faculty member. In addition to the title and a ceremony in October, honorees receive $5,000 a year for the next five years to be used toward a research project of their choice.

"Dr. Taylor is a great ambassador for MSU," says Interim President and Provost Lou Anna K. Simon. "Her work not only enhances the university’s scientific reputation, it exemplifies our commitment to generate and share knowledge in the vital areas of international health and education. Most important, she has improved the lives of thousands of patients."

Dr. Taylor began her career at MSU in 1982. She was a new graduate from the Chicago College of Osteopathic Medicine, and she was offered a job by MSUCOM’s Dean Myron S. Magen, D.O., F.A.C.O.P. The job was not in East Lansing however, but in Sudan, where she was sent to work on a parasitology research project. Dean Magen was looking to expand the international health profile of the college, and he found the perfect candidate in Dr. Taylor.

"At the time, I wasn’t planning on going into tropical medicine," she says. "I was just looking for something fun and interesting." She spent a year in Sudan and had found her calling.

Dr. Taylor decided to pursue tropical medicine research full time. With MSUCOM’s support, she enrolled at the Liverpool School of Tropical Medicine in England, where she earned a master’s degree in tropical medicine in 1986. She was told by Dean Magen that if she came back from England with a research project in a developing country that would be hospitable to MSUCOM students on elective, there would be a job for her at MSU. Her research for the M.Trop.Med. degree took her to Malawi.

The Ministry of Health there identified “severe malaria in children” as a priority, and Malcolm Molyneux, a faculty member at the “trop shop” with years of experience in Malawi, was willing to join the effort.

Dr. Taylor joined the MSUCOM faculty and at the same time she and Professor Molyneux established the Malaria Research Project in Blantyre, Malawi’s largest city. Since 1986, Dr. Taylor and her fellow researchers have dedicated themselves to a better understanding of the disease. The results have been outstanding.

In Malawi, malaria is a fact of everyday life. Most Malawian adults get malaria two or three times a year, but because they have developed immunity to severe disease, their symptoms are treatable and most patients make speedy recoveries. However, children are at great risk for more severe forms of the disease, one of which is known as cerebral malaria. Patients with cerebral malaria fall into comas, which can lead to brain damage and death.

Through years of patient study and clinical trials, malaria research in Malawi has yielded new drugs and improved treatment schedules. One important development is the creation of the Blantyre Coma Score, which allows clinicians to grade the severity of the coma, and use that grade to monitor the progress of patients. Dr. Taylor recently began an extensive autopsy study that should give scientists their greatest insight yet into how malaria affects the body. "The disease itself is very fascinating," she says.

Dr. Taylor operates out of the Queen Elizabeth Central Hospital in Blantyre, which is also a teaching hospital for the Malawi College of Medicine. The project has received funding from the National Institutes of Health and the World Health Organization, among other sources. Several MSUCOM students journey to Malawi each year to study with Dr. Taylor and gain experience in tropical medicine.

Each year, Dr. Taylor is in Malawi from January to June – during the rainy season when malaria is at its peak – treating patients and gathering data. The other six months of the year, she returns to East Lansing to analyze her research, write about her findings and teach students at MSUCOM. She has maintained this schedule for 17 years and has no plans to give it up anytime soon.

"My work is very entertaining and I enjoy the patients and families that I deal with," Dr. Taylor adds. "In Malawi, there’s no interference from insurance companies or lawyers. It’s just you and the patients. That’s the reason you go to medical school."

**IN ADDITION TO BEING ONE OF THE FINEST INVESTIGATORS I HAVE BEEN PRIVILEGED TO MEET IN MY 50 YEARS IN MEDICAL EDUCATION, SHE IS ALSO A SUPERR TEACHER AND ROLE MODEL** – DEAN EMERITUS MYRON MAGEN, D.O., F.A.C.O.P.
Sometimes the biggest health problems facing children are also the easiest to avoid. Over the last hundred years, vaccines have saved millions of lives through the prevention of dozens of serious diseases. Yet, fear and misunderstanding of these vaccines still prevent many children from receiving these all-important immunizations.

Immunization is the most important issue in children’s health today, according to Joel Greenberg, D.O., chairperson of pediatrics at the College of Osteopathic Medicine. “Just in the time that I have been a doctor,” he explains, “we have seen three or four diseases completely disappear because of vaccines. Yet, we still see children die from illnesses that can be prevented by immunization.”

Maria Patterson, M.D., Ph.D., has been at MSUCOM since 1972. She is professor of pediatrics and microbiology and molecular genetics, and specializes in the treatment of infectious diseases. She says that misinformation and misunderstanding keep many children from getting the necessary vaccines. “There are some smart, caring parents who are not sure what the right answers are,” she says.

Dr. Patterson stresses that not only are vaccines usually safe, the risks of not having your child immunized are greater. There are several reminders she gives to parents who are unsure about immunizing their child. One is that infected children can transmit disease to others. Even if your child is healthy and experiences a vaccine-preventable disease without serious problems, he or she can still pass disease to family members or other children who may be immunologically compromised.

Vaccines have also made some diseases – such as diphtheria and polio – so rare that if a child does contract one it may be misdiagnosed or mistreated. “Some physicians have never seen these diseases clinically,” says Dr. Patterson, and younger generations are unaware of how devastating these illnesses can be.

Another concern for some parents is the belief that children can’t handle the high number of shots that are recommended. Dr. Patterson says that children’s immune systems are quite resilient and can handle all of the various vaccines. She tries to provide parents with as much information as possible so that they know the true benefits of immunization and will schedule the recommended shots without worry. Dr. Patterson adds that these issues extend beyond children since vaccines are marketed underutilized in adults. She says, evidence to support such a link, much of the public still believes that it exists.

Parents often worry that vaccines will transmit the very diseases they are designed to protect against, or worse, the vaccines will cause other illnesses. One of the more common misperceptions about vaccines is that there is a link between autism and MMR, the vaccine for measles, mumps and rubella. Mayer several of the most common childhood immunizations. This theory arose because the first signs of autism are generally recognized around the same age that children receive MMR. Despite little evidence to support such a link, much of the public still believes that it exists.

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Minor League Players

By Steven D. Bevier

Torn ligaments. Strained knees. Broken wrists. These are the kind of things one expects to hear when talking about a world-class athlete. However, these days that athlete might be the kid next door.

Like adults, the most common injuries kids suffer are strains on muscles and joints. Fractures are also a common sight. Dr. Stringer says such injuries typically happen along the growth plates, where developing children are most vulnerable. The normal growth pains that all adolescents encounter can also affect their performance on the field.

Most parents want to encourage their kids to play sports, but there are a few things they should watch out for when a child gets a team. One of the biggest problems for young athletes is that, although children develop physically at very different rates, their sports teams are usually divided by age group. That means a child may be facing off against someone who is several inches taller and many pounds heavier, despite being the same age. That size disparity can lead to some dangerous situations.

Dr. Stringer offers the same advice to child athletes as he would to adults. In order to stay injury free, be sure to stretch properly before and after workouts and avoid overworking the body. Also be sure to use all the proper safety equipment. There have been many developments in the area of safety that have spared many children from serious injuries.

Most importantly, kids should have fun out there. The drive to win can be stressful on young people, but with the right attitude and the right training they can stay on the field and have a great time too.

Ken Stringer, D.O., is an MSUCOM alumnus (Class of ’74) and a professor of pediatrics. When Dr. Stringer’s career began, sports medicine – particularly childhood sports medicine – was not practiced as widely as it is today. Through self-learning he became an expert in childhood sports injuries. As more and more children become involved in sports, he has seen more and more young athletes come through his office.

Youth sports have grown considerably in the last two decades, as recreational leagues expand and other sports like soccer and hockey have surged in popularity. At the same time, kids are participating in sports at a younger age than ever. That means more children are finding themselves in playing fields that are often too small for their size.

The problem, says Dr. Breitzer, is complicated by the fact that the three bacterial strains that most commonly cause AOM are becoming more resistant to antibiotics. This is critical at a time when nearly half the pediatricians recently surveyed said that parents pressure them to give antibiotics in diseases where they are not indicated, and a third of them comply “at least occasionally.” Over-prescribing antibiotics has been tied to this increase in resistance.

“Healthy Ears” is a multi-pronged program that works with physicians, children and their parents, and community organizations to thwart AOM. Targeting children four years of age and younger; it includes educational mailings to parents, presentations at child care centers and schools, and free access to a nurse to answer questions about ear infections.

Dr. Breitzer notes that kids most likely to develop AOM include those from homes where someone smokes, those bottle-fed (especially those who drink horizontally), those in daycare, and those using pacifiers after ten months of age.

Working with physicians, Dr. Breitzer recommends a careful examination of the ear using pneumatic otoscopy; an appropriate course of antibiotics; good patient education on AOM, careful follow-up; the use of heptavalent S. pneumonia vaccine and yearly influenza vaccinations.

Recent data would indicate “Healthy Ears” is having a positive impact. PHP of Mid-Michigan patients under four and the rest of Michigan and nation has shown an increased positive impact. PHP of Mid-Michigan patients under four and the rest of Michigan and nation has shown an increased positive impact. PHP of Mid-Michigan patients under four and the rest of Michigan and nation has shown an increased positive impact. PHP of Mid-Michigan patients under four and the rest of Michigan and nation has shown an increased positive impact.

Dr. Breitzer uses fun to make a young patient comfortable for an otoscopic exam.

Dr. Stringer counsels a young athlete on how to stay injury-free.
Breathing Easier

Advances in Childhood Asthma

by Steven D. Bevier

Living with asthma can be a miserable experience. Breathing is an obvious difficulty, but asthma can also lead to emphysema, cardiovascular problems, pneumonia, and in the most severe cases, even death. That’s why MSU has made it an important part of its health plan, and thanks to improved medications and a better understanding of the disease itself, the lives of asthma patients are improving.

Asthma is one of the leading health concerns for young people, especially for those that live in inner cities. While the lives of asthma patients are improving, most severe cases, even death. That’s why MSU has made it

Advances in Childhood Asthma

Breathing Easier

Asthma is one of the leading health concerns for young people, especially for those that live in inner cities. While many adults suffer from asthma, it often begins to develop in people, especially for those that live in inner cities.

Joel Greenberg, D.O., Class of 1989, is chairperson of MSUCOM’s pediatrics department. He explains that it is difficult to know the true rate at which asthma occurs. Problems associated with asthma can wax and wane and it can often be misdiagnosed as bronchitis or some other respiratory problem. He believes that the number of children with asthma is rising due to increased air pollution and – ironically – an emphasis on cleanliness that prevents children from building a resistance to dust and microbes.

Dr. Greenberg is one of two MSUCOM pediatricians who have received training to perform pulmonary function tests, a key tool for asthma diagnosis. (Mari Douma, D.O., Class of 1993, is the other.) Normally, a patient would have to wait weeks or even months to see a specialist, but now the test can be performed in the office at one of MSU’s pediatric clinics. This has been a tremendous benefit, especially to acute asthma patients who need pulmonary function tests on a regular basis.

In the past, doctors believed that asthma was caused by constriction of the airways, but they have since learned that it is not entirely true. Asthma itself is an inflammation of tissue surrounding the airways. When untreated that inflammation irritates the muscles of the airways, causing them to contract, which leads to the wheezing and shortness of breath familiar to asthma sufferers. Because physicians now understand the true cause of the disease, “Our medications are much more effective now,” says Dr. Greenberg. “The side effects have decreased and mortality rates have dropped.”

Asthma attacks can be set off by a number of factors, including viral infections, changes in temperature, and allergies. An MSUCOM study has also shown that tobacco use by parents can aggravate a child’s asthma.

Joel Greenberg suggests that parents learn to recognize some of the early warning signs of asthma. “Coughing, not wheezing, is actually one of the first indicators,” he explains. “If you notice your child coughing a lot while playing or sleeping, it may be asthma, not bronchitis as it is sometimes thought.” If you think your child may have asthma, have him or her tested. A visit to the doctor now can make a big difference in that child’s life.

Working Together

Helping Kids with ADHD

by Steven D. Bevier

Every parent knows that getting a rambunctious child to sit still is a difficult task. And getting your child to concentrate on homework when he or she would rather be outside playing can be downright impossible. But when does a child’s natural abundance of energy cross the line to become a serious health problem?

That is a question pediatricians everywhere must deal with when it comes to Attention Deficit Hyperactivity Disorder. ADHD is the most common behavior disorder diagnosed in children and adolescents and nearly every person who works with children – from doctors to schoolteachers – will face this difficult condition.

“As a pediatrician, you need to understand that you will encounter ADHD,” says Tirza Greer, M.D. Dr. Greer has been a member of MSUCOM’s pediatrics department since 2000. She has seen a number of patients with ADHD, and through her clinical work she continues to learn a great deal about diagnosing and treating those who have it.

There are three things that all doctors look for when diagnosing possible ADHD patients. One, is inattentiveness or an inability to concentrate. Two, is a child who is overactive and cannot remain calm. The third is impulsivity. Any child who demonstrates two or more of these traits may be suffering from ADHD.

Dr. Greer stresses that an ADHD diagnosis should not be automatic. “I try to rule out all other possible factors,” she says. She explains that she will perform hearing and vision screening, test the child for lead poisoning, anemia or other metabolic conditions, and consult with social workers or psychologists to verify that the behavior is not caused by some underlying factor, like depression. Only when all the other possibilities have been ruled out will Dr. Greer make the diagnosis of ADHD.

“There is still a stigma attached to mental health,” explains Dr. Greer. “I don’t like putting that label on a child unless I am absolutely sure that is the issue. Part of dealing with this disease is making it more acceptable to the public. Doctors should also remain open to re-evaluating the diagnosis when necessary. ADHD results in many anti-social behaviors, which makes it important for treatment to have a social approach. There are medications that help control the symptoms of ADHD, but it is up to family members, teachers and counselors to get involved. It’s important to work with the child, help them set goals and provide positive reinforcement. Dr. Greer recommends regular visits to physicians and encourages the child’s teachers to help monitor and evaluate kids. It’s a collaborative effort, with parents taking the lead,” she says.

Symptoms generally improve with age, but there is no cure for ADHD and many people will continue to struggle with inattention and impulsivity as adults. That’s why it’s important to address it early. Says Dr. Greer, “It’s in everybody’s interest.”
International Health Missions

by Steven D. Bevier

MSUCOM faculty members have gone to extraordinary lengths to take their expertise and their caring to those in need. Guatemala has been at the center of these efforts as several D.O.s have made trips to the Central American nation in recent years. They have covered many different areas of the country and they have performed many different services, but the reason they go is always the same: a desire to help people.

Dr. Everett

Dr. Everett, D.O., (Class of ‘87) is a family practitioner in Indian River, Michigan. He has gone on two medical missions to Guatemala and has traveled to some of the most remote regions of the country, including some small villages that had never seen a doctor before he arrived. While Dr. Everett treats what patients he can, the mission emphasizes improving quality of life by helping the villages get clean water or plant fruit-bearing trees. (For more on Dr. Everett, see page 17.)

Dr. Morath

Margaret Morath, D.O., (Class of ‘75) has been in MSUCOM’s pediatrics department for over eight years, and in that time she has traveled on eight international missions. Her trips are coordinated by DOCARE International, a group founded by an osteopathic physician in the early 1960s. DOCARE is completely staffed by volunteers and organizes missions all over Central and South America. Dr. Morath has taken several trips to Guatemala where she treats patients in various remote locations, helping the ones she can and finding referral options for the more serious cases. She has also supervised MSUCOM medical students who have volunteered to join her on the missions.

Dr. Bartkowski

Donald Bartkowski, D.O., is a member of the osteopathic surgical specialties department at MSUCOM. For the last three years, he has been part of a team that travels to Guatemala to perform various procedures that wouldn’t otherwise be available in this underprivileged country. The group is organized through the Michigan/Ohio chapter of “Healing the Children.” Dr. Bartkowski and his fellow doctors must bring all the equipment and supplies they need with them. They spend two to three days evaluating children who had been previously identified as surgical candidates by local doctors. Then the team – two pediatric urologists and two anesthesiologists with other nurses and assistants – sets up a schedule and over the next week performs as many as 60 surgeries to correct a wide assortment of ailments.

Drs. Gardner & Willyerd

Tressa Gardner, D.O., (Class of ‘94) and Gary Willyerd, D.O., (Class of ‘78) are in charge of medical education at Pontiac Osteopathic Hospital. Last February, they led a team of 22 osteopathic interns to Guatemala. For two weeks, they worked in two small communities lacking regular medical care and treated more than 3,700 patients for a wide variety of ailments. Not only were the clinics beneficial for the communities, but it was a valuable learning experience for the interns. With no expensive diagnostic tools or lab tests, the young doctors had to rely on their clinical skills to assess patients. The trip was such a success that another is planned for 2004, and Dr. Gardner and Dr. Willyerd hope to make international health a regular clinical rotation at P.O.H.

Dr. Gardner, D.O., and Dr. Willyerd, D.O., during one of their medical missions to Guatemala.
Nature’s Gift

Promoting the Benefits of Breastfeeding

by Steven D. Bevier

Mari Douma, D.O., is on a mission. As a pediatrician and a mother of three young children, she knows the benefits that breastfeeding provides for babies and their mothers. Now, she’s made it her goal to ensure everyone else knows it too.

Dr. Douma graduated from MSUCOM in 1993 and joined the pediatrics department as an assistant professor in 1996. She had recently given birth to her first child, and it was at that time that she began to learn just how important breastfeeding is.

“When I was in medical school,” she explains, “breastfeeding information was not part of the curriculum. This is the case all across the country.” As she studied the issue more closely, she realized just how beneficial breast milk is — and how little patients and even some doctors knew about it.

The difference between breast milk and formula, according to Dr. Douma, is that breast milk is a “live” substance. It can fight off bacteria that might contaminate according to Dr. Douma, is that breast milk is a “live” substance. It can fight off bacteria that might contaminate blood cells and other anti-infective and anti-inflammatory substances that help babies fight infections. Studies have shown that children who are breastfed have lower rates of stomach and ear infections, diabetes, asthma and lymphoma. The benefits aren’t just for baby, either. Mothers who have breastfed also have lower rates of breast and other cancers. These are all reasons why the American Academy of Pediatrics recommends that all babies be breastfed for at least the first 12 months of life.

For most new mothers, the decision to breastfeed is a difficult one. They worry about their ability to feed their child at work or in public. For a generation raised on baby formula, there is still some stigma attached to breastfeeding. Dr. Douma says that some doctors don’t talk about it with their patients because it is an uncomfortable subject, and many don’t fully understand the benefit to both mother and patient.

“People think that formula is the standard for a baby’s health and breastfeeding is just slightly better,” explains Dr. Douma. “In reality, breastfeeding is the standard and formula falls far below that.”

So she took it upon herself to change that perception. Dr. Douma started her own research project called BaBl-SaM (Basic Breastfeeding Information and Management). She began by studying the medical records of nearly 1,800 patients to learn which mothers had breastfed and how it related to their baby’s health. She also took surveys of hundreds of new mothers and asked about their personal experiences with breastfeeding.

Dr. Douma found what other studies have shown — that children who are breastfed have much lower rates of infection and needed fewer visits to the doctor. She also learned that most mothers try breastfeeding during the first few weeks, but most become discouraged and do not reach their goals.

The next step in the project was to get doctors and nurses to take a more active role in the process. She began by distributing brochures and newsletters to MSU’s pediatric clinics, with information about breastfeeding and advice on how to talk to patients about it. Dr. Douma also created new patient forms for use in the clinics. The new forms included questions about breastfeeding as part of the standard patient history. She is also finding new ways to educate MSUCOM students about the subject by including it in the curriculum.

For now, Dr. Douma will continue her campaign to make breastfeeding more widespread. She knows it will be difficult. “It can take our country a long time to change,” she says. That sounds like time well spent.
The focus on pediatric care is based on the belief that assuring the health of our next generation is a good investment. This is a universal tenet of developed countries. Given the turmoil of our health care financing systems, one must also ask, “What is the health care delivery system that will serve our future generations?” Changing demographics predict a looming intergenerational battle for health care resources.

A review of the situation shows the stress on the current system. Employment-based health insurance is shifting more responsibility to the employee to limit the employers’ exposure to annual double-digit inflationary increases. One of the first casualties of this shift is coverage for the employees’ spouses and children. Another complicating factor is that many technology-related jobs are now provided on a contractual basis and do not have health care benefits. The problem of the uninsured, which used to be correlated with low family incomes, is now expanding to middle income families.

The driving force for all societal decisions for the next 25 years will be the growth of the elderly population. In 2011, the “baby boomers” will begin to turn 65. The over-65 age group will continue to grow as a percentage of the U.S. population until 2026. This will create an exponential increase in the demand for all social supports – particularly health care. The federal government has already taken steps to limit the demands placed on federal health care resources. It has indexed Medicare increases to be less than long-term care. As the population ages, the demand for these services will increase. The states are arguing that the federal Medicare program should assume responsibility for these services for Medicare eligibles in order to provide fiscal relief to enfeebled state budgets. The federal government remains unconvinced.

We stand between an irresistible force and an immovable object. First, senior citizens are entitled to the health benefits that they have been promised and have been funding since 1965. Second, children are the best place to invest to assure the future. Currently, we lack the political awareness, the political courage and the vision to deal with the impending conclusion. The excitement exists that – in a world of limited health care resources – the large, articulate and well-financed senior citizen lobby will pull scarce resources from the less organized groups that lack a political voice: children and the poor.

For those of us who care about the health of children, it is good to remember that the challenges are political as well as medical. As the challenge is political as well as medical, solutions are found in political science as well as medical science. When the debate on how to distribute limited health care resources takes place, I want to be sure that osteopathic physicians are an advocate with a clear and united voice for fair treatment of all members of our society.

Demands on the Medicaid program will increase. Thus far, the states have not been tempted by this offer despite their dire Medicaid shortfalls. The Medicaid program will be particularly challenged by the aging of the population because it covers two major services that are not covered by Medicare – pharmacy and long-term care. As the population ages, the demand for these services will increase. The states are arguing that the federal Medicare program should assume responsibility for these services for Medicare eligibles in order to provide fiscal relief to enfeebled state budgets. The federal government remains unconvinced.

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The driving force for all societal decisions for the next 25 years will be the growth of the elderly population. In 2011, the “baby boomers” will begin to turn 65. The over-65 age group will continue to grow as a percentage of the U.S. population until 2026. This will create an exponential increase in the demand for all social supports – particularly health care. The federal government has already taken steps to limit the demands placed on federal health care resources. It has indexed Medicare increases to be less than long-term care. As the population ages, the demand for these services will increase. The states are arguing that the federal Medicare program should assume responsibility for these services for Medicare eligibles in order to provide fiscal relief to enfeebled state budgets. The federal government remains unconvinced.

We stand between an irresistible force and an immovable object. First, senior citizens are entitled to the health benefits that they have been promised and have been funding since 1965. Second, children are the best place to invest to assure the future. Currently, we lack the political awareness, the political courage and the vision to deal with the impending conclusion. The excitement exists that – in a world of limited health care resources – the large, articulate and well-financed senior citizen lobby will pull scarce resources from the less organized groups that lack a political voice: children and the poor.

For those of us who care about the health of children, it is good to remember that the challenges are political as well as medical. As the challenge is political as well as medical, solutions are found in political science as well as medical science. When the debate on how to distribute limited health care resources takes place, I want to be sure that osteopathic physicians are an advocate with a clear and united voice for fair treatment of all members of our society.
Vegas Night is Back
The Michigan Osteopathic Association is sponsoring the Ninth Annual Las Vegas Night and Charity Raffle, on Saturday, March 27, 2004 at the Hawk Hollow Club House.

Legislative Events
D.O.s in Michigan should look forward to two important events involving our state legislators. On October 8, MSUCOM alumni and faculty, in conjunction with the MOA, will administer flu shots to legislators and staff at the Capitol. Early next year, we will also be holding our annual Legislative Health Fair. If you are looking for ways to get involved within the college and within the profession or want to know more about what’s going on in Lansing, this is an excellent opportunity to make a difference in the osteopathic community. If you are interested in volunteering your time and services, contact Sandra Kilbourn at (517) 432-4979 or kilbourn@msu.edu.

Seminar in the Sun
Soon it will be winter and the cold air will come stinging in. Don’t miss your chance to escape by attending our Seminar in the Sun. This year’s seminar will be held at Mela Azul Beach Resort in Ixtapa, Mexico, from March 6 through March 13, 2004. You can earn 20 hours of CME credit and do it in style. Come enjoy the food, friends and fun in sunny Mexico. For more information, contact Kim Camp at (877) 853-3448 or camp@msu.edu.

SHARE YOUR TALENT
Fall is here and the newest batch of students – the Class of 2007 – has arrived on campus. The new school year is under way and MSUCOM wants to make this their biggest year yet.

For the college to be at its best, it needs the help of our thousands of talented alumni. I want to take this opportunity to remind you about some of the ways that you can volunteer your time or your services to your alma matter. Of particular interest is an exciting new development for MSUCOM, the new Alumni Endowed Chair. Look for more details in the near future as Dean Strampel will kick off this initiative at the Alumni Luncheon at this year’s AOA Convention in October.

In addition, the college is taking donations to fund the Alumni Association Endowed Scholarship, one of the many important scholarships that provide assistance to our students.

Remember — when you support a student, you aren’t just helping one person to realize a dream, you are promoting the future of the osteopathic profession. If you would like to make a contribution to either of these funds, contact Sharon Snyder at the MSUCOM development office either at (517) 355-8555 or snyderos@msu.edu.

You can also volunteer your time at events like the Legislative Health Fair in February. This is a great chance for the profession to make its voice heard in Lansing, by interacting directly with senators and representatives whose policies affect our everyday work. You can also support the admissions office by interviewing prospective MSUCOM students. The alumni office can tell you more about these and other opportunities to pitch in.

Finally, if you haven’t already done so, consider becoming a volunteer faculty member. Our community and clinical faculty are the backbone of the college, and your time and expertise may be the most valuable asset you can offer. If you are interested in this role, contact Colleen Kniffen in the dean’s office at kniffen@msu.edu.

There are plenty of other ways for alumni to stay close to the college – from Silverfest Weekend to Seminar in the Sun. Don’t forget the Alumni Tailgate and Luncheon at this year’s AOA convention, which will include the presentation of the annual Alumni Awards. I hope to see you there!

Return of the OsteoCHAMPS
by Kelly K. Bertoua

Twenty-seven high school students from Detroit, Lansing and Muskegon participated in the two-week OsteoCHAMPS summer pre-college enrichment program at MSUCOM from July 13 through July 25. The program is designed to partner with Michigan high schools to encourage young, capable disadvantaged students who might not initially know about osteopathic medicine, to consider it as a career.

The summer program includes intensive instruction in premedical and basic college education curriculum. During these classes, these students are taught ways to enhance their study skills, motivation, leadership and basic science knowledge.

Also included in the program are various social activities focused on providing interaction with health professionals, MSUCOM students, program faculty and staff, MSLI 4-H community services, and participants from other communities.

Each student is sponsored by an organization in his or her local community. This generous support allows students to attend OsteoCHAMPS and helps ensure the continued success of the program. Sponsors for this year’s students included Ingham Regional Medical Center, Mount Clemens General Hospital, Muskegon Osteopathic Hospital Foundation, St. John’s Hospital System and The Fordham and Kristin Fetteley get anatomy tips from OsteoCHAMPS counselor Edmund Tillett.

Alumni Action
A Commitment to Others

By Steven D. Bevier

John Everett, D.O., likes to help people. He’ll go out of his way to assist those in need – even as far out of his way as Central America.

A graduate of the MSUCOM Class of 1987, Dr. Everett currently works in Indian River, a small rural community in the northern Lower Peninsula. He has his own family practice where he treats patients of all ages, from babies to senior citizens. To Dr. Everett, being a community physician means more than just having regular office hours. He stays active in other ways, like offering his services at a free area health clinic or working as a team physician for local high school sports teams.

He has also carried that community spirit beyond his home town. Dr. Everett is currently the president of the Michigan Osteopathic Association, a position he assumed at this year’s MOA convention in May. He was recruited to MOA by fellow doctor George Pramstaller, D.O., who wanted Northern Michigan to have a stronger voice in the organization. Now Dr. Everett represents D.O.s all across the state and has great respect for the importance of his position.

“Sometimes people feel that they can’t make a difference,” he explains, “but I’ve seen that you can make your voice heard.” Dr. Everett has made his mark by taking the interests of D.O.s to Lansing and Washington. “The best part of this experience is seeing ideas that began in our town become MOA resolutions and then AOA resolutions, and even become federal regulations.”

Dr. Everett’s commitment doesn’t stop at the state line either. Last fall, he led a medical mission to some of the most remote regions of Guatemala. His group worked in cooperation with local Christian missionaries and traveled to small villages in need of vital medical care. The team carried donated medicines and supplies and treats what patients they can for a variety of illnesses.

“It’s rewarding,” says Dr. Everett. “They are so appreciative, even of the small things. Things we might take for granted, like a pair of store-bought eyeglasses that can allow someone to see clearly for the first time.”

The group also helps villagers with basic needs by building dams and pumps to bring fresh water. “They don’t give us anything material in return, but what they give us is a tremendous show of love and appreciation.”

Dr. Everett lives in Indian River with his wife, Debbie. They have a daughter and two sons, including one who is a freshman at Michigan State. He enjoys spending time in the Michigan
Juggling

Student Parents At Medical School

by Steven D. Bevier

When Rebekah Lampart came to MSUCOM at the beginning of her first year she was fully prepared to take on the rigor of being an osteopathic student. She wasn’t prepared, however, for the news she got during orientation week when she and her husband, Eric, learned that she was pregnant with their first child.

Ms. Lampart’s pregnancy certainly added an extra challenge to her first year of medical school – including giving birth to her son, Elijah, during finals – but she soon realized she was not the only student who was earning a D.O. and starting a family at the same time. There are several students at MSUCOM who are also parents, many of them with young children. So Ms. Lampart took it upon herself to try and bring them together.

She is the president of one of MSU’s newest student groups, Student Parents At Medical School, or S.P.A.M. She started the group to serve as a support network for students with young children or those who are thinking of starting a family. The group members primarily work as a resource to share information about such things as child care options, parenting classes or discussion groups for student-parents to learn how to deal with issues like class and work schedules or planning for the birth of a child. There are several students at MSUCOM who are also parents, many of them with young children. So Ms. Lampart took it upon herself to try and bring them together.

The College of Osteopathic Medicine held its annual Convocation and White Coat Ceremony at the Wharton Center in August 2003. The ceremony was the official welcome to the Class of 2007.

This year’s entering class has expanded to include 143 students, the largest in MSUCOM’s history. The class was introduced by William Falls, Ph.D., associate dean for student services and then each first-year student was presented with a white lab coat by an MSUCOM faculty member as a symbol of his or her entry into the medical profession. The students strode across the stage to the delight of friends and family and were greeted by Dean William Strampel, D.O., and special guest Darryl Beehler, D.O., president of the American Osteopathic Association.

This year’s convocation address was delivered by Edward N. Hodges III, J.D., president of the American Osteopathic Association and a former member of the AOA’s Department of Education W. Douglas Ward, Ph.D.

F. Patenge Medal of Public Service. The medals are presented to persons who have made a lasting impact on the osteopathic profession. This year’s other recipients were MSUCOM Professor Emeritus Lynn F. Brumm, D.O., Past President of the Michigan Osteopathic Association and MSUCOM alumna Carol Monson, D.O., and former Director of the AOA’s Department of Education W. Douglas Ward, Ph.D.

New Alumni

Some recent graduates of the College of Osteopathic Medicine have taken an opportunity to show their gratitude to their new alma mater. Five new OMM tables were purchased for the osteopathic manipulative medicine lab in E-106 Fee Hall, with money donated by the Class of 2002.

The money was raised at various fundraisers throughout the students’ four years at MSUCOM, and was left unspent at graduation. Ruth Baer, D.O., treasurer for the Class of 2002, says that the students raised much more than they expected. “There was a tremendous need in the OMM department,” she explains. “We as a class benefited greatly from our OMM training, and giving the extra money back to the college was the right thing to do.”

In addition to the OMM tables, a donation was made to the Michigan Osteopathic College Foundation OMM Fellowship Fund, which allows an osteopathic student to receive one year of fellowship training in manual medicine.

Giving

The OMM lab is filled thanks to new donated tables.

The Campaign For MSU

The Capital Campaign has been a big success, but MSUCOM is looking to raise even more funds for endowments and scholarships. The college has reached its initial goal of $8.35 million and has set a new target of $13.6 million.

To learn more about making a gift to MSUCOM, please contact Sharon Snyder in the MSUCOM development office at (517) 355-8355 or snydersw@msu.edu.

Calendar of Events

October

12-16

15
Talgate Party for MSUCOM alumni, faculty and friends at the AOA convention. Hilton Hotel, New Orleans. Contact Kim Camp at (877) 853-3448; camp@msu.edu

16
Alumni Luncheon at the AOA convention. Hilton Hotel, New Orleans. Contact Kim Camp at (877) 853-3448; camp@msu.edu

21
“Dinner with Docs,” MSUCOM student and faculty party with a 1950s theme. East Fee Hall. Contact Mike Brennan at brennan7@msu.edu

22
Alumni reception and dinner, Park Place Hotel, Traverse City. Contact Kim Camp at (877) 853-3448; camp@msu.edu

23
Alumni dinner, Pappas’ Restaurant, Cheboygan. Contact Kim Camp at (877) 853-3448; camp@msu.edu

November

5-8
CME: Craniosacral Technique: Level II. Kellogg Center, East Lansing. 40 hours of Category IA credit. Tuition is $1,210; $900 for residents and interns. Course chairperson is Philip Greenman, D.O. Contact the Office of CME: (517) 353-9714, or (517) 437-0001, or cme@com.msu.edu; http://www.com.msu.edu/cme

10-14
CME: Principles of Manual Medicine, Kellogg Center, East Lansing. 40 hours of Category IA credit. Tuition is $1,210; $900 for residents and interns. Course chairperson is Lisa Vredevoogd, D.O. Contact the Office of CME: (517) 437-0001, or (517) 353-9714, or cme@com.msu.edu; http://www.com.msu.edu/cme

December

January 2004

CME: Manual Medicine Related to Sports & Occupational Injuries to the Extremities. Windmill Inn, Tucson, Arizona. 24 hours of Category IA credit. Tuition is $750; $450 for residents and interns. Course chairperson is Philip Greenman, D.O., F.A.A.O. Contact the Office of CME: (800) 437-0001, or (517) 353-9714, or cme@com.msu.edu; http://www.com.msu.edu/cme

February

March

4-7
Conference in the Sun. Melia Azul Beach Resort, Ixtapa, Mexico. Fun, sun and a 20-credit CME course. Contact Kim Camp, (877) 853-3448, camp@msu.edu

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

SEMINAR IN THE SUN

March 6-13, 2004

General Topics Include:
Cardiovascular Fitness, Dermatology, Gastroenterology,
Neurology, Ophthalmology, Psychiatry/Anxiety

Questions:
MSUCOM: 517-432-4979 or toll free 877-853-3448 or e-mail: camp@msu.edu,
Classic Travel: 517-349-6200 or toll free 800-643-3449
www.com.msu.edu/cme/seminar_sun

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