While it is tempting to look back with pride on all that the College of Human Medicine has accomplished these past five or so years, our focus is on the future. Our goal over the next 20 years, in keeping with MSU’s Land Grant mission, is to significantly improve the lives of the people we touch.

Although our roots are firmly planted in East Lansing, we are expanding our footprint statewide. In Greater Lansing, we are increasing the number of students, faculty and clinicians, while expanding our research, much of it funded by federal grants. Our research will grow even more now that we have broken ground for a new bioengineering building on the East Lansing campus. That facility, a joint project of the Colleges of Human Medicine, Engineering and Natural Science, is expected to open in the fall of 2015.

We also have increased enrollment and expanded research in Grand Rapids, where we opened the Secchia Center in 2010. Grand Rapids already is home to our nationally accredited centers of excellence studying Parkinson’s disease, cutaneous oncology and women’s reproductive health, including breast cancer. With state-of-the-art research space in the Van Andel Research Institute, we have been able to recruit 15 NIH-funded principal investigators and their teams. On June 21, the MSU Board of Trustees authorized us to begin planning for a new facility to accommodate our growing research portfolios on property formerly owned by The Grand Rapids Press immediately west of the Secchia Center.

With the support of the Flint health science community and in partnership with the area’s three health care systems, we are creating a public health program that we believe will become a model for the state and the nation. Teams of researchers in Flint will focus on several areas of health concern identified by the community, as well as the social determinants that affect them. In Flint, we have an amazing opportunity to improve the health not only of that region, but the rest of the state and the nation.

Our programs in Midland, Traverse City and Marquette are focused on improving access to care for underserved populations in those sprawling, largely rural areas. Today about 30 percent of the physicians practicing in the Upper Peninsula completed their studies at our Upper Peninsula Region campus or through our family medicine residency program.

Our challenge over the next five years is to tie our education and research programs to a better quality of life for those we serve and those who support us. This is a formidable challenge, and we take it on. We will know that we have succeeded 20 years from now when the evidence shows we have helped improve the health of the communities, state and nation we serve.

Dean Marsha D. Rappley, M.D.
Michigan State University
College of Human Medicine
The preferred treatment for depression is effective in only about half of patients.

That’s because in many cases the class of antidepressants known as selective serotonin re-uptake inhibitors (SSRIs) likely targets the wrong brain chemical, according to a study led by Lena Brundin, a psychiatrist and associate professor in the College of Human Medicine.

The study’s conclusion is a major departure from decades of conventional wisdom in psychiatry. SSRIs, long the preferred treatment for depression, are no direct evidence in patients. Now we have for the first time demonstrated that the parasite causes subtle changes in the brain chemistry that could affect impulsivity, depression and suicidal thoughts.

In her most recent study, Brundin headed an international research team that examined 100 people in Sweden, including two-thirds admitted to hospitals after attempting suicide.

“We found that the people infected with the parasite are seven times more likely to attempt suicide,” Brundin said.

And the other researchers also found that the suicidal patients had more than twice the levels of quinolinic acid in their spinal fluid than did the other subjects. Quinolinic acid is a by-product of brain inflammation, and it causes glutamate to send more signals to brain cells.

“It was a very strong finding,” Brundin said.

In addition to being able to produce inflammation, the parasite carries a gene that causes an increase in dopamine, another neurotransmitter, she said. In a healthy brain, dopamine regulates movement and emotional responses, but in depressed patients, changing dopamine production may cause impulsivity, including suicide attempts, she said.

Brundin now is turning her attention to why some people infected with T. gondii become suicidal while others do not. She noted that suicidal tendencies sometimes run in families, which suggests a possible genetic predisposition.

Together with psychiatrists in Grand Rapids, she is leading a new clinical study of depressed and suicidal patients at Pine Rest Christian Mental Health Services, looking for markers of inflammation in their blood samples. Those who show signs of inflammation will be treated with anti-inflammatory drugs to see if it eases their depression, she said.

Brundin conducted much of her research at Lund University in her native Sweden, where she still is an associate professor. She is continuing her work in the College of Human Medicine.

Psychiatry, Brundin said, is entering a “breakthrough period” in better understanding the biological causes of depression and suicidal tendencies. Her findings suggest that not all depressed patients should be treated the same.

Her research points to many possible treatments, including drugs that could eliminate the T. gondii parasite. Ketamine, an anesthetic, also has been shown to be effective in treating depression, possibly by reducing glutamate, although it carries significant side effects.

A number of other drugs already on the market might be effective in breaking the chain of events that lead to depression and suicidal tendencies, Brundin said.

“Therefore, the road to success probably is much shorter than if we had to invent something new,” she said.
LENDING TIME, LEARNING SKILLS, TRANSFORMING FUTURES:

SERVICE LEARNING IN PERU

“SEEING” THE MEDICAL IMPACT

In a classroom in Lima, Peru, Ashley Hesson scribbled notes while an instructor explained how to conduct an eye exam. As one of 11 medical students from the Michigan State University College of Human Medicine on a two-week trip to Peru, she soon would venture into a remote, rural area, where she would help give medical care to people who seldom got any.

After explaining the basics of an eye exam, the instructor added, “Oh, and when you give them glasses, make sure to explain how to use them.” Hesson stopped taking notes. As someone who had worn glasses nearly all of her 25 years, she assumed everyone knew how to do it. But she later learned that many of the people she would be working with had never worn glasses and were unable to read or write. Colleague Margo Smith later told her, “This helps them have the view that they are capable people who just wanted to be seen, wanted a little attention. We were told a lot of them had never seen a doctor. Almost every child was undernourished.”

After explaining the basics of an eye exam, the instructor added, “Oh, and when you give them glasses, make sure to explain how to use them.” Hesson stopped taking notes. As someone who had worn glasses nearly all of her 25 years, she assumed everyone knew how to do it. But she later learned that many of the people she would be working with had never worn glasses and were unable to read or write. Colleague Margo Smith later told her, “This helps them have the view that they are capable people who just wanted to be seen, wanted a little attention. We were told a lot of them had never seen a doctor. Almost every child was undernourished.”

A few months after returning from Peru, six students gathered in a conference room on the East Lansing campus to reflect on what it had meant to them. Their first week shadowing doctors in Lima didn’t seem markedly different from what they had seen back home. Ashley Hesson recalled one doctor stepped out of the hospital and pointed toward the shadows on a mountain.

“They don’t have what we have here,” he said.

The students were limited in what they could do, beyond basic medical exams, including blood pressure checks and hearing and eye tests. They handed out vitamins for the children until the vitamins ran out. Some patients suffered serious, untreated medical problems, such as diabetes and high blood pressure. The students administered fluoride treatments and demonstrated proper tooth brushing to children who never had held a toothbrush. They soon ran out of the toothbrushes and tubes of toothpaste they had brought for the children, Cory Schall recalled.

THE CROWDS OF PEOPLE AND THE AMOUNT OF NEED... YOU LOOKED INTO THE HALLWAY, AND IT WAS PACKED WITH PEOPLE... ALL PATIENTLY AWAITING THEIR TURNS.

“Pretty soon, people were swarming me for these little gift bags,” he said. “It was pretty overwhelming. It was surprising some of the difficulties people there have that we take for granted here. I’ve always believed that health care is a right for everyone. After going there, I couldn’t believe how many people don’t have access to primary care physicians.”

For Kuda Majero, a student from Zimbabwe, the level of need was less surprising. “What I saw were people like me, people who have a right to live a full life,” she said. “I think it’s good to have a constant reminder that there are disparities in health care.”

In the Lima hospitals, Monique Abrams noticed some patients—presumably those with money and insurance—immediately received treatment, while others waited. “It confirmed my reason for wanting to go into medicine,” she said. “I was very impressed with the people of Peru. They were so grateful for our being there. It let them know that someone cared. I feel like that is huge.”

The experience reminded her that even in this country, including in her native Queens, NY, millions of people don’t have access to adequate medical care. “There is a disparity,” she said. “Some people just don’t notice it.”

The students know that their two-week trip barely made a dent in the massive health problems of Peru’s underserved people. Yet it was not without benefit. “The biggest difference is the difference we made in ourselves,” Ashley Hesson said. “It’s not just about writing a prescription; it’s about understanding the whole social context.”
**“GRAN FONDO” FIGHTING SKIN CANCER**

**“AS I’VE LEARNED MORE ABOUT MELANOMA, I’VE REALIZED HOW SERIOUS IT IS — AND HOW LUCKY I WAS.”**

**THEY CALL THEMSELVES THE SPARTAN SKIN SQUAD**

The 28 team members — most of them College of Human Medicine students, as well as faculty, family and friends — were among 1,500 cyclists who turned out June 29, to ride with two goals in mind: raising awareness about melanoma and money to support MSU’s skin cancer research.

With donations still coming in as of press time, the inaugural Michigan State University College of Human Medicine Gran Fondo (Italian for “Big Ride”) was on track to meet its goal of $100,000. The Spartan Skin Squad alone raised at least $3,345 with more donations expected, said squad member Eileen Larkin, now beginning her fourth year in the College of Human Medicine.

For her, preventing and curing melanoma is a personal crusade. She was only 15 when a doctor diagnosed a lump on her back as melanoma. The idea that something so small could kill her was beyond imagination.

“I think I had a little bit of that invincibility complex,” Larkin said. She knows better now. Melanoma is the deadliest form of skin cancer and the most common cause of cancer deaths for women in their early to mid-20s, the second most common for men under age 40. A decade after her diagnosis, Larkin plans to become a dermatologist, a goal forged by her own experience with melanoma.

“As I’ve learned more about it, I’ve realized how serious it is,” she said, “and how lucky I was.”

Larkin is among a group of students studying under Brian Nickoloff, M.D., director of the College’s Nicholas V. Perricone, M.D., Ph.D., Division of Dermatology and Cutaneous Sciences.

While the money raised through the Gran Fondo — a noncompetitive ride-along, not a race — will help support his research, Nickoloff said it served another important purpose.

“We want to tell the community that this is an entirely preventable disease,” he said.

Sunburn is a significant risk factor for melanoma, he said, adding that the best way to avoid it is to wear sunscreen or protective clothing.

“A week later, you forget about the sunburn,” he said, “but your skin doesn’t forget.”

Nickoloff, who also participated in Gran Fondo, is among 47 top cancer researchers nationwide working toward better treatments for melanoma as part of a Dream Team designated by Stand Up to Cancer. Armed with a $6 million grant, the researchers, including colleagues at the Van Andel Research Institute, are making significant progress, Nickoloff said.

“The last year and a half is the best research I’ve done in melanoma,” he said. “We hope our work is going to save lives.”

Although melanoma can be cured if caught early, currently there are few treatment options after it has metastasized to other parts of the body. The American Cancer Society estimates that 76,000 new cases of melanoma will be diagnosed in this country in 2013, and 9,480 people will die of the disease, about one every hour.

The Food and Drug Administration in 2011 approved the drug Vemurafenib, marketed as Zelboraf, for treating late-stage melanoma, particularly for patients whose cancer has a gene mutation called V600E BRAF. In those patients, Vemurafenib tends to shrink the tumor, but eventually the cancer returns, Nickoloff said.

His research focuses on learning why the melanoma becomes resistant to Vemurafenib and finding ways to prolong its effectiveness, possibly in combination with other drugs. The idea, Nickoloff said, is to individualize treatment, rather than use a broad, shotgun approach, since no two patients and no two tumors are genetically identical.

“It is critically important to find the right drug for the right patient at the right time,” he said.

The Gran Fondo is an important part of promoting the research, Nickoloff said. Cyclists from 15 states — some from as far away as Oregon — and from Canada joined the ride and helped raise money for melanoma research.

Supported by a legion of volunteers, the ride was a rolling party, including parents pulling children in trailers and corporate teams decked out in matching jerseys. It began in downtown Grand Rapids and included 12 mile, 40 mile and 80 mile loops. Larkin rode the longest route.

“I had an amazing time,” she said a few days later, adding: “And I’m finally recovered from the 80 miles."
FLINT WORKSHOP

Dr. Prahbat Pokhrel, assistant clerkship director, helps student John Chen during a joint injection workshop.

SPELLING BEE RAISES FUNDS FOR EVE

More than 60 MSU medical students attended a Women’s Health Interest Group–sponsored spelling bee at Harrison Roadhouse in East Lansing, raising $570 for EVE, a Lansing domestic violence shelter. Presenting the check to EVE Community Relations and Volunteer Coordinator Jillian Pastoor were College of Human Medicine students, Yasaswi Paruchuri and Alison Case from the Women’s Health Interest Group, Kathleen Lorenz from the AMA Chapter and Maggie Collison from the AMWA Chapter. The spelling bee’s overall winner was Melinda Maile. Winning team members were Melinda Maile, Jason Miller, Michael Hollis and Chelsea McNabb.

PET THERAPY

A few visits from West Michigan Therapy Dogs helped relieve stress – and added smiles – during exam week. The therapy dogs were among an array of holistic, therapeutic approaches to managing stress and improving wellness during exam week via a pilot program of activities in both East Lansing and Grand Rapids.

COMPASS TRAINING

Upper Peninsula students take a break after hiking Hogback Mountain as part of COMPASS training. This optional curriculum is designed to better prepare graduates to care for patients sustaining wilderness or sports-related injuries away from the hospital.

CASTING WORKSHOP

Students take a break for a fun photo after working with Ken Yokosawa during a casting workshop. Left to right: John McClain, Anthony Vida, Caitlin Higgins, Maria Barbian, Dr. Ken Yokosawa, Jennifer Morgan and Eric Bracken.
College of Human Medicine students hosted nearly 200 fellow medical students from five states in February at the 2013 AMA – Medical Student Section (AMA-MSS) Regional meeting in Grand Rapids. The student-led and organized conference was a spectacular success! Congratulations to meeting leaders Bradley Burmeister, Michael Johnson, Zach Jarou and Zach Wilscek, and their team of medical student volunteers.

ABOVE: During the conference, medical students had a chance to practice their suturing techniques in MSU’s Mini-Medical School that also included family medicine residents on casting, emergency residents on a “Mock Code” with the college’s simulated patient manikins, a trauma surgeon on the FAST protocol with an ultrasound unit, and cardiology examinations with ultrasound units.

LEFT: Bradley Burmeister, fourth-year medical student and AMA-MSS Region 5 vice chair.
On a trip back to Nepal, the Himalayan country where he was born and lived much of his childhood, Sushant Wagley saw an overwhelming need for better medical care.

As a student at Brown University, he undertook a research project, looking at how well the hundreds of thousands of people displaced by years of civil war were obtaining food, water, health care and other services. “It was the first mature understanding I had of the conditions there,” he said, “and it made me grateful for what I have in this country.”

What he has in this country is a comfortable living, a college education, one year completed as a student in the Michigan State University College of Human Medicine and a passion to help others.

This summer, Wagley is again traveling to Nepal, this time to create a program providing eyeglasses to the needy. At 26, he already has been back many times and has helped improve medical care for people in one of Nepal’s most remote regions.

Wagley was in the sixth grade when his family, during the civil war, emigrated from Kathmandu, the capital of Nepal, settling in Wixom, Mich. After high school, he enrolled at Brown, earned a degree in community health and then spent a couple of years as a volunteer for Nyaya Health, a nonprofit organization founded to improve health care in poor areas of Nepal. In Achham, a far western district, he helped build a hospital.

“I really wanted to understand and take part in the rebuilding efforts in the country,” he said.

During his visits, Wagley became aware that many of the poor suffered from eye diseases or poor vision that could easily be corrected if care was available. “Vision is so essential for daily life,” he said, and, without proper care, many would be left unable to support themselves or their families.

In Boston, Wagley spent two years conducting clinical research into ophthalmological diseases under the guidance of a Harvard professor. “In the back of my mind, I always thought about medical school,” he said. “That really got me interested.”

Last fall, he began his first year of studies in the College of Human Medicine.

This summer, rather than taking a break, Wagley is back in Nepal, setting up a program to provide eyeglasses to the needy at Birat Eye Hospital in Biratnagar, a city in southeastern Nepal.

“Eyespot, a Boston-area optical shop, has agreed to donate glasses, particularly for children and the elderly who otherwise would do without.”

While there, he is also studying how teams of eye specialists set up temporary “eye camps” in remote areas to provide screenings and eye surgeries. From that systems analysis, he hopes to extract lessons on how other forms of medical care could be provided to the needy.

With three years of medical school still ahead, Wagley has not yet settled on a specialty, although ophthalmology remains high on his list. His ties to the country of his birth and his new home remain strong.

“I grew up half in Nepal and half here;” he said. “I’m really excited to get my project going. It’s a nice way to sort of give back. It’s a similar reason why I wanted to go into medicine. It’s providing a service. “I don’t think there’s any greater joy than helping people with a part of their lives.”

RETURNING TO THE COUNTRY OF HIS BIRTH: WITH A VISION TO HELP OTHERS

Eyespot, a Boston-area optical shop, has agreed to donate glasses, particularly for children and the elderly who otherwise would do without.

While there, he is also studying how teams of eye specialists set up temporary “eye camps” in remote areas to provide screenings and eye surgeries. From that systems analysis, he hopes to extract lessons on how other forms of medical care could be provided to the needy.

With three years of medical school still ahead, Wagley has not yet settled on a specialty, although ophthalmology remains high on his list. His ties to the country of his birth and his new home remain strong.

“I grew up half in Nepal and half here;” he said. “I’m really excited to get my project going. It’s a nice way to sort of give back. It’s a similar reason why I wanted to go into medicine. It’s providing a service. “I don’t think there’s any greater joy than helping people with a part of their lives.”

LEF'T: Rice planting on Wagley’s trip to the Lumbini Eye Institute.
MED STUDENTS CELEBRATE MATCH DAY!

ABOVE: Students Margarita Santiago (facing camera) and Heather Sirko celebrate on Match Day.
TOP RIGHT: Todd McHerron learns he’ll be a resident in family medicine at St. Mary Mercy in Livonia.
RIGHT: Engaged couple Orrie Close and Allison Pushman learn they’ve both been matched with the same hospital, the University of Pittsburgh Medical Center.

ABOVE: Katie Rose Flannery celebrates with her husband, Tim, after finding out she’ll spend her residency at Henry Ford Hospital, her first choice.
TOP RIGHT: Nina Joy Butler learns she is one of just 19 students in the country to receive a triple board match, meaning her residency will make her eligible for board-certification in three specialties: pediatrics, psychiatry and child psychiatry.
BOTTOM RIGHT: Adam Hutchinson and his wife, Elisa, will pack their three kids and move to Southern California, where Adam will spend his residency in pediatrics.
Separated by some 2,500 miles, recent College of Human Medicine graduates Laura Holton and Terri Zomerlei are bound by friendship, a dedication to their profession and one more thing: the birth of a baby.

At the end of their third year in medical school, Zomerlei gave birth to a baby girl. Holton helped deliver her.

“Having a baby is kind of a nerve-racking thing,” said Zomerlei, starting a plastic surgery residency in Columbus, Ohio. “It was nice to have Laura there.”

For Holton, beginning an internal medicine residency in Portland, Ore., it was an honor and an opportunity to gain experience in delivering a baby.

The two met their first year of medical school in East Lansing and spent their final three years in Grand Rapids. In her third year, Zomerlei became pregnant for her second child. She texted Holton: “Hey, do you want to deliver my baby?”

Holton was flattered and “a little bit shocked,” she recalled. “I was thrilled for her to ask me.”

In her third trimester, Zomerlei developed pre-eclampsia, and her doctor ordered her on bed rest. Holton called and texted frequently: “Are you in bed? Stay in bed.”

It happened that Holton was doing a two-month rotation in obstetrics at Spectrum Health’s Butterworth Hospital when Zomerlei’s Caesarean section delivery was scheduled Aug. 17, 2012, a week early due to the pre-eclampsia. In a delivery room at Butterworth Hospital in Grand Rapids, Zomerlei’s husband, Pete Kamhout, an emergency physician who had delivered many babies, limited his role to expectant father.

“While I’m getting my epidural, Laura’s telling me some big story,” Zomerlei said. “She has a calming influence.”

Her obstetrician, Dr. Elizabeth Luce, made an incision in Zomerlei’s abdomen, while Holton assisted, suctioning fluid and guiding the baby girl through the opening. Sigrid Kamhout was born healthy and crying, an emotion others in the room shared.

Holton said: “I was thrilled for her to ask me.”

Despite the miles separating them, the two plan to keep in touch.

As for the delivery, “I don’t think there’s anything more personal or special than for a friend to be there for the birth of a baby,” Holton said.
Many pregnant women with sexually transmitted infections aren’t getting the treatment they need when they visit emergency rooms, according to a new Michigan State University College of Human Medicine study that highlights a wholly preventable risk to unborn children and raises questions about current medical guidelines.

About half of the 735 women with gonorrhea or chlamydia who visited the ERs at three hospitals in Grand Rapids from 2008 through 2010 did not get treatment there, despite the availability of effective and relatively inexpensive antibiotics. Of the 179 who were pregnant, only 20 percent received treatment in the ER.

The problem is that it takes a few days to get lab results for those infections and many women don’t return for medication, said Roman Krivochenitser, College of Human Medicine student and lead author of the paper, published in the American Journal of Emergency Medicine. Ideally, doctors would be able to confirm a diagnosis and treat the patient while she’s still in the ER, but such tests aren’t yet available.

“A lot of patients leave a phone number that’s disconnected, or they just don’t pick up the phone,” Krivochenitser said. “The doctors are doing everything right. It’s just that we don’t yet have the technology for on-the-spot testing.”

Diagnosing sexually transmitted infections in pregnant women is especially challenging, he added, because the symptoms of infection overlap with the signs of pregnancy.

“You could do a very thorough workup to find out what’s causing abdominal pain in a pregnant woman,” said Krivochenitser. “But if you’re pregnant, there’s a certain amount of abdominal discomfort we expect.”

Left untreated, the infections raise the risk of preterm delivery and low birth weight, and can be passed on to the baby. The infections also can cause serious complications in the mother, such as pelvic inflammatory disease, raising the risk of infertility and dangerous ectopic pregnancy.

Such complications are rare, Krivochenitser said, but they’re also avoidable.

“This is something we as health professionals can easily prevent with antibiotics,” he said.

Krivochenitser said it may be time to re-evaluate guidelines from the Centers for Disease Control and Prevention for treating sexually transmitted infections in emergency rooms, where many patients go when they don’t have insurance or a family physician. The CDC has safeguards in place to prevent doctors from overprescribing antibiotics, which can breed drug-resistant organisms.

“Still, if we’re looking at the risks and benefits, there’s a more immediate risk of a pregnant patient having gonorrhea or chlamydia because it can have serious effects on the baby,” Krivochenitser said.

“The doctors are doing everything right. It’s just that we don’t yet have the technology for on-the-spot testing.”

Diagnosing sexually transmitted infections in pregnant women is especially challenging, he added, because the symptoms of infection overlap with the signs of pregnancy.

“You could do a very thorough workup to find out what’s causing abdominal pain in a pregnant woman,” said Krivochenitser. “But if you’re pregnant, there’s a certain amount of abdominal discomfort we expect.”
Pregnant women the system of care for low-income obstetrics to proper medical care. 
Young (left) and Belinda Robinson (right), help pregnant women overcome obstacles to proper medical care.

MSU PARTNERS WITH COMMUNITY TO IMPROVE THE SYSTEM OF CARE FOR LOW-INCOME PREGNANT WOMEN

Alicia Young and Belinda Robinson know what it’s like to be pregnant and single with little income and few resources. Both were lucky they found support, but they know that many Kent County women in that situation don’t. 

They know it, because both now are Community Health Workers, helping low-income, pregnant women get the medical care and other community services they need.

“I think there are a lot of services available,” said Robinson, but many eligible women are unaware of those services or face numerous obstacles that make it difficult for them to receive proper prenatal care.

Only about 40 percent of the more than 4,000 Medicaid-eligible women in Kent County who give birth each year participate in the state Medicaid-sponsored care management services, Maternal Infant Health Program, created to enhance prenatal care, said Jennifer Raffo, a research project manager for the Michigan State University College of Human Medicine.

That’s why the College of Human Medicine, through its Department of Obstetrics, Gynecology and Reproductive Biology, is working with Spectrum Health and other health care agencies in Kent County to undertake a project that will develop and study a streamlined community system of care to make it easier for low-income, pregnant women to receive the services they need, thus helping them deliver healthier babies. The five-year study is funded by a nearly $2.5 million grant announced in August by the U.S. Agency for Health Care Research and Quality.

“A lot of moms don’t get connected with services, because the system is fragmented,” Raffo said. “We don’t want to start any new services. We want to better use the services that already are available in the community.”

The study will look at ways of improving communication and coordination of services offered to low-income, pregnant women by applying process improvement techniques that have helped manufacturing companies increase quality and efficiency, she said.

Even health care providers find it difficult to connect their patients with the many available services, Raffo said. A survey two years ago of physicians who deliver babies in Grand Rapids-area hospitals found that nearly 80 percent have a limited understanding of services offered under the state’s Maternal Infant Health Program.

Many of the eligible women face obstacles to proper medical care, such as a lack of insurance, sufficient food, stable housing, child care, transportation and knowledge of the health care system. Some are victims of domestic violence and have higher health risks, including depression.

As Community Health Workers in Spectrum Health’s MOMS (Mothers Offering Mothers Support) Program, a Maternal Infant Health Program provider, Young and Robinson help pregnant women overcome those obstacles and navigate the health care system.

“Awareness is the key, getting the word out... a Public Health nurse “Literally changed my life...” She gave me the tools to be successful. She taught me how to believe in myself. Now I have a chance to give back.”

—ALICIA YOUNG

Yet she and Robinson know that many expectant mothers are not so fortunate.

“I was one of those moms who didn’t know anything about the MOMS Program,” Robinson said. “I would have loved to have had this program. Imagine all of those women we’re missing.”

“We know pregnant women, Community Health Workers, nurses, social workers, physicians and others struggle to navigate the fragmented health care system. The project will strive to make it easier for all of them.”

LeeAnne Roman, Ph.D.

Working with local health care agencies, the College of Human Medicine over the next five years will study how to streamline the system and make it easier for more women to receive the services they need, said LeeAnne Roman, Ph.D., the study’s principal investigator and an associate professor of obstetrics and gynecology. Partners in the study include Spectrum Health, Priority Health, Michigan Department of Community Health, Kent County Health Department, Cherry Street Health Services, Arbor Circle, and others.

“This project will demonstrate how a community and an academic institution can collaborate to transform prenatal care,” Roman said. “We will use multiple sources of data to drive the model development and to determine what works. Does it improve care, does it reduce costs, does it improve health and reduce persistent disparities, and can it be adapted for other communities?”

“Were pregnant women, Community Health Workers, nurses, social workers, physicians and others struggle to navigate the fragmented health care system. The project will strive to make it easier for all of them.”

LeeAnne Roman, Ph.D.
ANDREA WENDING, M.D., FAAP, has been appointed associate professor and director of the rural health curriculum in the Department of Family Medicine. Dr. Wending is a rural family physician in Northern Michigan and is currently launching a pilot program for the College of Human Medicine’s Rural Community Health Program (R-CHP), a certificate program placing students in designated rural education sites for portions of their clinical years. The program aims to help medical students better understand the health care challenges faced by rural populations and prepare them to practice within evolving community-based rural health networks.

DEAN SIENKO, M.D., associate dean for prevention and public health, has taken a one-year leave of absence from the university for active service as Commanding General of the U.S. Army Public Health Command. The organization promotes health and prevents disease, injury and disability of soldiers and military retirees, their families and Army civilian employees, and provides veterinary services to the Army and Department of Defense. A major general in the Army Reserve, Sienko will oversee 3,000 employees stationed in more than 100 countries and a $180 million budget. He will lead missions that include environmental health, epidemiology, laboratory sciences and toxicology.

DEAN MARSHA D. RAPPLEY has announced the recipients of the College of Human Medicine’s 2013 Faculty Awards, recognizing outstanding college faculty for their contributions to medical education and research. The 2013 Humanism in Medicine Award was presented to CARLOS PETROZZI, M.D., professor, Department of Medicine. The Lifetime Faculty Excellence in Teaching Award recipient was HARVEY SPARKS JR., M.D., PH.D., University Distinguished Professor and professor of Physiology.

THEodorE J. HOlmgREEn, M.D., has been appointed associate professor and program director of the College of Human Medicine’s Rural Community Health Program (R-CHP). The program provides primary care training in rural settings.

JULIE PHILLIPS M.D., MPH, has been appointed associate professor and director of the College of Human Medicine’s Rural Community Health Program (R-CHP).

GURPREET SINGH CHAHAL, M.D., has been appointed associate professor and director of the rural health curriculum in the Department of Family Medicine. Dr. Chahal is a rural family physician in Northern Michigan and is currently launching a pilot program for the College of Human Medicine’s Rural Community Health Program (R-CHP), a certificate program placing students in designated rural education sites for portions of their clinical years. The program aims to help medical students better understand the health care challenges faced by rural populations and prepare them to practice within evolving community-based rural health networks.

ROBERT OSMER, M.D., has been appointed associate professor and director of the College of Human Medicine’s Rural Community Health Program (R-CHP). The program provides primary care training in rural settings.

THEodore J. HOLmgREEn, M.D., has been appointed associate professor and director of the College of Human Medicine’s Rural Community Health Program (R-CHP). The program provides primary care training in rural settings.
Janet Osuch and Kathy Assiff both came from humble, often underprivileged beginnings. Both knew what it’s like to grow up with low expectations, to struggle against sexism and with insufficient money to realize much beyond modest goals.

But both also found encouragement at Michigan State University, particularly in the College of Human Medicine, that they could achieve more than either had dared dream. Now Osuch and Assiff have something else in common: both plan to leave much of their estates for scholarships to help struggling students become physicians.

“I know the stories of a lot of the students who are accepted here,” Osuch said, “and a lot of their stories are like mine.”

No one in her family had gone to college, and she never expected to, either. A high school counselor urged her to consider a career in health care.

“Women weren’t given the same opportunities that they’re given now,” Osuch said, “so she took a six-month course to become a radiological technologist. That piqued her interest in becoming a medical technologist, which would require a four-year degree.

“I had no concept of what a university looked like,” she recalled. “I thought it would look like my high school,” with all classes crammed into one building.

After Osuch earned her degree, a co-worker suggested they both apply to medical school.

“It was beyond my wildest dream to become a physician,” she said, but “I knew I was bored. I had to do something.”

The College of Human Medicine saw in her what she had failed to see in herself: the potential to become a great physician.

“The College of Human Medicine nurtured me,” Osuch said. “It reinforced all the values I had for the kind of doctor I wanted to be, a humanistic doctor, someone who would be kind to her patients.”

The college of Human Medicine nurtured me... It reinforced all the values I had for the kind of doctor I wanted to be, a humanistic doctor, someone who would be kind to her patients.

—Janet Osuch, M.D.

Janet Osuch and Kathy Assiff both dared dream. Now Osuch and Assiff have something else in common: both plan to leave much of their estates for scholarships to help struggling students become physicians.

Women weren’t given the same opportunities that they’re given now; Osuch said, so she took a six-month course to become a radiological technologist. That piqued her interest in becoming a medical technologist, which would require a four-year degree.

“I had no concept of what a university looked like,” she recalled. “I thought it would look like my high school,” with all classes crammed into one building.

After Osuch earned her degree, a co-worker suggested they both apply to medical school.

“It was beyond my wildest dream to become a physician,” she said, but “I knew I was bored. I had to do something.”

The College of Human Medicine saw in her what she had failed to see in herself: the potential to become a great physician.

“The College of Human Medicine nurtured me,” Osuch said. “It reinforced all the values I had for the kind of doctor I wanted to be, a humanistic doctor, someone who would be kind to her patients.”

She became a surgeon, a professor of surgery and now the College of Human Medicine’s assistant dean for preclinical curriculum. And now she is giving something back. Each year she gives a scholarship for a struggling student, and she plans to leave a substantial amount of her estate as an endowment for future scholarships.

“I’ve been thinking about it for a few years,” Osuch said. “It’s going to be for students who otherwise wouldn’t be able to afford medical school. There’s nothing that means more to me than the profession of medicine and helping the next generation of physicians. It’s the greatest feeling in the world, it really is.”

That’s something else she and Kathy Assiff share.

Assiff’s mother took care of the kids while her father, a boiler operator for the Lansing Board of Water and Light, worked hard to support his family. His education went through the eighth grade. She would be the first member of her family to attend college.

Raising the money for tuition wasn’t easy, something Assiff never forgot. After earning her bachelor’s and master’s degrees from MSU, she went to work for the university, first in the financial aid office.

“Then I got to thinking,” she said, “and I saw the need of students in terms of debt,” a burden she, herself, had carried.

Now as director of the student program on the College of Human Medicine’s Flint Campus, Assiff works closely with medical students.

“I work with third- and fourth-year students every day,” she said. “I support students know that somebody cares about them. It’s my way of saying, ‘I was here.’”

DEAN MARSHA RAPPELY, M.D., has made scholarship support a strategic priority for the College of Human Medicine. Over the next several years, the college will focus on increasing philanthropic support for scholarships to greatly impact the debt load incurred by our students. Those interested in supporting student scholarships via a charitable gift annuity, a bequest, or some other form, may contact Susan Lane, College of Human Medicine senior director of advancement, at lanes@msu.edu; or 616.234.2614.

It just makes me feel good... [and] students know that somebody cares about them. I decided maybe it would serve as an incentive for other people to give scholarships. In fact, it already has.

—Kathy Assiff, M.A.
BARBARA MATHEWS, M.D. (’80) was recently named assistant secretary treasurer for the American Academy of Dermatology.

JENNIFER WEBB, M.D. (’84) has been appointed director of radiation oncology at McLaren Greater Lansing.

JASON BRAZEE, M.D. (’76) was recently featured in the Tri-Cities Physician Spotlight. He is currently the chief administrative medical officer for Wellmont Medical Associates.

JAMES JONES, M.D. (’72) has retired after 38 years practicing emergency medicine in southern California. He now lives in Texas and enjoys being a maritime physician (cruise boat doctor).

R. SCOTT DINGEMAN, M.D. (’98) has joined the University of California San Francisco Benioff Children’s Hospital pediatric department as an anesthesiologist and associate clinical professor.

MARIA DAVENPORT KENT, M.D. (’97) has accepted the position of senior vice president of medical services at Stann Commonwealth in Albion, Michigan.

GARY VERCRUYSSE, M.D. (’97) has joined the University of Arizona Department of Surgery, Division of Trauma, Critical Care and Emergency Surgery as associate professor of surgery. He also remains medical director of the burn care program at the University of Arizona Medical Center.

BRIAN WOODRUFF, M.D. (’99) has joined the medical staff at Genesys Regional Medical Center.

CATHERINE BAASE, M.D. (’85), chief medical officer for The Dow Chemical Company, was recipient of the 2012 Global Leadership in Corporate Health Award.

LAURA CARRAVALLAH, M.D. (’89) received the 2012 Michigan Chapter American College of Physicians (ACP) Laureate Award.

MONA HANNA-ATTISHA, M.D. (’02), director of the Hurley Pediatric Residency Training Program, has been elected to the Board of Directors for the Michigan Chapter of American Academy of Pediatrics.

ANN SWINFORD, M.D. (’92) has been awarded a fellowship in the American College of Radiology.

SHAWNA RUPLE, M.D. (’10) was awarded the 2012 Postgraduate Award from the Alpha Omega Alpha Honor Medical Society.

JOYCE RABBAT, M.D. (’07) has joined Loyola University Health System as associate professor in the department of pediatrics at Loyola University Chicago Stritch School of Medicine.

JUSTIN KLAMERUS, M.D. (’03) has been named interim president and medical director for the McLaren Cancer Institute.

MARY CLIFTON, M.D. (’95) and CHELSEA CLINTON, M.D. (’12) co-authored the recent publication “Waist Away: How to Joyfully Lose Weight and Supercharge Your Life.”

CARMEN GREEN, M.D. (’87) has been appointed first associate vice president and associate dean for health equity and inclusion for University of Michigan Health System.

The purpose of the College of Human Medicine Alumni Board is to strengthen the connections between the college and its alumni, to foster positive relationships with future alumni, and to offer insight to the leadership of the college from the diverse historical, professional and regional perspectives of its members.

— LAURA KELSEY, M.D. (CHM ’98)
Alumni Board President

ALUMNI NEWS:

Your Alumni Office Wants to Hear From You.

Please send your news and changes in contact information to Marci Muller, assistant director of Alumni Relations, at marci.muller@hc.msu.edu.

ALUMNI STORIES WANTED!

ALUMNI NEWS:

Over the past few years, we have continued working hard to ascertain our mission. Our first objective was to find our alumni and update our data bank. You may have been contacted by our team over the past year with that information. We are looking to start an online directory through the university to keep our students and alumni accessible. In addition, we are auditioning different online modalities to help the students and alumni communicate directly. Our long-term goal is to assist and mentor our future College of Human Medicine students by establishing a list of alumni who would volunteer to house students interviewing for residency and provide insight into different career paths and locations for them.

In addition, the Alumni Board has answered the call for financial assistance for our students. As many of you are aware, our graduates’ debt burden continues to grow and may influence their future career decisions. To help financially support our students, we have started an alumni association endowment scholarship fund. Our initial goal is to raise $50,000. This is a grassroots project designed to be a gift from all of the alumni. We are hopeful that everyone will find this a valuable charity to support as we have all struggled through these economic challenges ourselves. In the upcoming weeks, look for more information about the alumni association endowment scholarship fund.

And finally, we are excited about our 4th Annual Alumni Weekend to be held in October. This year, the weekend will kick off with our Alumni Reception on Thursday, October 10, at Bistro Bella Vita in downtown Grand Rapids. Friday morning will be filled with educational lectures, a luncheon and the Andrew D. Hunt, MD Lecture presented by Distinguished Alumnus Patrick Alguire, M.D., FACP (CHM ’75). On Friday evening is the College of Human Medicine Gala in Grand Rapids. On Saturday, our annual alumni tailgate and Spartan football game in East Lansing. It is a weekend packed with multiple opportunities for each of us to reconnect with our college and our colleagues. You can participate in any or all of it. We encourage you to gather a group of classmates together and join us!

Many thanks to the Alumni Board Members and Marci Muller who have the vision, commitment and perseverance to advance the goals of our organization.

— LAURA KELSEY, M.D. (CHM ’98)
Alumni Board President

ALUMNI NEWS:

Your Alumni Office Wants to Hear From You.

Please send your news and changes in contact information to Marci Muller, assistant director of Alumni Relations, at marci.muller@hc.msu.edu.

ALUMNI STORIES WANTED!

ALUMNI NEWS:

Over the past few years, we have continued working hard to ascertain our mission. Our first objective was to find our alumni and update our data bank. You may have been contacted by our team over the past year with that information. We are looking to start an online directory through the university to keep our students and alumni accessible. In addition, we are auditioning different online modalities to help the students and alumni communicate directly. Our long-term goal is to assist and mentor our future College of Human Medicine students by establishing a list of alumni who would volunteer to house students interviewing for residency and provide insight into different career paths and locations for them.

In addition, the Alumni Board has answered the call for financial assistance for our students. As many of you are aware, our graduates’ debt burden continues to grow and may influence their future career decisions. To help financially support our students, we have started an alumni association endowment scholarship fund. Our initial goal is to raise $50,000. This is a grassroots project designed to be a gift from all of the alumni. We are hopeful that everyone will find this a valuable charity to support as we have all struggled through these economic challenges ourselves. In the upcoming weeks, look for more information about the alumni association endowment scholarship fund.

And finally, we are excited about our 4th Annual Alumni Weekend to be held in October. This year, the weekend will kick off with our Alumni Reception on Thursday, October 10, at Bistro Bella Vita in downtown Grand Rapids. Friday morning will be filled with educational lectures, a luncheon and the Andrew D. Hunt, MD Lecture presented by Distinguished Alumnus Patrick Alguire, M.D., FACP (CHM ’75). On Friday evening is the College of Human Medicine Gala in Grand Rapids. On Saturday, our annual alumni tailgate and Spartan football game in East Lansing. It is a weekend packed with multiple opportunities for each of us to reconnect with our college and our colleagues. You can participate in any or all of it. We encourage you to gather a group of classmates together and join us!

Many thanks to the Alumni Board Members and Marci Muller who have the vision, commitment and perseverance to advance the goals of our organization.

— LAURA KELSEY, M.D. (CHM ’98)
Alumni Board President
On display at the Henry Ford museum is a small medicine bottle corked and said to contain the last breath of Thomas Edison, famous illuminator and man of electricity. What is it, do you suppose, that was meant to be captured in that bottle?

2 Her husband died in a room with all the lights on, and the first thing she did was to shut them all off. He should be in the dark, she tells you, that was her first thought. Her next was the realization that she didn’t know who to call to collect the body.

3 The First Law of Thermodynamics states that energy is neither created nor destroyed.

4 She insists that the ring included in the package of items returned to her is not his. It has been fifty-three years since her fingers have touched that ring without the warmth of his finger being conducted through it.

5 Approximately $3.86 \times 10^7$ gallons of his blood were pumped through that ring while he wore it.

6 I feel him behind me when I stand at the kitchen sink, she tells you. I can feel him there and I want to turn around, but I am afraid to see his place empty.

7 When you lay your head down to sleep, your head creates an indentation in your pillow. The head, the encasement of the brain, is thus suspended and you sleep. So is the posture in death. Then can you believe that the soul, too, rests and creates an indentation on the medium which suspends it?

8 She wants to know if you eat cashews. She bought a tin because it was on the grocery list, but when she got home she realized that they were for him and she doesn’t eat them.

9 Rigor after death is caused by a lack of chemical energy in the body. We freeze and then gradually relax, as if we were afraid and slowly learned to trust.

10 She describes his continued presence around the house as fading, like a shadow faced with the first dull rays of dawn. She is mourning him for a second time.

11 The first time she saw him, across the dancehall floor, she can only describe to you as “like a lightning.”

12 A major electronics company is experimenting with the electrical capacity of human cells to power small devices. They call it “the human battery.”

13 He had to have a pacemaker put in his heart two and a half years before he died. She tells you she suspects this was the beginning of the slow leaking away of his electricity. Leaking, growing fainter, unable to illuminate him anymore.

14 Many cultures believe in a life force or energy — in Chinese culture it is known as $\text{chi}$, in Tibetan medicine and Ayurveda it is known as $\text{prana vayu}$. Both terms literally translate as “air” or “breath.”

15 She tells you that she can see him again in her grandson, vestiges in his demeanor and the way he moves though he never knew his grandfather. Is it just structure that we pass on? The way things are shaped, the way they work?
Change my name and/or address as indicated.
I received a duplicate copy.
Remove my name from your mailing list.

Please check the appropriate box and return this page to the address at left.