Expanding Opportunity: Education, Research, Service
Expanding Opportunity

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I am honored to serve as your dean. I graduated from the College of Human Medicine in 1984, and the values that drew me here still inform all my thoughts and activities in this new role.

We believe that the community-based medical school will figure prominently in the nation’s health care agenda, and the college is determined to lead in the development of this agenda. Our locus of action at CHM is where most people receive their health care: within their own communities. This is our point of service, our point of education, and the focus of research in which new knowledge is discovered and translated into meaningful improvement in health.

We will look back on these as years of momentum when we laid the groundwork for our future. First, our recent reaccreditation process was successful, and you would be proud to read its assessment of our educational programs.

The second reason for momentum is the expansion of the medical school in Grand Rapids. Phase I will see the addition of a second-year program in Grand Rapids in fall 2008. To this end we are admitting a class of 156 to matriculate in East Lansing in fall 2007. Fifty of these students will go to Grand Rapids for their second, third and fourth years of medical school. Phase II is keyed to the completion of a new medical education building in Grand Rapids, to be named the Secchia Center after Ambassador Peter F. Secchia, who has made a generous gift to assist with its construction. We are on target to begin Phase II in 2010 with the admission of 200 students to CHM, 100 in East Lansing and 100 in Grand Rapids.

We have established new partnerships in Grand Rapids that enable the college to make significant contributions to health and medical education in the community, and to benefit from its superb health and research institutions. However, the governance and processes of CHM will remain intact. College affairs will be accountable through the dean, the provost, the president of the university and the MSU Board of Trustees. All curricular matters will be controlled by the college’s curriculum committee.

Our expansion does not change the character of our community based campus system, in which Flint, Kalamazoo, Lansing, Saginaw and the Upper Peninsula continue to be critical components. We will create a new core of teaching faculty in Grand Rapids, beginning with the dedicated individuals – already at work for us there – who are interested in establishing the expanded program.

I applaud the faculty and staff of CHM, paid and volunteer, for their dedication to achieving the finest medical education and to promoting CHM’s values and vision. Every year, we reflect on the truly outstanding array of experience, talent and commitment that our students represent. I look forward to fostering a closer relationship with our many friends and alumni as together we shape the future of our college.

Marsha D. Rappley, M.D.
Dean of the College of Human Medicine
The breadth of opportunities we face is daunting . . .
Dr. Rappley on the expansion to Grand Rapids

The expansion of CHM to Grand Rapids has been a focal point of your work as dean. What’s its status?
We have secured the contractual arrangements with all of our partners, including Spectrum Health, the Van Andel Institute, Saint Mary’s Health Care and Grand Valley State University. These bring the overall contributions to the establishment of a four-year medical school in Grand Rapids to approximately $110 million over the next several years.

When will students enroll?
We are actively recruiting the expanded class of 156 students to enter East Lansing in 2007. In 2008, 50 of these students will go to Grand Rapids for their second, third and fourth year of medical school. The remaining 106 students will be distributed, as they enter their third year, among the five remaining campuses (Flint, Kalamazoo, Lansing, Saginaw and the UP), increasing the number of students in each community according to its capacity.

What about faculty?
We are actively recruiting faculty for the expanded class in East Lansing. We have worked with course directors in establishing their needs to handle the larger number of students. We are working with faculty in Grand Rapids who have taught our students over the last 30-plus years and recruiting as necessary to teach the second-year class.

The matter of what constitutes a faculty appointment in the College of Human Medicine becomes important as we recruit new faculty. Outstanding and timely work was done by the Offices of Academic Affairs, Faculty Affairs and Development, the College Retention, Promotion and Tenure Committee and the College Advisory Council. We are close to finalizing a set of criteria and responsibilities for faculty appointments in the college.

How will these faculty relate to the existing departments and faculty?
A group of chairpersons from the Departments of Medicine, Family Medicine, Pediatrics and Human Development, and Radiology are working now on clarity around what it means to be a department in the College of Human Medicine – the responsibilities both of the department to the college and university, and of the university and college to the department. I hope to have this report soon and we will vet it with the chairs, directors, deans and the College Advisory Committee. From this will evolve, then, a clearer definition of the role of the department chairperson. Both of these concepts are important in developing and organizing our faculty in Grand Rapids. We cannot underestimate the importance of good communication and building positive relationships with our faculty and colleagues in Grand Rapids.

What about research and the Grand Rapids campus?
Our acting Associate Dean for Research Jeffrey Dwyer, Ph.D., is working with content experts in
MISSION STATEMENT

The College of Human Medicine at Michigan State University is committed to educating exemplary physicians and scholars, discovering and disseminating new knowledge, and providing service at home and abroad. We enhance our communities by providing outstanding primary and specialty care, promoting the dignity and inclusion of all people, and responding to the needs of the medically underserved.

Introducing
DEAN RAPPLEY

Since she began her education as a medical student in 1980, Marsha Rappley has been integrally involved in the College of Human Medicine, capped September 15 by her appointment as its dean. In the interim she has achieved a national reputation for her research and clinical work in pediatrics, especially concerning the use of psychotropic medications for children with attention deficit hyperactivity disorder.

Graduating from CHM in 1984, Dr. Rappley took a three-year residency in pediatrics and served one year as a pediatric neurology fellow at the University of Michigan Medical School. In 1988, she joined the faculty of the Department of Pediatrics and Human Development at MSU, and has served as director of the Collaborative Developmental Clinic since 1990. She is a diplomate of the American Board of Pediatrics, and certified in developmental and behavioral pediatrics.


She has received numerous recognitions for her work, including the Distinguished Service Award from the American Academy of Pediatrics, and the AAMC Humanism in Medicine Award. She had one of the top ten articles cited in the Archives of Pediatrics & Adolescent Medicine, 1995-2002. Dr. Rappley is serving numerous professional appointments, including as a member of the Pediatric Advisory Committee for the Food and Drug Administration, the Developmental and Behavioral Pediatrics Subspecialty Board of the American Board of Pediatrics, and the representative to the Medicaid Pharmacy Quality Improvement Project of the American Academy of Pediatrics. Widely published in academic journals and the recipient of numerous grants for research, she is currently co-investigator on two National Institutes of Health grants.

There has been an unprecedented amount of activity in CHM with this expansion.
What’s your current perspective?

The breadth of opportunities we face is daunting. As we capture each opportunity, we move with respect to the precedents we will set and the good faith we need to generate with all of our actions. Our relationships with one another, with the university, with our partners and colleagues in Grand Rapids and all of our communities, and with our external colleagues in our specialties and national medical education organizations continue to be of paramount importance.

Darrell Kirsch, M.D., president of the Association of American Medical Colleges, spoke in October of refocusing on the public good of our endeavors in education, research and service. Jim Collins, author of Built to Last and Good to Great, said that the most important resource a service institution has is its reputation. I’m grateful to all for the untiring work they do in contributing to the public good and to the reputation of the College of Human Medicine as a medical school deeply rooted in its values and prepared to face the challenges of the future.
The Secchia Center
to house CHM in Grand Rapids

The Grand Rapids building that will become the new home of the MSU College of Human Medicine will be named “The Secchia Center” in recognition of a gift from alumnus Ambassador Peter F. Secchia. With this gift and others, the university has now reached the halfway point toward the $40 million in private support required to complete the project.

The naming was approved January 18 by the MSU Board of Trustees. In other action, the board authorized acquisition of a site within the Michigan Street Development, a commercial medical community, for location of The Secchia Center. The site is on Michigan Street in downtown Grand Rapids across from Spectrum Health and the Van Andel Institute.

The announcement also begins the joint fund raising activities of MSU and Grand Action, a nonprofit organization of 250 community leaders that has helped construct destination facilities designed to attract people from around the world to Grand Rapids.

“The Secchia Center will bring to life a one-of-a-kind model for medical education and research in the 21st century,” said President Lou Anna K. Simon. “This new approach blends key elements of a classic medical education center with MSU’s traditional strength in community-based medical education.

“Ambassador Secchia’s gift is the essential catalyst for the evolution and expansion of our College of Human Medicine for a new century,” said President Simon. “We are creating something very special here by bringing a world class university to bear on developing four-year medical education in Grand Rapids and by using this opportunity to advance the power of genomic medicine. This venture will significantly increase our activity in research, both in Grand Rapids and East Lansing.”

Simon also noted the critical role of partnerships in achieving the vision. “In Grand Rapids, we have established a unique set of relationships that will make this medical school a reality without the need for state appropriations. Yet the state will benefit, because this will raise the level of medical care in West Michigan and lead to innovations that benefit citizens throughout Michigan and beyond.”

Spectrum Health, Saint Mary’s Health System, the Van Andel Institute and Grand Valley State University each have recently announced important partnerships with Michigan State University associated with land acquisition or future programs.

The Secchia Center will include teaching laboratories, classrooms, offices and student areas. Michigan State’s College of Human Medicine is slated to enroll its first class of 100 first-year students in Grand Rapids in 2010, when the new facility opens, and second-year students will begin study there in 2008 in a leased facility. Once the program is at full capacity, enrollment in Grand Rapids will exceed 350 students.

“Ambassador Secchia has been a generous friend and long-time donor to Michigan State University,” said President Simon. “His volunteerism and contributions date back nearly 50 years. We are grateful for his continued support, particularly as we establish the new home of the College of Human Medicine and set a course for its research agenda and innovative curriculum. Peter was a pioneering proponent of the idea of housing the school in Grand Rapids.”

“This is a once-in-a-lifetime opportunity to combine my commitments to the university and to the community I love,” said Secchia. “I truly believe this will have a meaningful impact that will live on for generations to come.”
DWYER THE ECLECTIC
CHM’s New Associate Dean for Research Thrives on Variety

From café bottle washer to CHM’s acting associate dean for research may seem like an unlikely career transition, but that is exactly the leap that Jeffrey W. Dwyer made in 2006. Dwyer lives in parallel universes that capitalize on his skills as a developer of focused research programs, a community builder, and an entrepreneur.

Dwyer’s academic career is grounded in the field of gerontology, which, he says, was spawned in the 1950s and 1960s in southeastern Michigan. “My interest came about in the mid-1980s when people started to recognize the huge effect that increasing longevity would have on health care.” At that time, the National Institutes of Health (NIH) and major foundations began to put money behind aging-related research. Dwyer benefited from this funding and learned to value the experience of nurses, medical doctors and psychologists working together on common problems.

Dwyer received his Ph.D. in sociology in 1988 from the University of Florida (UF) and held a tenure-track position there on the faculty of the College of Nursing until 1993, when Wayne State University recruited him to build and direct the now nationally recognized Institute of Gerontology and serve as professor of sociology. Six years later he was headed back to UF to launch its Institute of Aging and serve as a professor in the College of Medicine.

Then, in 2003, he took a right-angle turn into new endeavors. “My path to this was my wife, Nancy, a clinical assistant professor of pediatric nursing at the University of Florida,” he explains. “We decided to make a significant life change, left our academic positions, moved to Munising in Michigan’s Upper Peninsula (UP), rehabbed two century-old buildings, and opened the Falling Rock Café & Bookstore. My family history is tied to the UP, so it was familiar as a beautiful outdoor environment with endless possibilities.

“We wanted the café to be a place where ‘community happens’—a place that makes an important contribution to the area. We have concerts every Saturday night of the year. We have an inventory of 55,000 books. People come from all over; it has really become a focal point and gathering center.”

In January 2006, Dwyer was delighted to return to the academic world by adding the role of professor of family medicine and director of grants and research for the Upper Peninsula Health Education Center (UPHEC) to his bottle washing responsibilities. (UPHEC is one of CHM’s six campuses.) Not long after, in May 2006, he added joint responsibilities as associate dean for research at CHM’s East Lansing campus.

“I am so surprised and delighted to be able to get back into this,” he says. “One of the real joys for me is that the land-grant orientation of MSU and the community-based approach of CHM are more consistent with my own values and orientation than any place I’ve ever been. It’s a pleasure to be working with Dean Marsha Rappley to grow research in the college. She provided evidence of her commitment to CHM’s community campuses by choosing to hire someone from one of them.”

In East Lansing, Dwyer is responsible for managing and enhancing the research environment, from pre-grant cultivation to providing research training for students, fellows, and faculty. He will also use his entrepreneurial skills to develop a clinical research office. In Marquette, he continues to help third- and fourth-year medical students on research projects such as the recent Munising Community Health Study, which addresses health service use and other topics ranging from spirituality to obesity to diabetes.

As for the weekly five-plus hour drive each way between East Lansing and Munising, where he lives, Dwyer enjoys it, using the time for meetings via cell phone. “Typically I find the roads more difficult below the Mackinac Bridge than above it,” he says, laughing. “Those UP road crews are something else.”

by Kathleen V. McKevitt
If you ask Nigel Paneth, he’ll tell you that beyond the fact that it’s a devastating condition, there are few definitive statements possible about cerebral palsy (CP). Little is known about curing its symptoms, which can include spasticity, spontaneous movement of the muscles, and lack of coordination so severe that life activities are impaired and speech is extremely difficult. Little is known also about its causes, beyond the understanding that something to damage the brain happens to a child, either before, during or shortly after birth. It is not a single diagnosis: CP is a constellation of symptoms, rather than a disease that can be defined by a laboratory test or by histology – and then not with certainty until children have reached their second birthday.

Dr. Paneth, a pediatrician and epidemiologist galvanized by this kind of clinical and scientific challenge, has achieved an international reputation for his work in the causes and prevention of neurodevelopmental handicaps, especially CP. He is the 2006 recipient of the Weinstein-Goldenson Medical Science Award, presented by the United Cerebral Palsy Research and Educational Foundation. The award is given to clinician-scientists for outstanding contributions in medical research that enhance the lives of persons with cerebral palsy and their families.

Recently stepping down as CHM’s associate dean for research, Dr. Paneth, who came to CHM in 1989, also has served as the founding chairperson of the Department of Epidemiology and as professor of pediatrics and human development.

What’s striking about his work is that his approach to research is both highly collaborative and comprehensive, employing epidemiological, laboratory, imaging, genetic, family interviewing and other techniques to tackle such a complex problem. His NIH-funded longitudinal study of more than 1,000 infants with birth weights under two kilograms has now lasted more than 20 years.

“It all weaves together,” he notes. “Early in gestation, children with cerebral palsy seem to have normal brains, and we believe that something happens from the outside, such as infection, hormonal disturbances, injury or birth asphyxia.”

Dr. Paneth says that it’s unlikely that there is a strong genetic component to cerebral palsy, since it rarely clusters in families. Even in identical twins sets, it is more common for just one child to have cerebral palsy than for both.

Birth injury also doesn’t appear to explain most of the cases, he says, noting that forceps deliveries, once thought to be a cause of cerebral palsy, have dramatically declined in parallel with the seven-fold increase in Caesarian sections since 1970. Despite this, the CP incidence in the population is the same.

One significant clue is that small babies (less than three pounds at birth) have 40 times the likelihood of developing CP. Impairment in the formation of myelin also is characteristic of CP, and thyroid hormone is necessary for early myelin development. One feature of very premature infants is their very low levels of thyroid hormone in the first weeks after birth.

“Nonetheless, you can’t be sure if it’s CP until the child is two years old,” Dr. Paneth says. “Lots of children have symptoms at one year that resolve spontaneously. CP doesn’t resolve.”

With such a complex array of possible causes, he says, “a lone scientist is not going to answer the question. We need to collect larger amounts of information. Your answer is epidemiology. We need to maintain the macro view.”

The complexity of the research also gave rise to his work, with many colleagues, to develop a pregnancy and delivery biorepository at MSU (see next page), providing a vast collection of specimens for longitudinal research.

His hero has been John Snow, the nineteenth-century physician who is the father of modern epidemiology and public health. Dr. Paneth, along with MSU’s Peter Vinten-Johansen, Howard Brody, Stephen Rachman and Michael Rip, is a coauthor of the book Cholera, Chloroform, and the Science of Medicine: A Life of John Snow, published in 2003.

by Pat Grauer
MANY SAMPLES, MANY YEARS, MANY CHALLENGES
MSU’s Biorepository Team Seeks to Preserve a Rich Resource

Biological samples obtained from patients, a gold mine of information to both basic science and epidemiological researchers, are usually thrown away after they have been used for clinical purposes. A team of two dozen MSU scientists in epidemiology, engineering, computer science and other disciplines are working to develop logistical and physical systems to capture these valuable resources and to maintain them for extended longitudinal study. Six faculty members – Nigel Paneth and Rachel Fisher from CHM, Jon Sticklen and Bill Punch from Computer Science and Engineering, and Clark Radcliffe and John Lloyd from Mechanical Engineering – lead the project.

Many years, Michigan, like other states has made it mandatory to take blood from newborns to test for evidence of diseases that, if left untreated, can lead to death or disability. Among the diseases screened for are absence of thyroid hormone, phenylketonuria and maple syrup urine disease. A drop of blood is spotted on each of five small circles on a filter paper for testing by the state. Since usually only one or two spots are needed for testing, the remaining spots are retained until the child is an adult, and are available if parents request them to aid in disease diagnosis, to use the DNA for identification purposes if the child is lost or abducted, or for other purposes that parents may have. State law also encourages use of anonymous samples for research, and with parental permission, scientists can obtain the leftover blood spots of individual children. With parental permission, Dr. Paneth has obtained samples from this source for research on cerebral palsy. It has proven possible to reliably extract several thousand types of mRNA from these spots, even ones stored for several years, and examine which genes were activated around the time of birth in children with and without CP.

The biorepository project hopes to generalize this use of newborn blood spots to other biological material that is obtained in the course of medical care, such as blood and urine. Because this project has a particular interest in pregnancy and birth, storing such specimens from pregnant women, and also storing samples of placenta and cord blood are high priority. There is reason to believe that by testing these archived materials in children who develop disorders such as asthma or CP may help us to understand the causes of the disorders.

Biorepository work involves developing a complex array of systems, from identification of relevant biological material, development of storage that preserves key factors for study, safety and backup to maintain specimens for longer than a human lifespan, efficient labeling and retrieval of specimens, and data management that will maximize the use of the biorepository for a wide variety of research.

Core to the process, of course, will be a sea change in how patients, laboratories, hospitals and clinicians view biological material – moving away from ordinary practice of throwing samples away to a new standard of preserving them appropriately for inclusion in the biorepository.

Funding for two efforts – one to support the development of the biorepository and another to support research which uses the biorepository – are being sought by members of the team.

Ultimately, the scientists envision a biorepository with hundreds of thousands of samples, linked in a transparent way with other biorepositories around the country and to clinical information about the later history of the individual from whom the material was obtained (or their children, in the case of pregnant women).
Michael Keng:

“Maximizing every opportunity” brings national distinction

Michigan State M.D. last took a look at Michael Keng, now a fourth-year CHM student, in fall 2004, noting his motto, “Maximize every opportunity.” It has paid off for Keng, who took first place in the basic research category for his poster presentation at the 2006 National Institutes of Health (NIH)/American Medical Student Association 56th annual convention in Chicago. The poster presentation was based on research Keng did during the summer of 2004 in the leukemia division of the Roswell Park Cancer Institute in Buffalo, New York, under the mentorship of Dr. Meir Wetzler. “Michael was extremely industrious during his stay with us,” says Dr. Wetzler. “He generated results that earned him authorship in an abstract and now in an upcoming manuscript.”

Keng’s award-winning poster was titled “Combined Effects of Arsenic Trioxide and Heat Shock Protein 90 Inhibitors on Signal Transducer and Activator of Transcription Protein 3 Activity in HEL Cells.” It describes his research on the effect of combining arsenic trioxide with other drugs to increase the effectiveness of chemotherapy on the cells of patients with acute myeloid leukemia (AML).

Not all AML patients are receptive to classic chemotherapies because of the presence of a protein called STAT 3. In the past, arsenic trioxide has been used on these patients to decrease the amount of STAT 3. However, another protein in all human cells — heat shock protein 90 — that protects cells from exterior insults, such as drugs and bacteria, decreases the effectiveness of arsenic trioxide.

Keng applied three different heat-shock-protein-inhibiting drugs alone and in combination with arsenic trioxide to AML cells and studied the subsequent expression of the STAT 3 protein. He found that all three of the inhibitors decreased the STAT 3 activity in the cancer cells and worked even more effectively when combined with the arsenic. “This was very exciting because it was what we hypothesized would happen,” says Keng. “What was
Transferring cancer research from the laboratories to clinics and hospital bedsides is the goal of an MSU project that is being funded by a new grant from the National Institutes of Health.

Earning a Planning for Clinical Translational Sciences Award, a planning grant valued at $150,000, is the first step toward MSU joining an exclusive consortium of universities. The group plans to advance cancer research, drastically improving the time in which that research moves from bench to bedside.

MSU cancer researchers and clinicians will use the grant to develop a Clinical Translational Research Center on campus. “This center will serve as ... in new and different ways,” said Barbara Conley, chief of the MSU Department of Medicine’s Hematology/Oncology Division.

When it comes to cross-campus collaborations, MSU is already ahead of the game, Conley said. “Many people are focused on clinical trials,” he says. “They forget about basic laboratory studies.”

Keng, who completed a hematology/oncology inpatient elective in early fall 2006 at Washington University in St. Louis, Missouri, will complete another elective at Beaumont Hospital in Royal Oak, Michigan, before deciding where he wants to go for his residency.

by Kathleen V. McKevitt

“Are we one of the few universities that has a network already in place,” Conley said. “The statewide campus systems in the colleges of Human Medicine and Osteopathic Medicine are ideal for that, as is MSU Extension which has an office in every county in the state.”

The National Institutes of Health funded a new national consortium that will allow researchers to provide new treatments more efficiently and quickly to patients.

Total first-year funding for this consortium is approximately $100 million. Twelve institutions from across the country are the initial members of this group.

“We’re hopeful the NIH will recognize what MSU has to offer and that we can become part of this consortium in the near future,” Conley said.

by Tom Oswald
Researchers at MSU have added yet another piece to the puzzle that links cigarette smoking with cancer of the pancreas, one of the deadliest forms of cancer, with a survival rate of only about a year.

In research published in the recent issue of the International Journal of Cancer, James Trosko and his colleagues zeroed in on the mechanism by which a healthy cell turns cancerous.

Specifically, they found that the chemicals produced by the burning of tobacco products – polycyclic aromatic hydrocarbons, or PAHs – interfere with communication between the body’s cells. More importantly, the work showed that some of these chemicals don’t necessarily initiate the cancer, but rather contribute to the promotion of it.

“This finding has major implications, including the possibility that dietary intervention might interrupt or even reverse the promotion of pancreatic cancers,” Trosko said.

Trosko noted that PAHs are formed when any substance containing certain proteins is burned, including foods.

This research is the culmination of nearly 30 years of work in Trosko’s lab. It was in 1979 that Trosko, colleagues and students demonstrated that tumor-promoting chemicals interfered with a cell’s ability to communicate with other cells. Later, this group isolated adult human pancreatic stem cells from human pancreatic tissue.

Subsequent published findings indicated that these stem cells appeared to be targets for cancer.

“Since we had the system here in our lab, we decided to see if PAHs would act as a tumor promoter,” he said. “And sure enough they did.”

The good news is that people who quit smoking can dramatically improve their chances of avoiding cancers.

“If these chemicals act like cancer promoters and not initiators,” Trosko said, “then quitting smoking can assist in interrupting the process.”

MSU’s New Open MRI Easier for Claustrophobic and Overweight Patients

For claustrophobic, overweight and obese patients, having a magnetic resonance imaging procedure using standard equipment can be a distressing, if not impossible, experience. However, Mid-Michigan MRI is now offering new technology known as “open” MRI at the MSU Radiology Center, allowing these patients access to this valuable procedure.

“Open MRI procedures are especially useful for claustrophobic individuals and overweight or obese patients, because patients have greater room and can see beyond the open MRI machine,” said Mark DeLano, director of MRI at the Radiology Center and co-medical director of Mid-Michigan MRI, a joint venture of MSU and Sparrow Hospital in Lansing.

While procedures done on the open MRI take slightly longer to complete than standard MRI, the major advantage is that, thanks to its openness, it offers this technology to people who would not have been able to use it. Approximately 10 percent of patients are claustrophobic and half of them cannot complete a normal MRI.

Patients must have a physician referral to use open MRI services. Open MRI technology is covered as standard MRI treatment under most types of health insurance. Previously, mid-Michigan residents traveled to Grand Rapids, Battle Creek, Flint, Detroit, and Toledo to use open MRI technology. Services are now available at the Clinical Center five days a week and during select evenings.

by Tom Oswald
MORE THAN SKIN DEEP: Animesh Sinha’s Passion For Dermatology

Research assistants pipette liquids, three undergraduate students cluster around a computer, two graduate assistants and a medical student discuss test results, and a postdoctoral fellow checks some data. More than a dozen people move about this noisy laboratory, all of them totally engaged in pieces of a common effort.

In the midst of this, leaning serenely against a counter, Dr. Animesh Sinha calmly parries questions and comments, encourages and suggests, solves problems and helps others to broaden their visions. He’s known among his colleagues as a consummate research mentor, and watching the commitment of everyone in his lab, it’s easy to see why.

The director of the new Perricone Division of Dermatology and Cutaneous Science, Dr. Sinha’s goal is to create, within three years, a full department which will provide clinical care, instruction and research in dermatology. Both an M.D. and Ph.D. graduate of the University of Alberta, Dr. Sinha joined MSU in October 2005, after serving as associate professor and program director of the Department of Dermatology at the Weill Medical College of Cornell University.

CHM’s Center for Investigative Dermatology, already operative, is building both basic science and translational research programs, addressing problems as complex as cancer, autoimmune disorders, and genomic and genetic analysis of human samples.

Because the skin is both the largest organ in the body and interacts intimately with the environment, it plays an important role in the body’s immunity. Initial studies in the Center are focused on the genetics of autoimmune disorders that manifest in skin, such as scleroderma, cutaneous lupus, psoriasis, vitiligo, alopecia areata and pemphigus vulgaris, a life-threatening blistering disorder. Researchers are looking at genetic predisposition for these diseases, identifying the genes involved, and determining how they interact, particularly in light of certain environmental factors.

“Research on skin is unique,” Dr. Sinha notes, “because you can assess it visually, access samples on the surface, and its cells replicate quickly.”

Dr. Sinha takes his role as research mentor seriously, employing four full-time fellows, and an array of undergraduate, graduate, medical and dental students in his laboratory.

“I got hooked into investigative medicine at an early age,” he says, “working every summer in the lab both as an undergraduate and a medical student. I wanted to give interested people a chance to learn about good scientific method and to ignite a passion for investigative medicine. What I get in return is youth and enthusiasm and fresh viewpoints. It’s really a lot of fun.”

CHM second-year student Robert Vanharen agrees: “I enjoy working in the derm lab because the basic science offers opportunities for my textbooks to come to life. It’s exciting.”

by Pat Grauer

Dermatology Division Opened

Nicholas Perricone, the nationally renowned dermatologist whose $5 million gift made possible a new dermatology research unit within CHM, was present for the dedication ceremony for the Nicholas V. Perricone, M.D., Division of Dermatology and Cutaneous Sciences. The donation has helped establish a new division-level program in dermatology. Funds are being used to develop a research lab and the programming required by a world-class center for advanced work in dermatology, including a clinic. A graduate of MSU’s College of Human Medicine, Perricone is the author of several best-selling books that focus on skin care.
Upper Peninsula Campus
MSU/Health Education Corporation

Satellite Interviewing Program

The UP Campus of the Michigan State University College of Human Medicine is the first and only community campus to interview applicants for CHM admission. In its second year, this alternative interview site provides an economical and comfortable setting for applicants living in the UP region. The campus has begun the interviewing process for the class of 2012.

Research Opportunities

The UP Campus has developed the Munising Community Health Study, a health survey involving an entire rural community. Emphasizing health status, health service use, social involvement and community experiences, the study helps third- and fourth-year medical students to see and experience first-hand the challenges faced by rural communities. Medical students participate directly in this annual, longitudinal survey with a community-wide project that takes research beyond the classroom and gives them tools to pursue independent funding and publication. The survey continues to evolve as medical students work with community leaders, participate in local health events and develop their specific areas of interest.

MSU/Flint Area Medical Education

The MSU/Flint Area Medical Education campus held its Eighth Annual Community Research Forum in May. The collaborative event is also sponsored by Genesys Regional Medical Center, Hurley Medical Center, and McLaren Regional Medical Center. The Community Research Forum includes more than 170 oral and poster presentations of original research conducted by teaching faculty, resident physicians, medical students, nurses, and other health professionals. At the 2006 forum, Alissa Zuellig, a fourth-year student at the Flint campus, won first place for both the Medical Student Investigator Award and the Best Poster for her work “Health Education and Training Program for Adolescent Women in San Jose, Costa Rica.” The next MSU/FAME Research Forum will be held on Wednesday, May 23, 2007.

Grand Rapids Campus

2006 Research Day Recap

The Grand Rapids Campus 39th Annual Research Day held in April was one of the most successful ever, with nearly 100 studies presented in either poster or verbal format. Over 400 people attended the Research Day, including a wide range of students, medical residents, practicing clinicians and community health professionals. The event featured presentations from nationally recognized leaders in surgery and medical ethics/philosophy.

Autumn Health Forum

Michigan State University Chief of Hematology/Oncology, Barbara Conley, M.D., presented the first lecture of this year’s annual Autumn Health Forum lecture series in Grand Rapids. This year’s forum focused on the fight against cancer. The free series, hosted by the Grand Rapids Medical Education and Research Center for Health Professions and Grand Valley State University’s Continuing Education Department, gives West Michigan the opportunity to engage nationally prominent health care experts in dialogue about health care issues. It is also sponsored by Spectrum Health and Saint Mary’s Health Care.

Saginaw Campus Synergy Medical Education Alliance

Physician Leaders

Leadership in Medicine for the Underserved is an exciting new program available to medical students at the CHM Saginaw Campus. The program graduates cohorts of physicians who are ready to lead efforts to
address the needs of medically underserved populations, both in the U.S. and internationally. Students who complete this program will also receive special recognition on their transcripts and their diplomas showing the program as a separate specialization.

International Health

- The International Health Program for Residents gives residents the opportunity to change the way they look at the world and their role as a health care provider. Residents in the program have a chance to gain knowledge in the diagnoses and treatment of common tropical diseases and conditions. They also expand their clinical, diagnostic and management skills by working in areas of limited resources. Students can choose from one-week medical missions or one-month international health electives. Both programs are offered in Belize, Central America, under the supervision of Synergy Medical faculty. Synergy Medical has already arranged clinic sites, housing and travel options.

Michigan State University Kalamazoo Center for Medical Studies

Research Day in Kalamazoo

- Michigan State University/ Kalamazoo Center for Medical Studies (MSU/KCMS) celebrated its 25th Annual Kalamazoo Community Medical and Health Sciences Research Day on April 11, 2007. Recognizing the great tradition of medical and health sciences research that exists in the Kalamazoo community, MSU/KCMS has joined with Borgess Medical Center, Bronson Methodist Hospital, Ferris State College, Kalamazoo College, Kalamazoo Valley Community College, Pfizer and Western Michigan University to establish this forum in which to celebrate, promote, and further develop the richness and diversity of research in the Kalamazoo medical community. The conference includes oral and poster presentations, a keynote speaker, sponsor exhibits and a raffle. There were awards given for oral presentations, poster presentations, case presentation, medical student presentation, and WMU student presentation. Winners from the 2006 Research Day held in April were: L. Nejedlik and J.R. Geiser, first place, oral presentation for “Identification and Characterization of Suppressors of YopO Imposed Lethality.” Bantu Chhangani and Thomas Melgar, first place, poster presentation for “Moya Moya: A Rare Cause of Stroke in the Young.” The best medical student presentation was awarded to Kelly A. Brown and Dilip R. Patel for their presentation “Cholesterol Screening Guidelines in Adolescents: Should All Adolescents Be Routinely Screened?”

by Dawn Doerr

CHM RECEIVES LCME REACCREDITATION

After 15 months of work on a self-study, preparing the medical education database, and submission of extensive reports, the College of Human Medicine had its institutional self-study site visit from the Liaison Committee on Medical Education (LCME) October 15-19 and received reaccreditation in February. The U.S. Department of Education recognizes the LCME for accreditation of programs of medical education leading to an M.D. degree in the United States. Accreditation is a process of quality assurance in postsecondary education that determines whether an institution or program meets established standards for function, structure, and performance. The accreditation process also fosters institutional and program improvement. It is a pre-requisite for eligibility of graduates to obtain medical licensure in most states and for students to take the U.S. medical licensure examinations and to obtain federal student loans.

A CHM Steering Committee was created to oversee the process and help review the final reports. The Site Visit Team met with President Simon and Provost Wilcox along with Dean Rappley at the conclusion of their visit.
WAR of Words, WORDS of War

by Ann Mongoven
Professor of philosophy, and
professor, Center for Ethics and Humanities
in the Life Sciences

Bioethics is not just about what health care professionals do as clinicians, or about what policies society makes to govern public health. It is also about how health care professionals speak about disease, and about how society speaks of illness. Speaking is an action with world-forming potential. Most of us are aware of this in our personal lives. We intimately experience how the words of others profoundly soothe or profoundly hurt us. But the reality-forming nature of language receives inadequate attention in medicine, perhaps due to the residual force of objectivist views of science that have long been philosophically rejected.

In fact, language so fundamentally shapes the experience of patients and the perception of doctors that it significantly influences the course of treatment and path of disease, including ultimate outcome. One of the most insightful social commentators on this medical power of language was the late Susan Sontag, whose groundbreaking book *Illness as Metaphor* drew on social history as well as Sontag’s own experience as a cancer patient. Sontag noted how certain diseases become linguistically associated with class, emotional weakness, or social transgression — tuberculosis in the 19th century, cancer in the early 20th. In our times, AIDS and autoimmune diseases often carry those linguistic burdens.

Sontag was also one of the first to discuss the prevalence of metaphors for warfare in modern medicine. Indeed, metaphors of warfare so dominate contemporary medicine that we may fail to notice the size or the strength of this “elephant in the garden.” We portray the body’s immune system itself militaristically: we speak of immune defenses breaking down, of T-cells tracking invaders. Physicians and policy-makers become allies in the coalition of the willing against the terror of disease: we declare “war” on cancer; we “bombard” tumors that “invade” healthy tissues; we avail ourselves of “big gun” antibiotics, etc. The medical establishment is described as military command, with cutting edge research in the vanguard against disease and public health workers in the trenches.

Like all metaphors, viewing healing as battle illuminates some features of the relevant landscape while obscuring others. Like all metaphors, it becomes one factor in the very formation of that landscape. It may sympathetically echo the high urgency and level of threat felt by patients, who may indeed be fighting for their lives. At the same time, it may downplay the importance of cooperation needed to heal — cooperation with one’s body, with one’s social support network, etc. Moreover, as Sontag worried, if disease is a battle then the patient is a battlefield. To analogize from today’s jargon from the war on terror, patients become harborers of terrorists. And we have claimed that harborers of terrorists are themselves terrorists. The language of warfare may be one major factor in the self-alienation experienced by many ill people.

In all-out wars on disease, patients themselves can become collateral damage. “First do no harm” might seem an odd rallying cry in the midst of a smoky battlefield. Perhaps only wartime rhetoric can make alarming rates of iatrogenic illness in the U.S. seem like necessary sacrifices rather than as fundamental failures of the medical system. If medicine is to be a war, it may need constraints analogous to those of just war theory. Just war theory limits acceptable levels of civilian casualties as a moral prerequisite of fighting.

Clinicians can deflect the excesses associated with the linguistic framework of war in several ways, without denying its insights. They can listen carefully to the diverse and competing metaphors the patient uses to describe the experience of illness, embracing the array in its full complexity. They themselves can use multiple metaphors to describe the medical situation and the treatment options, checking metaphorical excess by refusing to let any one metaphorical framework dominate. They can emphasize the extent to which the body of the patient is the friend, not the enemy, in the struggle to heal. Most importantly, they can be aware that words have their own malignancies and their own therapeutic powers.
FROM GRAND RAPIDS TO GUATEMALA: A Cultural Journey

A hunched, elderly man shuffled in, not wearing shoes. He spoke a smooth Mayan language punctuated with guttural clicks that his son translated into Spanish for me. The patient had been tired lately and had trouble walking. After listening to him and asking a few questions, I put my stethoscope up to his chest. There was no sound at all over the right lung field — nothing normal, no crackles and no wheezes. We were a two-hour walk from the nearest main road, without access to x-rays or laboratory evaluations. Although my training at the Michigan State University College of Human Medicine had been good, it certainly had not prepared me for this. Life in Guatemala frequently brought unanticipated challenges.

In the middle of my fourth year in the College of Human Medicine, I took a six-month leave of absence to provide health care to people in the mountains of central Guatemala. I received an education that I will carry with me for life.

After an excellent family practice clerkship at a community health center in urban Grand Rapids during my third year, I realized a family practice specialty would allow me to deliver community-centered health care in underserved populations. I also wanted to learn Spanish and to take some time before my residency for service work in another country. Dr. Linda French gave me access to an Internet list where I learned of Ruth Humbert, an American nurse who works in Guatemala through a small organization based in Missouri called the Health Ministries Association.

Much of the health care needed in Guatemala is determined by poverty, not pathology. Unclean water, poor nutrition, alcoholism and strenuous manual labor lead to health problems such as parasitic infections, gastritis, and arthritis.

Each month, Ruth and I worked in about 10 different, mostly Mayan, rural communities. We held open clinics, usually in public spaces that were not medically equipped. We carried our supplies with us and provided very basic care — primarily analgesics, antibiotics and stomach medications. We did not have access to laboratory tests or imaging studies. We knew that many of our referrals would not be followed up on, simply because the people could not afford it. More than once, Ruth paid out of her own pocket to send someone to a hospital.

The heart of my trip to Guatemala, however, was preparing a group of Guatemalan community health workers to provide basic health care for their communities. I got to know the students and their families. They were kind and patient with my Spanish. I saw firsthand how their communities suffered from poverty and malnutrition. They taught me what it is to live in Guatemala.

My experiences in Guatemala gave me a sense of independence, and allowed me to see diseases on a daily basis that would be unusual in the U.S. It also let me see patients in their own community. Nothing puts neck pain into context like seeing your 95-pound, 68-year-old patient, carrying 50 pounds of wood on her head. Despite the limitations with the elderly man at the beginning of the story, we were able to make arrangements for his transportation to a hospital with the community members that were present at the clinic.

Experiences like these solidified my dedication to community health care and family practice. I look forward to beginning a residency in family practice in July 2007, and caring for underserved and immigrant populations in my career.

By Kristin Batty
LECTURESHIP GOES GLOBAL

Kicking off the 2006 Annual CHM Alumni Reunion was the Andrew D. Hunt Endowed Lectureship, given this year by Dr. William Foege, emeritus presidential distinguished professor of international health at Emory University. A Gates Fellow of the Bill and Melinda Gates Foundation, Dr. Foege discussed “Health for the Global Community.” The Hunt lecture is given each year in honor of CHM’s founding dean.

The 2007 lecture will be presented by CHM alumnus Steve Liebel, medical director of the Stanford Cancer Center on October 12, in conjunction with MSU Homecoming Weekend and the CHM alumni reunion, which lasts through October 13, and includes the MSU vs. Indiana football game.

A Letter from Phoenix:
REMEMBERING CHM THREE DECADES LATER

I am a member of CHM Class of 1978, living in Phoenix, Arizona, and working as a specialist in pulmonary medicine since 1983. I continue to be fascinated every day by the practice of medicine. I truly enjoy patient care and have great respect for physicians who simply like taking care of people. These are the kind of values which have always been emphasized at CHM. I do my best to instill them in students and other physicians. I encourage potential premeds to pursue their dreams, if they are going into it for the joy of patient care.

I believe that CHM has the best, most respectful patient-centered education opportunity anywhere. This is the only way medical education should be.

I thank CHM for guiding me along this pathway. Everyone, in every profession, will have good days and bad days, but as I tell my students and anyone contemplating a career in medicine, I have never had a boring day since I first started medical school. How many professions can say that? It is all one’s attitude. I see good physicians around me burning out because their lives aren’t sufficiently satisfying for all the time and emotion they invest. That won’t happen to me. Every patient encounter is an opportunity that few people get. CHM fosters this kind of belief in the importance of each individual the physician sees. Every patient contact is a reward in itself.

Sincerely,
Robert Comp, M.D., CHM ’78

SPARTY SURPRISES
ALUMNI REUNION

Last September, CHM alumni, faculty and friends gathered for a pre-game tailgate brunch at the Kellogg Center, where an open-air balcony allowed guests to hear sounds of the Spartan band. Sparty surprised tailgaters, including (left to right) David Greenbaum, Ruth Greenbaum, Margaret Holmes-Rovner, David Rovner, and Tim Burkhardt.
A Farewell

by David Kutsche, M.D. ’84 Emeritus

It is with mixed feelings that I write this farewell as I step down as president of your CHM Alumni Board. I have so thoroughly enjoyed these last 10 or so years on the board, including wonderful associates and the chance to see classmates and faculty. I also always enjoy being back on campus, reminiscing about the “good old days.” While I will miss those things, I am very excited about the future of CHM.

As you may know, there are some great plans, the biggest of which is the expansion to Grand Rapids. There is enormous opportunity in West Michigan for CHM to “Serve the People” at levels we have not been able to in the past. As time goes by CHM will be able to add faculty for teaching, medical practices and research. With added space and patients there is also room to expand the class sizes. Another plan, which already occurred this year, was the opening of the Learning and Assessment Center, an amazing facility in Fee Hall used by CHM and the Colleges of Osteopathic Medicine, Nursing, and Veterinary Medicine to simulate all kinds of patient care situations. It truly is a wonderful teaching tool for our students and, some day, for practicing physicians as well.

It has been humbling for me to learn of the great accomplishments of our alumni all over the world, serving in private practices, medical missions, teaching, research, and in high-ranking government health care positions. We even have at least one best-selling author among our ranks. CHM continues to turn out top quality physicians because of the dedicated faculty and administration that keep always the core values of CHM in mind. Our dean, Dr. Marsha Rappley (Class of ’84) has done an outstanding job in developing a vision for CHM that combines the upcoming expansion with the traditional strengths of our school.

CHM cannot prosper and grow, however, without the continued support of all of us alumni. We need to stay involved through joining the CHM Alumni Association or running for a position on the Alumni Board, teaching students in our offices and hospitals, and with financial donations for endowments, building and scholarships. CHM students incur heavy debt for school and sometimes choose their specialty based on the ability to pay back that debt. While we are not all in a position to establish a full scholarship alone, any donation to the Alumni Endowed Scholarship can help. This was established two years ago by one of our own alumni as a receptacle for donations of any size to grow into a large endowment for scholarships. I hope we will keep in mind over the years what we can do to help keep our school strong. If you have any questions, ideas, or want to ask about what you can do to help CHM, I invite you to contact the CHM alumni office at (517) 353-5153.

As I leave the board I want to thank Myrna Simms for the hours of work she has put in as director of alumni relations. She is an amazing person and a joy to work with. Thanks also to the entire Alumni Board for many great years with you, and best wishes to Dr. Gil Padula as he takes over as president of the board.

Michigan State University
College of Human Medicine
Alumni Board
2006-2007

Alumni Representatives
Peter Graham, M.D. ’98
Peter Greene, M.D. ’78
Steve Hickner, M.D. ’87
Jennifer Webb Holt, M.D. ’84
Suzanne Jones, M.D. ’98
Justin Klamerus, M.D. ’03
Ken Lane, M.D. ’75
Nina Mattarella, M.D., Ph.D. ’89
Douglas McKeag, M.D. ’73
Linda Mercado-Peterson, M.D. ’88
Colleen Noble, M.D. ’74
Gilbert Padula, M.D. ’97-President
Evelyn Simpkins, M.D. ’02
Douglas Smendik, M.D. ’91-Vice president
Dawn Springer, M.D. ’77

Student Representatives
Julia Chen – Year III
Adrienne Nassar – Year IV

Ex-Officio Members
Marsha Rappley, M.D. ’84
Myrna Simms, R.N., M.A.
Doug Moffat, Ph.D.
Cynthia Conley, B.A.
James C. Anthony, Ph.D., chairperson of the Department of Epidemiology, received the annual Mentorship Award from the college on Problems of Drug Dependence. He has also been named a member of the National Institutes for Health Behavior Genetics and Epidemiology peer review study section and has been made honorary professor at Universidad Peruana Cayetano Heredia in Lima, Peru.

Barbara Conley, M.D., chief of the Division of Hematology/Oncology, has been named to the editorial board of Molecular Cancer Therapeutics, published by the American Association for Cancer Research.

Joseph Gardiner, Ph.D., director of the Division of Biostatistics in the Department of Epidemiology, has been elected a fellow of the American Statistical Association.

Alexander Gottschalk, M.D., professor of diagnostic radiology, has received the 2006 Benedict Cassen Prize for Research in Nuclear Medicine Chemistry, from the Society of Nuclear Medicine Education and Research Foundation. This biennial award is given to a living scientist or physician/scientist whose work has led to a major advance in basic or clinical nuclear medicine science.

Ruth Hoppe, M.D., senior associate dean emeritus and professor emeritus, has been recognized as an MSU Distinguished Alumni for her lifetime achievement in medical education. These awards are presented to alumni who have demonstrated outstanding volunteer service and have achieved the highest level of professional accomplishment, and have demonstrated personal integrity and character.

Heather Laird-Fick, M.D., M.P.H., assistant professor of medicine, has received a 2006 Pearl Aldrich Endowment award, which provides funds for faculty and student research into aging and geriatrics. Dr. Laird-Fick’s project assesses the impact of interdisciplinary, high fidelity simulation training on medical residents and nursing student attitudes towards teamwork in geriatrics. She has also received the CHM Teacher-Scholar Award.

Brian Mavis, Ph.D., director of the Office of Medical Education Research and Development, received $40,000 from MSU Families and Communities Together to study strategies for increasing parental involvement in school-based health centers sponsored by Henry Ford Health System in Detroit Public Schools.

Karen Ogle, M.D., Department of Family Practice, has been appointed to the development workgroup for a self-assessment module on pain management for the American Board of Family
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Spring 2007

Medicine’s Maintenance of Certification process. She was also the keynote speaker on end-of-life care at the American Medical Student Association annual conference, addressing the need for improvement in medical education in the care of dying patients and their families.

Nigel Paneth, M.D., M.P.H., professor of epidemiology, has received the 2006 Weinstein-Goldenson Award for clinical research in cerebral palsy from the United Cerebral Palsy foundation. He is also one of 12 members of the National Institutes of Health State-of-the-Science panel evaluating multivitamins and chronic disease.

John Penner, M.D., director of the Hemophilia Comprehensive Center, has received the National Hemophilia Foundation’s Lifetime Achievement Award.

David Solomon, Ph.D., associate professor of Medical Education Research and Development, has been named to the American Educational Research Association’s Technology Committee. AERA is the main professional organization in educational research with 22,000 members.

James E. Trosko, Ph.D., has been selected by the Korean Ministry of Science and Technology as a recipient of one of its Brain Pool Awards to facilitate high-level scientific cooperation with Korean scientists. The Seoul National University hosted Dr. Trosko as a visiting professor for three months. Dr. Trosko plans to use the award to continue research on identifying a biomarker for adult human stem cells and for providing evidence for the origin of human cancers.

Donna Wang, M.D., vice chairperson for basic research and director of Investigational Medicine for the Department of Medicine, has been named to the editorial board of the American Journal of Physiology: Heart and Circulatory Physiology. This is an American Physiological Society journal.

by Dawn Doerr

Robert B. Stephenson, Ph.D., Department of Physiology, Geraud PlanteGenest and Connie Osborn, Ph.D., assistant professor of radiology, were awarded first place in the MSU Libraries, Computing and Technology SBC endowed Instructional Technology TeachOnline competition in the blended category for PSL 534/535 Cell Biology and Physiology.
This may not seem like a big number to you. Or perhaps it does. To the average person seriously exploring the possibility of going to medical school, most of whom are young or contemplating a significant career change, $163,000 is an enormous number.

And it is the average debt that College of Human Medical students carry with them out of medical school, the lion's share of which, $128,000 on average, is acquired during medical school itself.

What’s the impact?
For prospective students, future debt helps to frighten them away from CHM, even away from medical school. It is not that other schools are that much cheaper. In fact the national average for debt leaving medical school is $120,280, smaller than CHM, to be sure, but not a small number. However, most other schools with whom we compete for students can offer significant scholarship support. Obviously every dollar that someone receives in scholarship is one that doesn’t have to be borrowed, and repaid. With interest. You may feel from your perspective that a few thousand dollars amortized over the length of a career shouldn’t determine the choice of school, but our dean of admissions, Chris Shafer, assures me that it does. Further, she tells me that many capable people from families who could never dream of financing a mortgage on a $163,000 house, for example, are hard-pressed to see the wisdom in taking on debt of that size. We have... that goal is getting harder to achieve with each passing year, primarily because we can’t provide sufficient support. Scholarship support. Money.
And there is a further impact on students already at CHM. We know from surveys conducted by the American Association of Medical Colleges that our students are increasingly taking their debts into serious consideration when they make their deliberations about their future in the profession, i.e., what specialization to choose. You could probably advise them that they should follow their heart into the area that truly holds the most meaning and excitement for them. You could certainly advise them that trying to predict the reimbursement situation for a specific subspecialty 10 or 20 or 30 years from now is a mug’s game, given the flux and uncertainty of our health care system. But $163,000, or whatever the specific number is for a person approaching graduation from the college, match day, and residency has an immediate and imposing presence.

It is a complex problem. But one clear and direct way forward is to provide medical students with more financial support. If we can reduce the burden of debt we will position prospective students to choose CHM and we will enable current students to choose their career path based on a variety of factors, with debt not playing a determining role in that decision.

This cause is important for the profession. These are your younger colleagues in the making. I know you want them to have the same solid bedrock that you derived from your CHM education.

Physicians themselves must take the lead, and you can help. We are starting a new campaign for the College of Human Medicine that will focus on scholarships. You will learn more details in the coming weeks and months. Please get involved. Call me at (517)353-5153 or email me at moffat@msu.edu.
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<th>Course</th>
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<tr>
<td><strong>SAEM Annual Meeting</strong>: (Up to 51 CMEs)</td>
<td>May 16-19, 2007</td>
<td>Chicago, IL</td>
<td>Barb Mulder, Society for Academic Emergency Medicine (517) 484-5484</td>
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<td><strong>9th Annual Update in Headache and Pain Management</strong> (10 CMEs)</td>
<td>May 18, 2007</td>
<td>Ritz Carlton, Dearborn, MI</td>
<td>Scott Madden, Michigan Head-Pain and Neurological Institute (734) 677-7000</td>
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<td><strong>National Family Medicine Board Review Course and Self-Study</strong> (41 CMEs)</td>
<td>May 18-20, 2007</td>
<td>Dallas, TX</td>
<td>Center for Medical Education Inc. (800) 458-4779 <a href="mailto:GerCME@aol.com">GerCME@aol.com</a> <a href="http://www.ccme.org">www.ccme.org</a></td>
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<td><strong>National Family Medicine Board Review Course and Self-Study</strong> (41 CMEs)</td>
<td>June 7-10, 2007</td>
<td>Arlington, VA</td>
<td>Center for Medical Education Inc. (800) 458-4779 <a href="mailto:GerCME@aol.com">GerCME@aol.com</a> <a href="http://www.ccme.org">www.ccme.org</a></td>
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<td><strong>National Family Medicine Board Review Course and Self-Study</strong> (41 CMEs)</td>
<td>June 28-July 1, 2007</td>
<td>Las Vegas, NV</td>
<td>Center for Medical Education Inc. (800) 458-4779 <a href="mailto:GerCME@aol.com">GerCME@aol.com</a> <a href="http://www.ccme.org">www.ccme.org</a></td>
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<td><strong>Manual Medicine Series</strong></td>
<td>10 two-day or four-day courses throughout the year</td>
<td>East Lansing, MI</td>
<td>MSU College of Osteopathic Medicine (800) 437-0001 <a href="mailto:cme@com.msu.edu">cme@com.msu.edu</a> <a href="http://www.com.msu.edu/cme/calendar.html">www.com.msu.edu/cme/calendar.html</a></td>
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Michigan State University College of Human Medicine is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

For more information on CME programs, see chm.msu.edu/medical_education/continuing_ed or contact Myrna Simms, director of continuing medical education, at myrna.simms@chm.msu.edu, (517) 353-4876.

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**CHM Alumni Reunion 2007**
All classes welcome

**2007 Andrew D. Hunt Memorial Lecture**
Alumnus Steve Leibel, Medical Director of the Stanford Cancer Center
Friday, October 12, 2007 from 3 to 5 p.m., Pasant Theatre

**Alumni Reunion and MSU Homecoming Weekend**
**Alumni Wine and Cheese Reception**
Friday, October 12, 2007 from 6 to 9 p.m., Fireplace Room, University Club

**Alumni Tailgate Party**
Saturday, October 13, 2007, CHM Tent on the Red Cedar, 2 Hours prior to Game Time

For more information contact the Alumni Office at (517) 353-0755
Even Andreas Vesalius would be honored . . .

. . . to wear one of these great CHM embroidered golf shirts! You can’t buy one, but it’s yours as a gift when you join the inner circle of this Father of Anatomy.

The Vesalius Circle is a giving society for donors who contribute $1,000 or more to the College of Human Medicine.

HUMAN MEDICINE DEVELOPMENT OFFICE
(517) 353-5153