COMMUNIQUE
Michigan State University College of Osteopathic Medicine
Winter 2009
Volume 36, No. 1

A Blueprint for Success
Creating tomorrow’s physicians today
For three years, we've envisioned, talked, planned, drawn up concept papers, built partnerships, sought approval and accreditation, budgeted and educated others. Our administrators have determined personnel and logistical needs, worked with architects and planners on renovation and building, and provided a strong financial base. Our departmental leaders have determined what will be required to implement our curriculum and are acting to bring that to fruition. Academic Programs and Health Information Technology are building the infrastructure for successful distance learning, and Student Services is identifying the personnel and resources needed to appropriately support students, financial aid, and admissions.

The expansion of MSUCOM to southeast Michigan is all coming together in very visible ways, not the least of which are the renovations occurring at the Detroit Medical Center and the construction of a new building at Macomb University Center. By June 2009, we'll be ready to welcome our first entering class of 300 students, a third of whom will be educated in southeast Michigan.

It's a good time to remember our motivations:

- To produce more high-quality compassionate physicians to meet the projected physician shortage in Michigan
- To provide a cost-effective expansion option that will benefit the college and the university
- To offer more osteopathic students and residents to our burgeoning Statewide Campus System hospital partners, increasing their federal compensation
- To provide educational opportunities for our students in a wide array of cultural and economic settings
- To recruit from medically underserved areas in order to produce osteopathic physicians most likely to return to serve medically underserved areas
- To increase the accessibility of our college to the hundreds of highly qualified students, especially in the most populous region of our state.

In addition, through documentation and evaluation of our innovations in distance learning, we are developing the largest such system in medical education, and a model for others to emulate.

We are well on our way! It's been a great blueprint for success, and I am enormously grateful to all of you who are working so hard to make that blueprint a reality. Thank you!

William D. Strampel, D.O., Dean

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MSUCOM Students Tara Kisnonsky, Ross Melvin, Joyce Liu, Kurtis Kieleszewski, Leslie Walton

On the Cover:
MSUCOM appreciates the generous and continuing support for COMMUNIQUÉ offered through the Michigan Osteopathic College Foundation. Thank you!
Steel is going up. Renovations are being made. In 2009, MSUCOM will open its doors at the Detroit Medical Center and the Macomb University Center in southeast Michigan. MSUCOM will see the size of its incoming class grow by 100 students when 50 students join each of our expansion sites next fall.

As preparations continue, a number of questions have arisen from curious MSUCOM alumni and supporters about the expansion. Many of the leadership within MSUCOM have offered their insights about the expansion in the following pages, from the vision that started the process forward to the nuts and bolts of offering a quality medical education. We hope their perspectives will offer a glimpse into the drive and attention to detail which has been poured into this process.

FACTS ABOUT DETROIT MEDICAL CENTER
- Founded: 1985
- Number of hospitals in system: 9
- Level 1 Trauma Centers: 2
  - DMC Children’s Hospital of Michigan
  - DMC Detroit Receiving Hospital
- Number of licensed beds: 2,000
- Affiliated physicians: 3,000
- Awards:
  - Harper University Hospital was ranked in the top 30 hospitals in the country for neurology and neurosurgery by U.S. News & World Report.
  - Children’s Hospital of Michigan was ranked in the top 30 in the country for pediatric care.

FACTS ABOUT MACOMB UNIVERSITY CENTER
- Established: 1991
- Total number of students since 1991: 100,000
- College and University Partners:
  - Central Michigan University
  - Ferris State University
  - Lawrence Technological University
  - Michigan State University
  - Oakland University
  - Rochester College
  - University of Detroit Mercy
  - Walsh College
  - Wayne State University

Once construction and renovations have been completed for both sites, they will have a host of state-of-the-art features including:
- An administrative suite and conference room equipped with video broadcasting equipment and Smartboards
- Distance learning classrooms, each with a seating capacity of 60 and equipped with high definition (HD) video broadcasting/receiving equipment
- A physiology/histology computer lab with a seating capacity of 54 and HD projection equipment for demonstration by the instructor
- Seminar/breakout rooms with a seating capacity of 12 each and equipped with video conferencing and Smartboards
- A learning resource center and computer lab
- A student locker room with lounge area
- An anatomy lab with 27 cadaver carts, a room for prospection and one for the cold storage of specimens. Five large screen HD TVs located throughout the lab for better demonstration by the instructor of the specimens and a “changing room” with lab coat storage.
- An OMM lab with 14 treatment tables, four large screen HD TVs for better demonstration by the instructor. Equipped as a distance learning room with state-of-the-art HD video broadcasting/receiving equipment.
- A clinical skills teaching suite with a waiting room and two fully equipped exam rooms. Includes a control room for filming the student-patient encounters.
- Additional space is available for any future needs.
Since the 1990s, we’ve been seeing a steady increase in good candidates for admission into our college whom we’ve had to turn away due to the limited number of students we could accept in a given year. With nearly all of our students doing their graduate medical education in Michigan and 70% of them staying within 70 miles of where they do their residencies, the more students we are able to accept, the more doctors Michigan will have to care for its residents. Originally we were thinking of setting up a mirror college of MSUCOM in southeast Michigan, but as things progressed, a plan involving two sites developed. This is a great plan which takes into consideration the resources available in the region and the advances in technology which are allowing us to develop our synchronous distance learning system—the largest synchronous educational system in the world. We know that there will be glitches, but we will work through each of them and learn from them. The work we are doing today will help others in the future to follow our ground-breaking model.

It has taken us a lot of effort and vision to work through all the details which in just a few more months will have us educating students in three different locations across Michigan. And yet, from whichever location a student primarily learns or a faculty member teaches, we are all part of MSUCOM and its tradition for producing some of the best osteopathic physicians in the country. Presenting our expansion plans to the Commission on Osteopathic College Accreditation (COCA) last summer and receiving their stamp of approval validated for us the level of preparedness this college has for this venture and assured us that we have a quality product polished and ready to present. We’ve been getting a lot of interest from our alumni, clinical faculty and preceptors in the southeast Michigan region who wish to increase their commitment to the college thanks to our growing presence in the area. It is a very reassuring sign to see those who are the underpinnings of our clinically-based teaching system coming on board and showing their support.

Envisioning an Expansion

Macomb County has one of the highest concentrations of osteopathic physicians in Michigan. There are also three major osteopathic teaching hospitals located near the new MSUCOM site at Macomb University Center. In recent weeks, I have met with physicians at the area hospitals to share information about this site. At these meetings, area physicians have been expressing tremendous excitement that we will be training osteopathic medical students right here in Macomb County. Their outpouring of support and willingness to mentor our preclerkship students has been truly amazing. Area physicians are willing to have our students shadow them to get a flavor of applied clinical medicine. Some have actually already begun serving as faculty for MSUCOM small group classes this fall. Such physician support and the proximity of these hospitals with well-established osteopathic residency programs provide us with some unique opportunities that we expect will be highly valued by our students. All of this gives us confidence that the Macomb site is going to be an exceptionally supportive educational environment.

Construction on our building began in October and is expected to be completed in January 2010. We have arranged for temporary classroom space within the Macomb University Center and with our sister site at the DMC to meet the needs of our students in the interim.

By being located at the Detroit Medical Center, there is an awareness that clinical education is right outside our door. There are more than 2,000 patient beds here and 900 residents, a level one trauma center—the first in Michigan, a hospital dedicated to the science and practice of pediatric health care, Children’s Hospital of Michigan and more. You know you’re in the heart of a medical system here.

Residents and attending physicians meet right outside our door. It’s a very positive, comfortable environment. We’re bringing one more piece of medical education to the environment. This is a great place to develop new opportunities for our students to shadow doctors, and find role models and mentors who can show them the qualities necessary to be excellent physicians.

Right now, Dr. Hortos and I continue to work with the academic departments as to how the curriculum will be delivered—especially basic science departments who teach most of the first-year coursework. We’ve also been taking advantage of the robust number of OB/GYN specialists and urologists in the area to identify those interested in taking on some instructive roles. We are on course to being ready by Summer 2009.

By William Strampel, Dean

By Kari Hortos, Acting Associate Dean, Macomb

By Gary Willyerd, Acting Associate Dean, DMC

By Donald Sefcik, Senior Associate Dean

By Gary Willyerd, Acting Associate Dean, DMC

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The faculty we’ll be locating in both of the expansion sites will be integrated into the existing departmental structure. However, we expect curricular management will likely change. Our current method of teaching is focused on faculty giving lectures in the classroom. The key to learning is to create a more active learning environment on the part of the students. Through appropriate use of technology, we can facilitate such learning environments. For instance, if a faculty member uses iClicker—which allows faculty to post questions and receive answers from all the students—faculty are able to evaluate student performance from all three of our sites as well as get students to actively participate in the learning process.

Another part of the learning process we wish to improve is the time our students spend in clinical settings. Both of our expansion sites are surrounded by a host of hospitals which can provide many clinical opportunities for our students. There are going to be a lot of changes to the medical education system in the next 10 to 15 years and we’ll be at the forefront of those changes.

Southeast Michigan will give us additional opportunities to increase our intercultural programs and recruitment as well as promote osteopathic medicine to groups who may not be knowledgeable about the profession. We will be hiring an admissions counselor/recruiter in Southeast Michigan to facilitate these activities. Being in three different locations—one urban, one suburban and one Big Ten research campus—will give distinctly different environments for our applicants to pursue their osteopathic education while getting the same high-quality of medical education.

From a student services perspective, we will be providing students access to the same services and programs we offer in East Lansing. There will also be fully equipped learning and resource centers where students can study.

One of the challenges we will be facing will be making sure that student organizations and major student events are inclusive of students from all three sites. Our students will have access to teleconferencing technology so that an organization with members at all three sites can meet and discuss group activities together. We will also do our best to coordinate events at each site and encourage students, faculty and staff from each site to attend. We want to make certain our students feel supported and a part of our college at whichever site they may be located.

Caring for Michigan Children

Keeping Michigan’s youth healthy and thriving is an important goal especially with the state’s economic struggles. For 18 years, Dr. Joel Greenberg, chairperson of the Department of Pediatrics, has been tackling this challenge. “MSUCOM has been involved in caring for indigent children since the early 1970s by working with Ingham County’s clinics,” said Greenberg. “Since the late ’80s our department has increased its commitment to children from low-income families with three clinics distributed across the Greater Lansing area.”

During these struggling economic times, the clinics have seen a steady increase in the demand for their services. “Last year, our doctors had more than 37,000 visits to our clinics, 15,000 visits at the county clinic and saw more than 800 newborns in the hospital. Fifty percent of Michigan newborns are on Medicaid. Our department has been handling a growing share of these children in this region.”

While Greenberg and his department are committed to caring for these children, the Medicaid reimbursement system has helped make expanding the care they provide easier. “Physicians who are affiliated with a university get a slightly higher reimbursement for treating these children than physicians out in the community,” said Greenberg. “This type of incentive has helped us become an epicenter for such care.

“We’ve been seeing a number of significant trends in the children who visit our clinics,” continued Greenberg. “We’re seeing added stresses in the family unit, increases in child abuse signs, and an increase in the need for antidepressants and anti-anxiety medications for teenagers and to a lesser extent in young children.

On a more positive note, we’re continuing to see a decrease in the number of cases of rotavirus, ear infections, chicken pox and other once common childhood diseases, thanks to improvements in vaccination. For example, it wasn’t uncommon during the month of March, when cases of the stomach flu are most frequent, to have a number of children require hospitalization. Last March, we had zero cases that required hospitalization thanks to widespread immunization for the rotavirus. We hope this trend will continue. There are a lot of benefits to extensive vaccination, but often such benefits go unnoticed.”

Childhood obesity is another concern increasing in Michigan’s children. “You might think that malnutrition would be a growing concern these days as families tighten their food budgets, but actually the reverse is what we’re seeing,” said Greenberg. “We believe what is happening is that as families become more economically stressed, they are favoring less expensive food options. So they are eating more fast food and other unhealthy foods and decreasing how often they are consuming vegetables and other healthier options. We’re involved in research on how best to address this problem. We’re proud of our contributions to the community and see our involvement continuing to grow.”

by Craig Reed

William Falls, Associate Dean for Student Services

Gail Riegle, Associate Dean for Academic Programs

With fifty percent of Michigan newborns on Medicaid, Greenberg and his team work hard to meet the needs of indigent children in the Lansing area.

Gail Riegle, Associate Dean for Academic Programs
Margaret Semrud-Clikeman: A Mind for Research

When Margaret Semrud-Clikeman, Ph.D., arrived on the MSU campus in 2005, she wasted no time establishing a team of graduates and undergraduates, and building upon the research she started when she was at the University of Texas.

“One of our projects involves looking at giftedness – people who have a real talent in something like mathematics or verbal skills,” said Semrud-Clikeman. “I was fascinated that when I work on something that requires a strong understanding of spatial concepts, it’s a lot of work for me, but for someone else, working spatially is a considerably easier task. What parts of the brain differ between us? And when do these differences occur? At birth? Or during childhood? Previous research indicates that gifted individuals use different parts of their brain more than other people. We believe that their brains developed in a different manner.”

Currently Semrud-Clikeman and her team are performing fMRIs on adults from math and engineering backgrounds who demonstrate gifted abilities. “The idea is to look at their ability to problem-solve and their social understanding,” explained Semrud-Clikeman. “Often these children struggle socially. When you work with them to help them understand different social situations, they have to be taught how they should act in each situation. Our hypothesis is that they are using the language centers on the left side of their brain to process these interactions rather than the right side (or social areas) of the brain as typical people do. This would have the effect of making them less efficient at social interactions. Our preliminary data support our hypothesis so far.

“It has been a very rewarding experience to make these types of discoveries,” continued Semrud-Clikeman. “From this particular research, we’ve developed an intervention program for the children using a ‘method acting’ style and role playing to learn important aspects of social communication. This method acting teaches the children a ‘script’ they need to respond correctly in a given situation.”

Just recently, Semrud-Clikeman started a new project exploring an area of interest that has been a part of her career for almost 20 years beginning with her dissertation: attention-deficit hyperactivity disorder (ADHD). “We’re looking at the brain activation differences among typically developing children, children who are hyperactive, children with attention problems and those who are both hyperactive and inattentive. We’re looking at how each group is able to effectively inhibit their actions and how well they handle risks. In our experiment, we have each child look at a balloon and give them a device that allows them to make the balloon bigger. They are rewarded when they can keep the balloon from popping. We just started so it will be interesting to see the differences in each group.”

With her time filled with a variety of research, Semrud-Clikeman is eager to see what she can discover. “Some projects will uncover something interesting,” said Semrud-Clikeman. “Others will not. That’s science.”

Terri Cregg

Diligent Admissions

Within the bustling admissions office of MSUCOM, a new face has joined the team to guide potential students through the application process. Her name: Terri Cregg.

“I grew up in Youngstown, Ohio,” said Cregg. “Due to the nature of my husband’s job, I have lived in a number of places including Nebraska, Georgia, South Carolina and Michigan.”

Cregg came to the MSUCOM family last year with a wide variety of teaching experiences. “I taught physical education/Health for 12 years in the public schools,” said Cregg. “While in Georgia, I worked as a hospital educator. Since I joined MSU in 2000, I’ve been an advisor in the College of Education and a pre-med advisor in the College of Natural Science.”

When she’s not at work, Cregg has another passion she enjoys: her home. “Three years ago, we bought a farmhouse that was built in the 1890s,” said Cregg. “We’ve been restoring it and making it look much like it did when it was built. It’s been a lot of work, but we love it.”

Cregg continues to settle into her new job. “Working in MSUCOM has been a great experience so far,” she said. “It’s a good group of people to work with. I like the variety that you get to do here. My favorite part is mentoring the students. They are so passionate with where they want to go in their careers. It’s fun.”
students
By Craig Reed

Part of the Community
CRYSTAL GLASSY

The desire to help others can become an opportunity to explore another culture as first-year student Crystal Glassy, M.P.H., discovered prior to joining MSUCOM. "I've spent a lot of time in Latino communities both inside and outside the United States," said Crystal. "One of the groups I worked with focused on teaching high school students how to petition for changes in their school. I helped them learn how to advocate for more nutritious food in the vending machines at their school and have the nearby parks cleaned up and improved so they could use them.

"I was also a member of the Flying Samaritans, a student-run non-profit that helps underserved families in Ensenada, Mexico. We were able to raise an unprecedented amount of money for a free medical clinic down there," continued Crystal. "While doing this work, I started wondering how Latino cultural beliefs impacted their medical care. This led me into research projects looking at patient satisfaction among Latinos with their healthcare, and the prevalence of depression at one of their community clinics.

Crystal's concern for her adopted community can also be seen through her volunteering: working on initiatives to reduce obesity among children, caring for children of domestic violence victims, tutoring students, creating social events for disabled individuals in the community, and devoting time toward helping the homeless.

"I would love to go back to these communities and work in a clinic helping the underserved," said Crystal. "I love being here at MSUCOM and am grateful for this opportunity."

Learning in Nicaragua
ROBERT HILLMAN

Getting involved in Nicaragua, the second poorest country in the Western Hemisphere, takes a certain amount of tenacity, as first-year student Robert Hillman found out during his time there.

"Forty percent of the population live on less than one dollar a day," said Robert. "You can’t understand what people in this situation are facing unless you go there."

One of the first things Robert and a friend who joined him on the trip did was to teach English. "We were teaching English as we were learning Spanish from them," stated Robert. "We started with three people, but after a month or two, we had 300 people visiting our tiny school every day."

From there, the two began adding workshops as well. "After doing some workshops, we realized we were ineffective. Our workshops were on how to access jobs and on human rights abuse. They weren’t addressing people’s more pressing needs. The health of the people was very poor. Every day they are exposed to a variety of environmental toxins on top of being malnourished. As I started to understand all these challenges they faced, that’s when my interest in medicine really started."

"D.O.’s look at a person’s environment," continued Robert. "Thinking about how best to help patients considering their circumstances is absolutely vital for good healthcare.

Determined to continue his trips to Nicaragua, Robert has big plans for the future. "I want to grow osteopathic medicine down there – maybe even start a college and a hospital. There are so many improvements needed, and I wish to be a part of that change."

Finding a Lost Boy of Sudan
SAMUEL MALUIL

I was the civil war in his homeland of Sudan that led Samuel Maluil to the healing arts.

"By the time I was born, the war had spread to my village," said Samuel. "The war eventually cut my older brothers and me off from the rest of our family. We made it to Kenya where for nine years we lived in a United Nations refugee camp."

In 1998, Samuel and his fellow refugees were visited by clergy who had come to look at the conditions at the camp. "Some of them shook their heads when they saw us. We had only a few clothes and were very malnourished," said Samuel.

The clergy started talks with the U.S. government to try to get as many as possible out of the camp. Two years later, Samuel found himself one of the fortunate ones to be selected to come to the U.S. "In December 2000, when I left the refugee camp, I weighed barely 90 pounds. That’s how life was in Kenya.

"I didn’t know anything about the U.S.,” said Samuel. "I didn’t know what it meant when I was accepted to come here. In the refugee camp, you just focus on what you have. You don’t know about other countries. When I got here, my eyes began to open to what life is really like."

Samuel’s new insights as well as the educational opportunities he has had here drew him to the idea of becoming a doctor. “I had always wanted to be a doctor and help the sick,” said Samuel.

Now in his first year of medical school at MSUCOM, Samuel sees himself one step closer to making a positive difference in the lives of others. “Medical school is about guts and hard work. I want to be one of those who helps others and makes a difference.”
Jeff Frey

Once military-bound medical students graduate, their choice to be a part of the branch of the military does offer them different possibilities, as '08 graduate Dr. Jeff Frey has discovered. “My story is a bit unusual,” stated Frey. “I love exploring the world and saw joining the Navy as a way to practice outside of Michigan while doing so.”

During his first two years as a medical student, John’s experience has been similar to his peers, though with a few extra opportunities. “I’ve already had the chance to shadow some of the doctors at a Navy hospital. The doctors there loved what they were doing. It was great to see such a positive working environment. I should have a couple more opportunities to visit a few more Navy hospitals, and during my third and fourth year, I’ll have a chance to do a few Navy rotations as well which will help me narrow down where I want to do my residency,” said John.

Once his medical training is completed, John is looking forward to life in the Navy. “There are still some countries where you can’t practice as a D.O.,” said John, “but as a Navy physician, I’ll have some of those doors open to me. The Navy sends some of its doctors on medical missions as a way to improve our image overseas while helping people in need. I hope to be going on some of these missions to Latin America. I see being part of the Navy giving me opportunities for which there is no civilian equivalent.”

Robert Lagrou

While some like Frey care for reserve and active members of our military, others like ’04 alumnus and Chief Medical Health Officer Robert Lagrou care for the families of those who have been deployed. “I work on helping families cope with a loved one being deployed and help them through the process that takes place when they return from their deployment,” said Lagrou. “Deployments are a stress on the family system. There are plenty of studies that demonstrate an increase in depression and other psychiatric disorders among children of a deployed soldier. Another big task for us is reintegration of that soldier back into the family. Twenty-five percent of those who return have psychiatric problems like post-traumatic stress disorder (PTSD) which need to be addressed.”

Lagrou has been involved in the creation of the “Welcome Back Veterans” initiative at the University of Michigan, which targets veterans and their families after a soldier has returned from his or her deployment. “The challenges some of these veterans face— it’s real world stuff. When someone calls for help, they need for you to take action now. You see these guys putting everything on the line for us,” said Lagrou. “If I can take care of them and their families, that’s my way of saying ‘thank you’ for everything they have done.”

Looking back, Lagrou is proud to be one of the osteopathic physicians serving in the military. “I don’t know of any doctor who regrets joining the military. It gives you a unique perspective on our country. It’s not an easy thing to decide. When you join, you know you may end up in harm’s way. My suggestion to anyone considering becoming a military doctor, do some shadowing, talk to those who are already in. For me, it has been well worth doing.”

John Lambrix

Within each class of students at MSUCOM, there are a number who choose early on to serve in one of the branches of the military.

“My dad is a small town family doctor. I wanted to be a doctor but explore a career path a bit different from my father,” said second-year student John Lambrix, president of the Military Medical Student Association. “I love exploring the world and saw joining the Navy as a way to practice outside of Michigan while doing so.”

As a flight surgeon, Frey combines his love of medicine with his passion for flying. As a resident, Frey checks on the health of active and reserve members of the military based in Grand Ledge.

Lagrou helps military families while a loved one is away and when they return home from their deployment.

As a flight surgeon, Frey combines his love of medicine with his passion for flying.
new faculty

**Minal Bhanushali**
Neurology and Ophthalmology

Minal Bhanushali, M.D., comes to us from Emory University in Georgia. She graduated from the University of Bombay in Mumbai, India. Her publications have focused on neuroleptic malignant syndrome and she has been involved in clinical trials for new treatments for Parkinson’s disease. She joins us as an assistant professor.

**Alyse Ley**
Psychiatry

Alyse Ley, D.O., is an ’02 MSUCOM alumna who has spent the past two years in a fellowship focusing on child and adolescent psychiatry. She has given a number of presentations on phobias, anxiety, depression, bipolar disorder, and play therapy. She joins us as an assistant professor.

**Christopher Waters**
Microbiology and Molecular Genetics

Christopher Waters, Ph.D., comes to us from Princeton University. He received his Ph.D. from the University of Minnesota and has been actively publishing articles on quorum-sensing dynamics and cell-to-cell communication in bacteria. He comes to us as an assistant professor.

**Timothy Francisco**
Osteopathic Manipulative Medicine

Timothy Francisco, D.O., is an ’01 MSUCOM alumnus who spent his residency studying orthopedic surgery, neuromusculoskeletal medicine and osteopathic manipulative medicine. He has given a variety of presentations over the years including his most recent one “Surviving Lung Disease and Double Lung Transplant: A Doctor Turned Patient.” He joins us as an assistant professor.

**Thomas Sharkey**
Biochemistry and Molecular Biology

Thomas Sharkey, Ph.D., comes to us from the University of Wisconsin-Madison. He received his Ph.D. from MSU in botany and plant pathology. His research has focused on the biochemistry and biophysics that underlie plant-atmosphere interactions, and has published a plethora of articles, including those on carbon dioxide fixation, ozone sensitivity in aspen clones, and maltose metabolism in photosynthetic leaves. He joins us as the chairperson for the Department of Biochemistry and Molecular Biology.

**Suzanne Wilson**
New to Southeast Michigan

Suzanne Wilson has accepted the position of administrative director of the MSUCOM expansion site at Macomb University Center. Wilson joins us with extensive experience in health care education and administration, and has worked as an educational consultant for Mount Clemens Regional Medical Center and William Beaumont Hospital. During this phase of the expansion, Wilson will provide organizational management and assistance to both Associate Dean Kari Hortos and Associate Dean Gary Willyerd.

There is one more “simple assumption” that needs to be challenged in the medical marijuana debate:

1) Marijuana is as harmless as alcohol.
   - It is reasonable to compare marijuana use to the use of alcohol. Moderate, short-term use has no known negative healthcare consequences except, of course, in cases such as motor vehicle accidents where the impairment of judgment and coordination will result in injury. Long-term, excessive use of alcohol has negative health consequences similar to the excessive use of tobacco products. Similarly, long-term, excessive use of alcohol has negative healthcare consequences including liver damage. Those who argue that marijuana is not any more dangerous than alcohol fail to acknowledge the dangers of alcohol. Additionally, marijuana is known to be a “gateway” drug, meaning it is commonly the first substance a substance abuser uses. This becomes an important factor in the treatment of AIDS patients who have been known to revert to substance abuse following the use of “medical” marijuana.

2) Marijuana has “medicinal” benefits.
   - It is an overstatement to claim that marijuana has medicinal benefits. What is known is that one of many substances found in marijuana, tetrahydrocannabinol or THC, has demonstrated medical benefits. THC is available for patient care in a synthetic form. The limiting factor of the pill form of THC is that it takes much longer to raise THC levels than smoking. Using the healthcare community to allow access to marijuana is not good healthcare. It is not good healthcare when the patient is authorized to use an unspecifi ed amount of an unknown substance for which there are no quality or purity criteria. While this may qualify as a “home remedy,” it does not meet the standard of healthcare.

3) Letting doctors authorize access to marijuana is good healthcare.
   - Using the healthcare community to allow access to marijuana is not good healthcare. It is not good healthcare when the patient is authorized to use an unspecified amount of unknown substance for which there are no quality or purity criteria. While this may qualify as a “home remedy,” it does not meet the standard of healthcare.

There is one more “simple assumption” that needs to be challenged in the medical marijuana debate:

4) Marijuana is listed as a Schedule 1 drug because it is highly addictive and has no medical value.
   - The federal classification of marijuana as a Schedule 1 drug harkens back to the days of “Reefer Madness” when it was believed that marijuana use led directly to the addiction to “harder” drugs. While we now view marijuana as a “gateway” drug, medical science now agrees that there is no cause and effect relationship between the use of marijuana and other illicit drugs. Marijuana is assumed to be a “gateway” drug because of its price and availability.

The first step in bringing the benefits of THC to patients should be the reclassification of marijuana. This will facilitate more medical research, which is necessary before THC and other cannabinoids can be used as a pharmaceutical agent for patient care. Once again, the simple solution isn’t the right solution.
Improving Cancer Outcomes

PATRICIA LORUSSO

For most of her life, ’82 alumna Patricia LoRusso, a tenured researcher at the Barbara Ann Karmanos Cancer Institute in Detroit, has had her sights focused on cancer. “By the time I was in my late teens, both of my parents had died from cancer,” explained LoRusso. “Working in cancer research is something I have felt driven to do.”

For more than 20 years, LoRusso has worked on developing the next generation of cancer drug treatments, and has seen a lot of progress in that time. “As we’ve increased our understanding of the biology of cancer, we’ve seen huge changes in the development of treatments. We’re better able to target cancerous cells now than in the past. Many drugs in the past would affect healthy cells in the body as much as or even more than the cancerous cells we were trying to eliminate. Often you’ll see signs of toxicity in the body well before you saw any effects on a cancerous tumor. Now we know a lot more about what we’re going after and how to go after it,” said LoRusso.

LoRusso’s research is in Phase I clinical trials for new cancer-fighting drugs. This phase can run one to four years depending on the complexity of the compounds being tested. “Phase I is where a drug is tested on humans for the first time,” explained LoRusso. “That’s a pretty amazing number. We have to look for possible problems with the drug, and it never ceases to amaze me what types of problems our research can uncover with these experimental formulas.”

This year LoRusso was recognized for her research with the 2008 Michael A. C. Christian Oncology Drug Development Award and Lectureship, awarded by the National Cancer Institute, which recognizes the contributions of an individual researcher in the development of novel agents for cancer therapy. Earlier this year, LoRusso was also recognized by Crain’s Detroit Business with their 2008 Advancements in Health Care award.

“The most satisfying thing for me is to see a patient respond to a drug,” said LoRusso. “The patients who volunteer for our trials are those who have not responded to standard treatments. For many of them, novel drug therapy on a Phase I trial is their last option before hospice. My hope is that one day, we’ll have the tools we need to make cancer a chronic, but manageable disease. “I’ve been very fortunate to get a job in an academic practice,” continued LoRusso. “It’s given me the opportunity not only to treat patients, but to participate in developing future cancer therapies. Through my career here, I’ve been able to fulfill my dream of helping those with cancer.”

LoRusso’s research offers hope to cancer patients who haven’t responded to traditional treatments.
It has been a great source of pride for MSUCOM to be in the U.S. News & World Report's top ten medical schools for primary care for the last eight years. This is due, in part, to the commitment of this state's osteopathic physicians who give freely of their time and love for our profession to help train our students. For years most of our graduates went into primary care. It was considered the noblest of all fields in the osteopathic family.

As tuition goes through the ceiling, it is obvious why a growing number of our students are choosing higher paying specialties over our traditional bread and butter. This is taking place at a critical time when many of our primary care colleagues are planning retirement, resulting in a projected shortage of 85,000 primary care physicians nationwide. This shortage cannot be addressed unless actions are taken to entice more of our medical students into primary care.

As an alumni association, we need to do our part. We need to start politically advocating for student debt forgiveness, interest deductions and improved insurance compensation for those entering primary care – especially in states with the worst shortages. The MAOPF and other state primary care societies are gearing up to storm our nation’s capital for the ACOFP annual meeting in Washington D.C. this spring. We need to support our students while encouraging them back to our primary care heritage. We need to advocate for their future.

Steven Dupuis, D.O., President MSUCOM Alumni Association Board of Directors

Keeping Primary Care First

Alumni from across Michigan and beyond gathered for a variety of activities at this year’s Silverfest celebrations. Attendees participated in CME courses offered throughout the weekend and attended a reception Friday evening to meet up with old friends and colleagues. Dean William Strampel gave an update on the college, including the latest information on the expansion into southeast Michigan. Saturday morning, alumni and their family and friends woke up early to enjoy great food and company at the MSUCOM tailgate before the MSU vs. Florida-Atlantic football game. More than 500 alumni and friends attended Silverfest this year.

The Generosity of Southeast Michigan

Alumni gathered for this year’s Silverfest reception, which was hosted at the East Lansing Marriott.

As MSUCOM prepares for the upcoming expansion, alumni in southeast Michigan are stepping forward by donating time to teach our students, and using their financial resources to assist our future students.

“Promoting education has been an important part of my life. Before I became a medical student, I was helping high school students as a teacher at Lansing Catholic High School,” said ’88 alumnus Stanley H. Miller, who has recently established an endowed scholarship for MSUCOM students. Miller is a specialist in occupational and environmental preventive medicine. As the group medical director for General Motors Corporation, Miller oversees the clinical operations of 48,000 employees working in 45 plants in 17 countries. He strives to prevent work-related injuries and illness – reducing the healthcare costs for GM and improving the quality of life and work environment of the employees.

“I educate workers on how best to protect themselves, and I advise executives and ergonomic specialists on how to improve the work environment and further promote safety,” said Miller. “We’ve been very effective. I see the creation of this endowment as a natural extension of my desire to promote education. MSUCOM gave me the opportunity to achieve my dreams. I am doing my part to help others achieve their dreams of becoming physicians.”

For ‘92 alumnus Robert Piccinini, this year has been an opportunity to expand his generosity and highlight another important individual in his life – his father. “I have already created two endowments, one named after my grandfather and another after my mother and grandmother. I’m working on one right now that will be named after my father,” said Piccinini.

“It’s my firm belief that we need to help the next generation of D.O.s not only financially, but also to remind them of where we come from and where our roots are, both as individuals and as a profession,” continued Piccinini. “This is my way of showing where I come from while supporting upcoming medical students and the osteopathic profession. We all come to this on the backs of other people. I’m here thanks to my parents and grandparents. If I forget them, I’m not really worthy of seeing my patients.”

As our college continues to grow, the need for endowed scholarships to offset the cost of medical education for our students grows as well. Giving often starts out small, but over time such investments in the college compound and make a significant difference in the lives of many students. Growing strong financial roots now promotes the osteopathic education of tomorrow.

Rainy conditions didn’t drown the spirits of MSUCOM alumni attending the tailgate.
THE MICHIGAN STATE UNIVERSITY COLLEGE OF OSTEOPATHIC MEDICINE presents

Slavery to Freedom: An American Odyssey

THE NINTH ANNUAL VISITING FACULTY LECTURE SERIES
KELLOGG CENTER, MICHIGAN STATE UNIVERSITY

The award-winning series “Slavery to Freedom: an American Odyssey” highlights persons who have become icons of the American struggle for civil rights. We are pleased to host these notable scholars who, in addition to making these public presentations, will also dedicate time to teaching MSU students on campus.

The Rev. Dr. Joseph E. Lowery
PASTOR, ACTIVIST AND CO-FOUNDER OF SOUTHERN CHRISTIAN LEADERSHIP CONFERENCE

“The Audacity of Dreams, the Power of Sacrifice”
FEBRUARY 5, 2009, 5:00 p.m., BIG TEN BC, KELLOGG HOTEL AND CONFERENCE CENTER
Dr. Lowery is convener of the Coalition for the Peoples’ Agenda, chairman emeritus of the Black Leadership Forum, Inc., and co-founder and president emeritus of the historic Southern Christian Leadership Conference (SCLC). A beacon for civil rights, he has been named one of the nation’s 13 Greatest Black Preachers by Ebony, and “dean of the civil rights movement” when he received a lifetime achievement award from the NAACP. He was internationally acclaimed in the context of “speaking truth to power” when he delivered orations at the funerals of Rosa Parks in Detroit and Coretta Scott King in Atlanta.

Mr. Clarence B. Jones
LAWYER FOR MARTIN LUTHER KING AND PARTNER IN CARTER, BERLIN & WELL

“The Sharp Edge of Defense: Law and Civil Rights”
FEBRUARY 12, 2009, 5:00 p.m., BIG TEN A, KELLOGG HOTEL AND CONFERENCE CENTER
Clarence B. Jones served as speechwriter and counsel to Martin Luther King, Jr., and later became an allied member of the New York Stock Exchange (NYSE) in Carter, Berlin & Well as the first African-American partner in a Wall Street banking firm. He coordinated the legal defense of Dr. King and others against the libel suits filed against them by city officials of Birmingham, Alabama. The Supreme Court ruling in this case – Sullivan v. The New York Times – resulted in the landmark decision on the current law of libel. In April 1963, he also drafted the settlement agreement between the City of Birmingham and Dr. King to bring about the end of demonstrations and the desegregation of department stores and public accommodations.

Mr. Dick Gregory
COMEDIAN, HUMAN RIGHTS ACTIVIST AND AUTHOR

“You Can’t Handcuff a Funny Bone: Humor and Civil Struggle”
FEBRUARY 19, 2009, 5:00 p.m., BRU TEN & KELLOGG HOTEL AND CONFERENCE CENTER
Dick Gregory is a comedian, a leading civil and human rights activist and well known for his deep and sincere commitment to non-violent social change. He has authored 15 books, produced seven records and made many TV and film appearances in his nearly 50 years of active involvement. He has, in a very dramatic and effective way, called this nation’s attention to the plight of blacks and other disadvantaged minorities with his more than 100 fasts, public demonstrations, protest arrests and numerous public appearances.

The Rev. Dr. Cheryl Townsend Gilkes
JOHN D. AND CATHERINE T. MACARTHUR PROFESSOR OF AFRICAN-AMERICAN STUDIES AND SOCIOLOGY, COLBY COLLEGE

“Yet With a Steady Beat: The Gift of an Activist Womanhood”
FEBRUARY 26, 2009, 5:00 p.m., AURELIA HEUMANN KELLOGG HOTEL AND CONFERENCE CENTER
Cheryl Townsend Gilkes is the John D. and Catherine T. MacArthur Professor of African-American Studies and Sociology and director of the African American Studies Program at Colby College, Waterville, Maine. She is also assistant pastor for special projects at the Union Baptist Church in Cambridge, Massachusetts. Her research, teaching and writing have especially focused on the role of African American women in generating social change and on the diverse roles of black Christian women in the twentieth century. She is the author of If It Wasn’t for the Women. Black Women’s Experience and Womanist Culture in Church and Community.
2009 MOCF BALL
Puttin’ on the Glitz
Saturday, February 21, 2009
Six o’clock p.m.
Ritz-Carlton
Dearborn, Michigan

For more information please call (517) 355-9616 or visit our web site at
https://mocfball.com.msu.edu/