Homegrown Talent
Community Campuses and their Alumni

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This year the College of Human Medicine is celebrating our 40th anniversary – four decades of “serving the people” of Michigan, the nation, and the world through the work of our alumni, faculty, staff, and students. Since the earliest days our partnerships with hospitals and physicians in six areas – Flint, Grand Rapids, Kalamazoo, Lansing, Saginaw, and the Upper Peninsula – have been invaluable to the college and its mission.

This issue of M.D. highlights representative alumni from each of our campuses, almost all of whom, it’s important to note, have remained to work close to the communities in which they were trained. Each story also contains a sidebar on the campus that nurtured these physicians.

There’s much to celebrate. For example, we recently forged a new partnership agreement with Synergy Medical Education Alliance in Saginaw. Beginning in July, this campus will feature a new curriculum, “Leadership in Medicine for the Underserved,” that builds on the strengths of existing programs in Saginaw of international medicine and rural health.

Last month there were many messages in the Michigan media about a new emphasis for our Grand Rapids campus. For those of you who heard or read this information and are concerned, and for those of you who reside out of state, I wanted to use this opportunity to clarify some issues.

As part of the college’s long-range planning, we have entered into discussions with the Grand Rapids community about the possibility of expanding to a four-year medical school campus there. Building on the College of Human Medicine’s national reputation for excellence and innovation in medical education, we strive to expand our research and teaching opportunities where we have willing partners. Since we are in the earliest stages of discussion and planning, we anticipate having more to say about this exciting opportunity in our next edition of M.D. magazine.

This is a work in progress, to be accomplished in close collaboration with our partners in the university, communities, hospitals, and state. This will, we believe, open new horizons and secure the future for CHM for the 21st century. If you have questions or comments, please don’t hesitate to contact me at gdavis@msu.edu or 517-353-1730. Thank you!

About this Issue of Michigan State M.D.

The MSU College of Human Medicine graduated its first students in 1972. Unlike most medical schools, CHM was intentionally established without a hospital in response to a growing concern that medical schools were graduating only specialists focused on the unique, rare diseases often treated only at large, academic medical centers. CHM was designed to have a community focus and to deliver state-of-the-art primary care to meet the health care needs of all citizens.

To this end, CHM formed corporations in communities across the state: Flint and Saginaw in eastern Michigan, Grand Rapids and Kalamazoo in western Michigan, various venues in the Upper Peninsula, and, of course, Lansing. For more than a quarter-century, CHM students have taken their third and fourth years of training at these regional campuses. They often remain in these communities to practice primary care, community-based medicine.

This issue of Michigan State MD takes a look at nine MSU CHM alumni who trained at these six campuses – their unique reasons for choosing each community, the evolution of their careers, and what they do to balance the practice of medicine with their personal lives. All but two practice in the community in which they originally trained. The two who moved on have always sought practice venues where a great need for primary care existed – from a Hopi Indian reservation to rural Pennsylvania. All nine physicians are exemplars of CHM’s motto: Serving the People.
“Speculative fiction” might not be a physician’s first choice of metaphor to describe medical practice. But Dr. Laura Carravallah uses the genre as a meaningful way to illustrate her approach to preventive medicine.

Dr. Carravallah (CHM ’85) is program director for the combined medicine/pediatrics residency at Hurley Medical Center in Flint and an associate professor of pediatrics and human development. “I’m a teacher before a doctor,” she says. “I consider myself a teacher who teaches doctors how to take care of patients on the front line. I also have a strong interest in making systems that work, because I’ve seen many that don’t.”

Dr. Carravallah’s hobbies reflect her interest in workable systems. Among her favorite authors is speculative fiction writer Ursula LeGuin. “I like to watch LeGuin change the rules and then roll out the story. If you can figure out underlying rules, you can fix systems.” She also enjoys crafting tiny needlework such as snowflakes out of quilting thread. “If I had more time, I’d do miniatures,” she says.

Dr. Carravallah teaches residents to take care of high-risk patients responsibly by establishing good systems – “local systems,” she’s quick to point out. “A great system in one place may not work in another.”

Two research projects illustrate Dr. Carravallah’s systems approach to preventive medicine. With a 1997 grant of more than $1 million – one of several awards given by the state of Michigan to organizations serving Medicaid recipients – she established a residency practice model of systematized ambulatory care, now housed in a federally subsidized clinic that also serves patients without insurance. Residents spend six months in the clinic, which operates five days a week and is covered 24/7. According to Dr. Carravallah, residents typically spend most of their time in hospitals, where it is cost effective “to do everything at once.” The model ambulatory care system, on the other hand, introduces residents to the sequential rhythm of decisions affecting outpatient care.

Another project, funded in 2001 by a grant from Blue Cross Blue Shield of Michigan Foundation, included gun safety as a component of the system of preventive medicine in Genesee County. “Many of the patients we deal with can’t find food, heat, and safety,” says Dr. Carravallah. “Health is the last thing on their minds. Gun safety is part of staying healthy for this population.”

Her challenge was to promote gun safety in a way that would appeal even to National Rifle Association members. “People have guns for a variety of reasons,” she says. “Telling kids not to touch guns is ineffective. Our project developed a nonconfrontational system for telling people that if they have a gun in the house, it should be locked up and kept separate from the ammunition and that most gun accidents, especially among children, happen in someone else’s house.”

Dr. Carravallah grew up in Milford, Michigan, and describes her background as solidly blue collar. As a youngster, she viewed physicians as people who would recommend life changes that no one else could or would. Ultimately, she concluded that medicine was the way in which she could have the greatest positive impact on the world. She came to the CHM Flint campus (see sidebar) because Flint felt real to her. “The culture of Flint was familiar to me in some ways and not in others. The depressed economy, the crime, the drugs – these things shocked me. But they also made me feel that I was dealing with real problems.”

Perhaps that is why she is passionate about fixing yet another system: professionalism among doctors. “One of the uniquenesses of medicine is the tremendously high regard in which doctors are...
held,” she says. “It is both very powerful and necessary for therapeutic benefit. Dr. Howard Brody made a big impression on me while I was in medical school. His research showed that if you give someone a sugar pill with a good bedside manner, 30 percent of the time people will get better. If I have an intervention that works 30 percent of the time and don’t use it, I am a criminal.”

The myth of physician infallibility coupled with a physician’s necessary autonomy can lead to damaging behavior. In addition, she says, “the further you get up the ladder, the less feedback you get.” She believes that the best way for the profession to police itself is for trainers to model good behavior explicitly for residents. “Trainees don’t pick up on implicit role modeling. When I make a mistake, I stop myself and use it as a teaching moment. I take a deep breath and say to my students, ‘Let me re-say that.’ You have to show students ways of dealing with imperfections. I try to label behaviors and then help residents debrief through a mistake.”

Much of Dr. Carravallah’s life outside of medicine centers around her two-year-old son, Danyal. Her spouse, Dr. Asif Ishaque, originally from Pakistan, is an internist and geriatrician in private practice.

The recipient of many recognitions, Dr. Carravallah finds those from her students such as the 2002 CHM Teacher, Mentor, Guide Award the most meaningful. She has started a mentor program because of the tremendous help she received from mentors when in medical school. “Medical knowledge is essential,” she says, “but it’s not nearly enough.”

by Kathleen V. McKeVitt

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**MSU CHM: Serving the People of Flint**

As one of the original community campuses established by the College of Human Medicine, Michigan State University Flint Area Medical Education—or FAME—provides clinical instruction for approximately 45 MSU medical students. Three area hospitals—Genesys Regional Medical Center, Hurley Medical Center, and McLaren Regional Medical Center—join Michigan State University in creating a rich educational environment for its students. Within this environment, clerkships are structured to provide students with the opportunity to learn clinical medicine while under faculty supervision and with increasing responsibility for patient care.

In addition to the required clerkships, the Flint campus also offers approximately 40 elective clerkships, ranging from intensive care and emergency medicine to orthopedic and plastic surgery. These clerkships are characterized by hands-on experience, diverse patient problems, and extensive pathology.

The Flint campus also serves as an important training site for approximately 175 residents in 11 residency programs: family practice (2), internal medicine (2), obstetrics and gynecology, pediatrics, surgery, combined medicine and pediatrics, orthopedic surgery, radiology, and a transitional year. Residents provide essential teaching, role modeling, and training for undergraduate medical students, contributing greatly to their success.

The Flint community offers medical students unique learning opportunities: a metropolitan area with nearly 500,000 people; a close relationship with the automotive industry; the proximity of three distinct hospitals; regional trauma, hemodialysis, perinatology, and neonatology centers; and a long-standing commitment to optimal health care.

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Dr. Khan Nedd finds relief from stress as a community advocate and medical director of Hospitalists of West Michigan by fitting in a little soccer practice.

Khan Nedd’s encounters with disparity on his journey to the practice of medicine began in 1976 with his first sight of snow in Berrien Springs, Michigan. Nedd had left his tropical Grenada home to attend Andrews University, a flagship institution of the Seventh-day Adventist Church.

“Grenada was a great place to receive formative education,” he says. “We went to school in the British system, but medical education was practically nonexistent there. I always knew I wanted to be a physician and would have to leave Grenada to do so.”

Nedd came to this realization very early in life, when his three-year-old brother was flown to Trinidad for treatment for what was probably lymphoma. From Trinidad he was referred to New York for care, but died the day before he was to depart. The experience was transformative for seven-year-old Nedd.

Upon finishing Andrews with a degree in biology and a newly formed interest in research, Nedd began making plans to attend graduate school but was deflected to inner-city Miami by a national shortage of high school math teachers.

“Teaching math for a year at Union High School grounded me in a desire to address inequity. I was very moved by the disparities that exist in the United States, especially among minorities. Later I saw this exemplified in the U.S. health care system. For example, African-Americans do not benefit from our health care initiatives to the same extent that immigrant minorities do. Today, when I see African-American patients who are much older than I am, I realize that their suffering has given me opportunity, and I am obliged to correct this. My teaching experience confirmed my original plan to become a physician.”

The College of Human Medicine at Michigan State University held great appeal for Nedd. “The school’s unique approach to medicine and diverse student body were unique and ahead of their time,” he says. And, he had already been desensitized to Michigan’s climate.

Dr. Nedd spent his internship and residency in internal medicine at Blodgett St. Mary’s in Grand Rapids – part of CHM’s Grand Rapids community medical campus (see sidebar). “In 1986, Grand Rapids was a very different place,” says Dr. Nedd. “At the time, I knew Grand Rapids could afford plentiful opportunities for me, but I was concerned about my ability to survive. However, when minorities shy away from places because of such concerns, they are, in turn, robbing those places of opportunity.”

Dr. Nedd not only survived in Grand Rapids, but has practiced in and contributed to the community ever since. In addition to membership in a variety of medical and academic organizations, he is a long-time board member of the Grand Rapids Urban League and secretary for the Alliance for Health (AFH), a nearly 50-year-old West Michigan community health planning agency. “It is a great delight to work...
with a physician like Dr. Nedd, who has real passion for this community,” says Lody Zwarensteyn, AFH president and past chairperson of the national MSU Alumni Association.

Dr. Nedd is also the founder and board co-chairperson of the Grand Rapids African-American Health Institute (GRAAHI), one of many initiatives sponsored by AFH. The institute’s mission is to provide advocacy, education, and research, with a broad focus on disparity. “A lot of initiatives provide direct services,” says Dr. Nedd. “What we want to do is change how health care is delivered. For example, African-Americans are underrepresented in clinical trials. We ask, ‘How can we be more creative in making sure that even the most marginal are included in such trials?’ We also want to affect curriculum and to help African-Americans choose careers in medical fields.”

Dr. Nedd was a cardiac rehabilitation director for nine years before becoming a “hospitalist” in 1995. He is now president and medical director of the Hospitalists of West Michigan, operating out of Spectrum Health with services at Blodgett and Butterworth campuses. He explains that “a hospitalist is a physician who practices only in a hospital. It is one of the fastest growing areas of medicine. Essentially we provide 24/7 coverage for inpatient care. We help the patient make the transition into and out of the hospital and maximize communication with the primary care physician, who then has more time to attend to his or her patients.”

Dr. Nedd finds time to play soccer and basketball and enjoy family life with his wife, Liza, and three children. He also returns to Grenada regularly to visit his parents and do volunteer work at several churches and clinics, sometimes bringing donations of medical equipment.

“I’m a community-minded person,” says Dr. Nedd. “MSU was the first public institution I attended. It allowed me to blossom in the best way I could. I want the world to be different for my kids when they grow up. I don’t see disparity as a ‘blame game’ but rather as an opportunity to find creative ways to work together to solve problems.”

by Kathleen V. McKevitt

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**MSU CHM: Serving the People of Grand Rapids**

Founded by its partners—Michigan State University College of Human Medicine, Grand Valley State University, Saint Mary’s Mercy Medical Center, and Spectrum Health—the Grand Rapids Medical Education & Research Center for Health Professions (GRMER) provides a unique learning and research environment. Medical students, residents, and health professions students work together in a collegial atmosphere that fosters interdisciplinary learning.

The largest of the six MSU CHM campuses, GRMER trains approximately 60 MSU medical students and more than 90 visiting medical students per year. The center also trains 272 residents and 170 health professions students, including physician assistants, nurse practitioners, and Pharm. D. students. The learners of GRMER choose from more than 50 specialty and subspecialty electives that are taught by more than 900 volunteer physician faculty.

Community-based research at the center encompasses grant-writing, evaluation, and program development. GRMER is being recognized by the Institute of Medicine for a Healthcare Improvement Program that focuses on care coordination, with an emphasis on improving patient flow across the community’s entire health system. Other efforts under way include collaboration on population-focused disease management, financial incentives at the physician level that have been targeting quality benchmarks since 1997, and placement of interdisciplinary “learner teams” who partner with neighborhood associations and parish nursing programs to conduct community health assessments and develop focused interventions.

*Kent Bottles, M.D., Assistant Dean and CEO*

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**Dr. Atkinson, Kalamazoo Campus Class of ’98:**

Liberating Medicine through Technology

From 5 p.m. to 9 p.m. Mondays through Thursdays, Dr. Joseph Atkinson (CHM ‘98) sees patients at an urgent care clinic – some 50 each week. He calls this his “relaxation time.” It allows him to use the conventional workday to pursue his passion: leading the implementation of a medical informatics system for the Kalamazoo Center for Medical Studies (KCMS), one of CHM’s community campuses (see sidebar).

When he was a second-year medical student at MSU CHM, a graduate assistantship in the Echt computer lab led Atkinson to the Kalamazoo campus, home of the Center for Applied Medical Informatics. “I was – and am – struggling with how to define my place in medicine, and I saw medical informatics as a path of great interest,” Dr. Atkinson says.

Basically, applied medical informatics is the study and application of information technologies within healthcare. For example, in a computerized prescribing system, the drugs to which a patient is allergic are entered; when a doctor writes a prescription for that patient, the system automatically checks it against the entered information and can actually prevent the doctor from accidentally prescribing a potentially harmful medication.

Atkinson worked on the center’s emergency medical records committee throughout his residency, ultimately convincing the center to change its direction. He is now in the process of transforming the entire system and working about 60 hours a week in preparation for a site review. “We have 33,000 active patients, 75 faculty members, and 150 residents whose lives will be affected by this system,” he says. “By 2005, we’ll be the first completely paperless academic residency program.” Dr. Atkinson is also currently enrolled in a distance learning Ph.D. program in medical informatics offered by Oregon Health Sciences University.

“My passion is to transform health care through technology,” says Dr. Atkinson, “– not to mediate the doctor-patient relationship by means of technology, but to make technology so useful that you won’t even know it’s there. Ultimately it will free us to spend more time interacting with patients.”

Dr. Atkinson has reassurance for those who might be concerned about the potential for invasion of privacy presented by such technology. He considers the flaws inherent in paper records more insidious. “First, these systems are very secure. Second, the chances of someone hacking into them and learning you have a medical problem are not nearly as great as those of a pharmacist giving you the wrong prescription because of a doctor’s poor handwriting.”

As an undergraduate, Dr. Atkinson attended Princeton University, where he received his B.A. cum laude in architecture. “My long-term goal was not to be a doctor,” he says. “I never once had a vision of being a guy with the black bag delivering babies in rural America. I became interested in the broader issue of public health because of my mother, a cancer patient for 13 years before she passed away.

“My mother faced mortality at a very young age. It percolated through our household, which was filled with books on spirituality and health. I also spent a huge amount of time in hospitals and around doctors. Ultimately I decided I wanted to be a community expert in how ecology, nutrition, and exercise influence health. Informatics has proved to be a field where clinical
An example of Dr. Atkinson’s creative passion – photography.

his creative expression. Since July alone, he has taken more than 4,000 photos. His hobby is an analogy for his attitude about life: “Nothing occurs more than once, despite our illusion that it might.” If you’re interested in seeing some of the individual moments Dr. Atkinson has captured through his lens, check out his on-line photo gallery at www.pbase.com/Atkinson.

by Kathleen V. McKevitt
Drs. Lyon-Loftus, Lansing Campus Classes of ’75 and ’77:
Evolving a Medical Practice ‘As One’

“The center of the universe.” That’s how Drs. Diana and Gregory Lyon-Loftus describe the small town where they practice medicine just west of Gettysburg, Pennsylvania, in Mont Alto. “When we came here in 1984, there were more cows than people,” says Greg. “Now we’re looking at a nearby development of between 4,000 and 6,000 housing units, and that means fewer cows.”

Diana (CHM ’75) and Greg (CHM ’77) came to rural Pennsylvania because doctors were needed there rather than because it was a convenient place to live. Diana describes their reason for coming as “complex and personal, but that’s the kind of medicine we were trained to practice at Michigan State University.”

The pair met at MSU in the early 1970s and married in 1975. Greg was finishing a Ph.D. in psychology when Diana came to CHM with a B.A. in sociology from the University of Rochester, inspired by what she describes as its humanitarian approach to medicine fostered by then-dean Dr. Andrew Hunt. “I would like to emphasize that I went to MSU CHM because I wanted something that fostered my humanity,” she says. “I’m grateful to MSU for that.”

Greg had previously interned as a psychologist in Portland, Oregon with the Veteran’s Administration, where he came to the realization that he didn’t understand as much as he wanted to about the “bodies people were living in. I didn’t know how to parcel out the mind versus body,” he says. At CHM he became part of one of its early innovations – a group of “pretenders” he calls it. “Seven of us pretended to be studying medicine in the U.P. (Michigan’s Upper Peninsula) by means of working in focal problems groups. We were a pilot project in distance learning.” He credits Ann Olmsted, then a world expert in why doctors end up practicing where they do – that is, where they get their training – with leading him to practice in remote areas where medical needs are greatest.

“Greg and I have been inseparable and madly in love for 29 years,” says Diana. “We did everything together even when we were apart. When I was doing my rotation in neonatal intensive care in Lansing, Greg was rotating at the U.S. Public Health Service at the Hopi reservation in Arizona. I chose to be on call almost every night so I could accumulate enough time off to visit him.”

Diana did her clinical rotation at Sparrow Hospital, part of CHM’s Lansing campus (see sidebar). The experience allowed her to stay in touch with her major professors at MSU and seek out their consultation. “It was a wonderful community,” she says. “This girl, who was reluctant to put on a white coat (me, when I started med school), took on progressively more responsibility because of such a close liaison. I never felt as if I was ‘performing.’ I was living it.”

After Greg’s several medical rotations in Europe, Drs. Lyon-Loftus did a family practice residency in Virginia and then moved to the Hopi Indian Reservation in Arizona. “We did it all on the reservation – ICU, CCU, peds, you name it,” says Greg. Diana sometimes accompanied near-term mothers when they flew via the hospital plane to Phoenix for emergent delivery, once delivering and then resuscitating a preemie.
in the air. Their second son was born on the reservation. They decided to move to the East when their sons reached school age.

Diana and Greg have continuously adapted as Mont Alto Family Practice has grown and its patient profile has changed. The children they delivered are now parents. “Our practice has migrated toward the maturity of the people we have cared for,” says Greg. Both of them are now certified in geriatrics and have added nursing home care to their practice. “People live longer here,” says Diana. “It is not uncommon for people to be in their 90s and still be living in their own homes.” The practice now has a third partner; a fourth associate, a D.O. in family practice, will soon join them as a partner.

Several years ago, the Pennsylvania Academy of Family Physicians (PAFP) named Greg Family Physician of the Year. The award annually honors someone who has demonstrated continuing compassionate care, involvement in community affairs, and leadership as a role model. In describing the 1998 award, the PAFP newsletter said that Dr. Greg (as his patients call him), “wants [patients] to understand how their life choices affect their physical health . . . With each patient, he takes the time to ask questions about family functioning, jobs, community involvement, and about their physical fitness plan, taking time to cut and share clippings or copy articles from medical journals that relate to a patient’s problem.”

When he accepted the award, Dr. Greg said, “All that I have, all that I am, all that I may become . . . result from the gifts of others. So if you see me bubbling with happiness and joy at this gift of honor you present to me, please realize I am a Christmas child, awesomely happy with my gifts.”

The award prompted Diana and Greg to reflect on the sacrifices that their children made so that they could be available to practice rural medicine. Those sacrifices, however, were translated into action by Michael, now in his second year in medical school at Columbia, and Tony, who plans to get a doctorate in psychology. Diana feels that Greg’s award had a lot to do with the fact that their practice is supported by their entire family. “We are as one in this practice,” she says.

by Kathleen V. McKevitt
Eugene Seals had eight children, was about to become a grandfather, and had just lost his father and mother when he was accepted into MSU CHM in 1987. It was a dream come true that he had unwaveringly pursued since grade school, inspired by such TV shows as *Marcus Welby, MD*.

“I always positioned myself in classes and programs that had to do with science,” says Dr. Seals. “In elementary school I received a science preparation scholarship. In junior high and high school my program was heavy with science and math.”

After graduating, he went on – with his Saginaw High School sweetheart, Joyce – to the University of Michigan (U-M), where he completed an undergraduate degree in physical science to prepare himself for medical school, and she received a degree in history and teacher certification. “We decided to get married and live happily ever after, and we’ve done that,” he says. But his trajectory toward medical school hit a wall when a U-M counselor advised him that he would never be accepted in medical school and that he should look at another field.

Undeterred, he continued to apply to med schools while working toward his graduate degree in educational administration at U-M, completing it in 1972. He and Joyce returned to Saginaw, where he taught high school science for ten years and later became a licensed substance abuse counselor for the Saginaw County Health Department.

Then, after 15 years of knocking on medical school doors, he found one conditionally open at Wayne State University. “An admissions person there was blunt,” he says. “She said my long-time lack of acceptance should tell me something, but that if I took additional courses, I would be assured of acceptance the following year. I had eight children by that time, including twin daughters. I didn’t think it would be a good idea to quit my job and go back to school. My wife thought I was going off the deep end. But I was determined. I drove back and forth from Saginaw to Detroit and made all As and one B-plus.”

In the interim, another door opened, this time at MSU. Encouraged by Joyce, he applied and was finally admitted. The fulfillment of his dream was not without cost, however. “Going back to school yet again was a challenge for my entire family. I took my children out of the Saginaw school district and moved to Grand Ledge. There were only six black students in the Grand Ledge district at that time. It was a huge culture shock for my kids, but they all survived and have done well.”

In fact, two of his seven daughters graduated from MSU – one in engineering and one in prelaw. One daughter has her medical degree in family practice and the other four are pursuing careers in educational fields. His son, a senior at Miami of Ohio, plays on the basketball team and, according to Dr. Seals, “may be professional material.”

**One of Dr. Eugene Seals’s eight children, Dr. Delicia Pruitt, shares a smile with her father at Synergy Medical, where they both work.**
The stress and pressure he endured at MSU do not prevent Dr. Seals from calling the experience heaven sent. He credits three people with helping him endure and succeed: Dr. Carrie Jackson, Dr. Wanda Lipscomb, and Pam Bellamy. “They helped me keep my head on straight. My children didn’t know me at the time. All I did was study.” While at CHM he won the Weston Award for Leadership in 1990 and 1992.

The Seals family had kept their home in Saginaw because Eugene knew he would return to the CHM Saginaw campus (see sidebar) to complete his rotations and residency. He then practiced at Saginaw’s Janes Street Academic Community Health Center for four years before accepting a position as assistant director of the family practice residency for Synergy Medical Education Association, MSU CHM’s partner campus, where he facilitates student admissions, teaches, and continues to see patients.

Dr. Seals also has another calling. Since his days as a teacher, he has been a minister in a non-denominational Saginaw church where he was ordained by his father-in-law.

When he enters the pulpit, Preacher Seals does not shed his calling as a physician. He is a firm believer in the correlation between a sound physical life and a sound spiritual life. “This area of Michigan is known as the fat belt,” he says. “Although I’m pretty much a member of that group myself, I try to be the voice of reason (as opposed to the perfect example) about not eating high fat foods. I make presentations at many different kinds of churches – most of them churches of color – about the need to exercise and eat moderately.”

Dr. Seals may soon fill his father-in-law’s shoes as lead pastor. “I realize that it’s going to take ‘a whole lot of God’ to do the job my father-in-law wants me to do,” he says.

But Dr. Seals is not ready to retire from the medical field just yet. He’s working on the fulfillment of a new dream. One of his twin daughters, Delicia Pruitt, completed medical school at Wayne State and now works with him at Synergy. He hopes that they might eventually set up a family practice together.

by Kathleen V. McKevitt
Three MSU CHM alumni who practice together in Michigan’s Upper Peninsula take the meaning of “Yooper” to new heights with their dedication to both primary care and the area itself. What is a Yooper, you ask? Michiganders commonly refer to the Upper Peninsula as “the U.P.” and its residents as Yoopers.

The three – Drs. Bruce Trusock, David Kass, and Jennifer Hronkin – all took part in MSU CHM’s U.P. program (see sidebar) and now practice in Houghton-Hancock on the U.P.’s remote Keweenaw Peninsula. Their CHM graduation years span nearly two decades.

Dr. Trusock graduated in 1978 and was a member of the first group of CHM students to do their rotation in the U.P. After a semester on the MSU campus, he and nine others went to Escanaba to “build a campus from the ground up,” as he puts it.

“It was bleak. There was a facility for us, but nothing was in it except a few cafeteria tables and a couple of chairs.

We started our small-group learning in this setting, facilitated by faculty from Michigan Tech [Michigan Technological University] and Northern [Northern Michigan University]. Trucks eventually arrived bringing what we needed to outfit the facility, but the ten of us had to unload the trucks ourselves and assemble everything, even the labs.” Now the U.P. program is based in Marquette with outpatient and clinical satellites in several U.P. venues, including Houghton-Hancock.

After completing his residency in family practice in Midland, Michigan, Dr. Trusock returned with his spouse, Karen, to open a private practice in Houghton-Hancock, where he had attended Michigan Tech as an undergrad and been an Academic All American center for the football team.

“I did everything in the practice,” he says, “as well as a lot of sports medicine. I was delivering 50 to 100 babies a year. I was always speeding from basketball, football, or other sporting events to deliveries and then back again.”

The 24/7 nature of the practice nearly overwhelmed Dr. Trusock. “I almost left it in the late 1980s,” he says. The addition of four other doctors, including Dr. David Kass (CHM ’92), added the balance he needed to continue.

Later, he recruited Dr. Jennifer Hronkin (CHM ’97), who had been his first student, to return to the practice after her residency in Colorado.

Whereas Dr. Trusock is a transplant to the U.P. from Battle Creek, Michigan, Drs. Kass and Hronkin are native Yoopers. Kass grew up in Escanaba and started his career as a medical technologist in Calumet (even further north in the Keweenaw Peninsula), working with family doctors there for seven years before deciding to become one himself. Hronkin, who grew up in Crystal Falls, near the U.P.’s southern border, had always wanted to end up in a similar place, “exposed to the realities of rural practice,” she says.

Dr. Jennifer Hronkin, who largely handles the obstetrical side of the practice, is trying to figure out how to introduce her love of bicycling and skiing to her infant daughter.

Dr. Hronkin perhaps best summarizes why the three enjoy their work in Houghton-Hancock. “Here you have to be self-reliant,” she says. “There are no nearby specialists to consult. You don’t have the higher tech equipment and diagnostics. And
you have to be more accountable. . . it’s harder to be anonymous. Every time I go to the grocery store I see eight patients.”

The practice, now part of the Portage Health System, is the largest in the area. Dr. Trusock sees patients in a clinic attached to Michigan Tech’s athletic facility; sports

medicine makes up about a quarter of his work. “I like the association with the athletes,” he says. “I have a relationship with them. I know when someone is trying to pull wool over my eyes about an injury.” Trusock is also a rural preceptor for CHM students and a recipient of the 2003 CHM Outstanding Community Volunteer Faculty Award. A long-time member of the board of directors of the U.P. Health Education Corporation, he now serves on its advisory board.

Drs. Kass and Hronkin practice in the hospital complex. Dr. Hronkin largely handles the obstetrical side of the practice. She is recently certified as an ALSO (Advanced Life Support in Obstetrics) instructor. Dr. Kass will soon be giving up obstetrics to emphasize endocrinology and dermatology, in which he’s taken additional training.

Both have chosen these paths in response to local needs. Hancock, home to Finlandia University, has a strong Finnish heritage. According to Dr. Kass, “It is not uncommon for some Finnish families to have as many as 10 or 12 children, which provides a unique opportunity

MSU CHM: Serving the People of the Upper Peninsula

The Upper Peninsula Health Education Corporation (UPHEC) was created in partnership with Michigan State University in 1974. UPHEC administers the Upper Peninsula (U.P.) campus based in Marquette, providing personal individualized training to eight students per class, and is considered the only rural primary care program of CHM. UPHEC has trained 153 physicians who have gone on to more than 18 specialties since 1974.

U.P. students complete clerkships in psychiatry, internal medicine, obstetrics and gynecology, pediatrics, junior surgery, and one month of family practice in the Marquette area. They are then assigned to one of several rural sites in the U.P., where they spend eight weeks working one-on-one with family physicians with an emphasis on family and community medicine. This outstanding opportunity serves to coalesce prior specialty training into a humanistic comprehensive experience and is one of the definitive hallmarks of the U.P. experience. Students then return to Marquette to complete clerkships in advanced medicine, senior surgery, and electives.

Current rural sites include Calumet/Laurium, Escanaba, Gladstone, Houghton/Hancock, Newberry, Kingsford, Sault St. Marie, L’Anse, Ironwood, and Iron River.

Marquette General Health System, a regional referral center, serves as the training site for the core clinical curriculum. With more than 200 physicians in a state-of-the-art facility, students have the resources of a first-class teaching hospital at their service. U.P. students are able to enter any specialty and historically have been highly successful in their chosen careers.

David M. Luoma, M.D., Assistant Dean and CEO
Upper Peninsula Health Education Corporation
Marquette General Health System
418 West Magnetic St.
Marquette, MI 49855
Phone: 906-228-7970
Web site: www.mgh.org/uphec

Photo courtesy of Marquette General Health System

Story continued on pg. 15
Tracking Hypertension:  
MSU Study Shifts Focus from Arteries to Veins

Researchers at MSU will use a unique grant from the National Institutes of Health (NIH) to investigate an under-studied but important part of the cardiovascular system that could hold the key to why one in five Americans suffer from high blood pressure.

The $9 million grant from the NIH’s Heart, Lung and Blood Institute will be used to study the role that veins, the blood vessels that transport blood back to the heart and lungs, play in hypertension.

The specialized Program Project Grant also funds research that will examine how veins may contribute to other maladies, including stroke, chronic fatigue syndrome, and sudden infant death syndrome.

Program Project Grants are rare, and according to the NIH, are given “to support research in which the funding of several interdependent projects as a group offers significant scientific advantages over support of these same projects as individual regular research grants.”

“There has been a tremendous amount of work done on the arteries in relation to hypertension,” said Gregory Fink, a professor of pharmacology and toxicology and co-director of the project. “However, there are some gaps in cardiovascular research in this country and studies on veins happens to be one of them.”

Until recently, scientists considered veins to be passive vessels that served simply as a pipeline for blood to return to the heart and lungs, Dr. Fink said. It was also believed that the same hormones and other factors that controlled the bigger, thicker arteries also controlled the veins.

“In reality, there are really important differences in the way arteries and veins are controlled,” he said.
Dr. Hronkin, who has been practicing there for just three years, has already delivered the third baby of some of her patients. In addition, skin disease is prevalent in the area’s large elderly population, and diabetes is common in both local Finnish and Native American populations. “We have no endocrinology in the U.P. at all,” says Kass, “and the nearest dermatologist is 100 miles away.”

The U.P. is known as a hunter’s paradise, and hunting-related injuries are a seasonal aspect of the practice. “We see a fair number of people who fall out of their tree stands in the fall,” says Dr. Kass. As a medical student in the U.P., Dr. Hronkin was once able to one-up the drive-by-shooting anecdotes of her fellow students doing rotations in urban areas with the tale of her first gunshot case. “It was the day before hunting season opened. A guy who was jumping the start date shot at a deer and missed. The bullet went through the wall of a nearby home and grazed the side of a man in his bed, who was glad he hadn’t sat up just seconds earlier.”

All three physicians and their families love the many recreational opportunities that Michigan’s north woods provide. Dr. Trusock is an avid turkey and deer hunter and angler. With a collection of some 100 cookbooks, he experiments with recipes for his catch. “I have great walleye recipes,” he says, “and a recipe for breast of turkey that marinates for 12 hours and is then seared on the grill. I also love making bread, but I have to use a bread machine when I make it for my office staff each day. I share the cooking with my wife. She’s too busy running a quilting business.” The two have three grown children—all born during Dr. Trusock’s training—and three grandchildren.

Dr. Kass is primarily a skier, but he also hunts, boats, and does ice fishing. “I try to put everything in balance,” he says. “You only get one chance in life. We also try to get our students to realize that practicing medicine is about balance.” His wife, Carol, and three children will be attending CHM in fall 2004. “I’m trying to talk her into dermatology,” he says.

Dr. Hronkin, who likes to run, bicycle, cross-country ski, and travel, is now trying to figure out how to share these loves with her four-month-old daughter Maggie. She and her husband, Dr. Ray Howe, a family practitioner and acupuncturist, used to be on call on the same day so that they could spend time together. He now works half time so that he can look after Maggie.

As the most recent graduate among the three, Dr. Hronkin has the freshest impressions of an MSU CHM medical education. “I was proud to go to a school that emphasized primary care so much. MSU really supported the way I felt about primary care. We’re in the trenches doing the real work. And the U.P. program was perfect in giving us real-life, one-on-one experiences.” Drs. Trusock and Kass would certainly agree.

by Kathleen V. McKevitt
CHM Alumni Weekend

A feast for the mind, body and the Spartan spirit – that was CHM’s Alumni Weekend September 19-20 on the MSU campus. Paul Farmer, M.D., a co-founder of both Partners in Health and the Institute for Health and Social Justice, was the invited speaker for the Andrew D. Hunt, M.D., Endowed Lectureship, addressing “Ethics and Equity: Current Challenges in International Health.” The author of numerous books, Dr. Farmer is known as a pioneer of novel, community-based treatment strategies for resource-poor settings. An Alumni Dinner at the University Club, a golf tournament, and a unique indoor tailgate party at the Radiology Building rounded out the weekend.

TAILGATE

Tailgaters included (left to right): Denny Yamamoto, ’78; E. James Potchen, Joanne P. McCallie (MSU women’s basketball coach), Dean Glenn Davis, Mary Yamamoto, Liga Talbergs Gonzalez, ’73, and Jean Miller, ’73.

HUNT LECTURE

The 2003 Hunt Lecturer was noted author and health equity advocate Dr. Paul Farmer, known for his work with AIDS patients in Haiti.
BE A PART OF IT!

CHM's Alumni Association is building a spirit of community! Benefits include the Reunion Weekend, valuable discounts, and a chance to nurture the future of the college. For an application, contact Myrna Simms, Office of Alumni Relations, A210 E. Fee Hall, MSU, East Lansing, 48824-1316; 517-353-0755; MDAlumni@msu.edu; www.chm.msu.edu.
As CHM prepares to celebrate its 40th anniversary, it’s important to note that Gretchen Bria has been an active part of 90% of the college’s life.

“I’ve watched CHM develop over the years, and seen it grow in many ways,” she says. “Clinical care in the college was nonexistent when I started, but it has blossomed – as has research. Academics were always the strongest suit of this medical school,” she notes.

Her most recent appointment occurred last June, as the director of faculty affairs and development. Her responsibilities include administration of promotion and tenure, development of collaboration and leadership among departmental chairpersons, mentoring programs, liaison with university faculty development efforts, and more. She credits Deb DeZure, Ph.D., director of faculty and organizational development and senior advisor to the provost, as her mentor as she learns the ropes.

Bria began at CHM as a student employee in the Department of Medicine in 1968. In 1971, after receiving her degree in business administration, she was hired into the dean’s office, working initially in Giltner Hall. With Dr. W. Donald Weston and Jim Lyon, she set up the medical education corporations around the state, the predecessors to CHM’s six community campuses. With Dr. Weston, she also administered the college’s medical practice.

In 1975, she became the administrator in the Department of Family Practice, a post she held until her current position. “I came to the department in its infancy and have been its only administrator,” she says. “I watched its faculty and staff face challenges and seize opportunities to make it nationally ranked. The people and the department are special to me.”

It’s clear that she too is special to the department. When she switched roles, Dr. William C. Wadland, department chairperson and associate dean for faculty affairs and development, wrote “Under her support and leadership, the department has been continuously stable financially and serves as an example for other units. For years, Gretchen has provided guidance and mentorship with a sense of class for both staff and faculty.”

Bria’s leadership hasn’t been confined to her professional roles. A board member of Big Brothers Big Sisters of Greater Lansing for 15 years, she served as its president, as well as a “big sister.” She was a member of the board of the National Council on Alcoholism-Lansing Regional Area. Appointed by then-Governor James Blanchard, she served as a member of the Health Occupation Council and the General Industry Safety Standards Commission for nine years, five of which she was chairperson.

Bria, who loves music, has sung with her church choir since 1971 and toured with them to Italy and to competitions in the U.S. She also enjoys cooking, gardening, reading and especially traveling with her husband Richard Scala.

Gretchen Bria: A seasoned professional with a “sense of class” by Pat Grauer
CHM’s best were inducted December 4 into the Alpha Omega Alpha medical honor society, whose byword is “to recognize and perpetuate excellence in the medical profession.” Inductees included:

**Faculty:**
- H. Dele Davies, M.D.
- Mary Dekker Nettleman, M.D., M.S.

**Alumni:**
- Kate A. Scannell, M.D.
- Philip J. Stella, M.D.

**Residents:**
- Jason Ladwig, M.D.
- Madhuri Yagalla, M.D., Ph.D.

**3rd-year Students:**
- Ryan J. Burri
- Emily Tompkins Durkin
- Eva Leigh Hecht
- Erica Ann Michiels

**4th-year Students:**
- Kelly Walton Barringer
- Lori A. Caloia
- Katherine Harper Campbell
- Elizabeth K. Couchene
- Nora E. Immordino Feldpausch
- Danielle Gindlesberger
- Bridget Anne Green
- Jeremy P. Hogan
- Zachary A. Horton
- Brian A. Rainka
- Mary Lee Tobin
- Katherine A. Varda
- Aimee E. Wagnitz

Dean Glenn Davis (left) and Radiology Chairperson E. James Potchen (right) chat with AOA Visiting Professor Peter J. Ell, professor and chairperson of nuclear medicine, University of London. Dr. Ell, the keynote speaker, presented “Is Evidence Compatible with Modern Practice?”
Okay.
If you are back here, you now know that it is the 40th anniversary of the College of Human Medicine. Congratulations to you for your affiliation with this great institution, now in its vigorous middle age.

It was 1964 when Andrew D. Hunt, M.D., was named our first dean, marking CHM’s official beginning as a Michigan State college. For the record, the first students arrived in 1966. The first four-year class graduated in 1972.

Usually I write to exhort you to free up some of your hard-earned cash to support CHM. But this time I want to use this space to encourage you to join us in what will be an outstanding celebration of our first 40 years.

On the evening of May 15 we will have a gala event in the atrium of the James B. Henry Center. If you are familiar with the University Club, the Henry Center is wonderful new facility adjacent to the Club itself and to the Candlewood Suites. The atrium has a gorgeous panoramic view of Forest Akers Golf Course. We will have an excellent dinner and dancing to a live orchestra, and a special display of archival photographs, such as the one on this page.

May 15 is also graduation day for our Class of ’04, so we hope that a number of these newly minted M.D.s and their families will join us for the festivities. You are cordially invited to attend the commencement ceremony that day.

Space is limited for the 40th Anniversary Gala, so to be sure that you get an invitation, please find the postcard in this magazine and pop it in the mail. Or call my office at 517-353-5153. Or email us at chm devel@msu.edu.

Shine up the dancing shoes. See you in May.

Doug Moffat

Archived photo from 1969, breaking ground for Life Sciences
March 18-19
Two Skills Every Health Care Professional Needs
Sponsored by the MSU Colleges of Human Medicine, Osteopathic Medicine, Nursing and Law. Location: Henry Center for Executive Development, Lansing, Michigan. Contact the Detroit College of Law: 517-432-6800, 14.5 credits

April 1
The Norbert B. Enzer, MD, Endowed Lecture in Psychiatry
Sponsored by the MSU Department of Psychiatry. Location: Kellogg Hotel and Conference Center.
Contact Rita Peffers: 517-353-4349, 1 hour

April 13-16, April 29 - May 2, May 14-17, June 12-16
The National Family Medicine Board Review Course
Sponsored by the Center for Medical Education and the MSU Department of Family Practice.
Location: Atlanta, Chicago, Baltimore, and Las Vegas. Contact Center for Medical Education: 800-458-4779, 39 credits

April 15
Spring CHM Alumni Board Meeting
Location: Radiology Board Room. 10 a.m. to 2 p.m.

April 16-18, June 18-20
Clinical Inquiries Symposium
Sponsored by the Center for Medical Education and the MSU Department of Family Practice.
Locations: Baltimore, Chicago. Contact Center for Medical Education: 800-458-4779, 18 credits

May 7
6th Annual Update in Headache and Pain Management: A Review Course for Clinicians
Sponsored by the Michigan Head Pain & Neurological Institute. Location: Ritz-Carlton, Dearborn, Michigan.
Contact Scott Madden: 734-677-6000, 10 credits

May 14
Department of Pediatrics and Human Development Third Annual Research Day
Transitional Research: Bench to Bedside. Location: Kellogg Center, East Lansing. Contact Dr. Burra V. Madhukar, madhukar@msu.edu, or Judy Copeman, copeman@msu.edu. Telephone: 517-353-5042

May 15
CHM Graduation Ceremony
Location: Wharton Center, MSU. Noon.

May 15
Dinner/dance celebrating the 40th anniversary of the College of Human Medicine

June 24-26
Medical Ethics for the 21st Century: Health Care, Bioethics and Disability Rights
Sponsored by the MSU College of Human Medicine, MSU Center for Ethics and Humanities in the Life Sciences, Medical Ethics Resource Network of Michigan. Location: Kellogg Hotel & Conference Center, East Lansing.
Contact Len Fleck: 517-355-7550

October 8-9
CHM Alumni Reunion Weekend

For more information, see the CME website at www.chm.msu.edu/chmhome/graded.htm or contact Myrna Simms, director of Continuing Medical Education, at myrna.simms@chm.msu.edu.
To be added to the conference mailing list, please call the CME office at (517) 335-4876.
CHM Gala
Help us kick off CHM’s 5th decade!

Dinner Dance
Saturday, May 15th
James B. Henry Center
(adjacent to the University Club)

Contact: Office of Development, 517-353-5153, or chmdevel@msu.edu. See page 20 and inserted RSVP postcard.