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Dr. William C. Wadland, AHEC Project director, works with students Lauren Meisel and Anthony Tsao (seated).
Ahead of our Time

At the 40th anniversary gala celebrating CHM’s 1964 founding, I mentioned that we have to work to keep the college in its place: “ahead of its time.” Our visionary first dean, Andrew Hunt, M.D., introduced timeless values into a system of physician education that all acknowledge was ahead of its time. Among these are the teaching of humanistic values, patient-centered care, and its corollary, student-centered education, which fosters an attitude of learning, a healthy skepticism about what is known and not known and a willingness to listen to the patient.

We are facing dramatic national challenges, including war and terrorism. There has been the relentless pressure of declining resources experienced in the general economy and in the university. We are contemplating an expansion to Grand Rapids – an opportunity to grow and flourish, but one that raises serious concerns about maintaining the culture and focus of the college. Our leadership is determined to stay true to our humanistic origins, committed to the patient-physician partnership, and to assume national leadership in public accountability for our skills, knowledge and attitude.

Like pilots, physicians and hospitals cannot afford mistakes, and yet we know that there are tens of thousands of systemic errors committed every year throughout the U.S. The college will lead by increasingly focusing on performance through the creation of a multi-college learning and assessment center – our “flight simulator for doctors.”

We will build a stronger (and larger) clinical practice, one grounded in safety and based in evidence – a practice that leads the nation in the positive outcomes of care. We will have a new focus on growing research in areas of importance to the college, the university and the state: cancer, outcomes of care, and risk factors for disease with an emphasis on prevention and intervention. We have embarked on several important cross-college directions that make a unique contribution to knowledge: emerging infectious diseases, zoonotic diseases, biosafety (focusing on food and health), obesity in children, nutrition, anorexia-bulimia, new surgical approaches to morbid obesity, and more.

Paradoxically, I think the key to remaining ahead of our time is to remember where we have been. If we keep our focus on the guiding principles that informed the early years of the College of Human Medicine, we cannot help but remain in the forefront of medical education. The particulars change, requiring new approaches. But a humanistic focus for medical education is still valid and innovative. It has stood us in good stead for 40 years, and it is hard to imagine that it will not always be the case.

Glenn Davis, M.D., Dean
Coordinated from a central office at CHM, AHEC centers in three regions of Michigan will implement a number of projects (see sidebar). Two key projects are up and running. Directed by Dr. Larry Lawhorne in the Department of Family Practice, geriatric rotations for medical and nursing students and residents are in place at Masonic Pathways, a nursing home in Alma, Michigan. “Teaching hospitals have been a fact of life for many years,” says Priester, “but the concept of a teaching nursing home is new. This is an opportunity for MSU that will really enrich the AHEC experience.”

A second key rotation — an elective subinternship in community health — allows fourth-year medical students to be placed in approximately 25 community health centers across the state. Students function as subinterns with practitioners and participate in conducting needs assessments and community projects. “These health centers are comprehensive,” says Dr. Wadland. “Some are affiliated with as many as 25 agencies, so there are lots of resources our interns can bring to patients.”

Before joining CHM in 1992, Dr. Wadland practiced in a federally qualified community health center in Algonac, Michigan, for five years. About 30 agencies were affiliated with the center. “We operated under the direction of a community board that included everyone from the mayor to community bankers and mechanics. In response to community needs, we conducted campaigns on such things as immunizations and obesity. We could refer patients to visiting nurses, legal aid lawyers, day care for the elderly, and so on. There were no barriers to care based on ability to pay. By integrating all these services, the standard of care for the community was elevated. That’s how community health centers are structured. It is an exciting and highly rewarding model of care.”

By forming partnerships with existing
The Michigan State Area Health Education Center (AHEC)

Three AHEC offices, in addition to the program office at Michigan State University, serve Michigan

- The Central and Eastern Michigan AHEC office is housed with the Michigan Primary Care Association in Okemos.
- The Western Michigan AHEC office is housed at Cherry Street Health Services in Grand Rapids.
- The Northern Michigan AHEC office is housed with the CHM’s Upper Peninsula Health Education Corporation in Marquette.

AHEC projects slated for the first grant cycle (2004-06)

- Develop and implement a model teaching nursing home
- Expand clerkship experiences for family practice and family medicine students and residents, medical students on psychiatry rotations, and Ferris State University pharmacy students
- Train community health center clinicians to become clinical community faculty
- Collaborate with health professionals in various disciplines to develop team models of care and training
- Recruit and orient all learners to serve in underserved communities
- Develop a telepharmacy consultation service, continuing education opportunities through existing communications networks, and electronic web-based training for high school students
- Link opportunities to existing programs for minority college students
- Bring information to the “point of care” to enhance quality of care
- Provide infrastructure for improved communication and collaboration among Michigan’s health professions training programs

For more information about the Michigan State AHEC, contact Faith Priester, R.N., B.S., executive program director, B216 West Fee Hall, MSU, East Lansing, MI 48824, (517) 432-4324, faith.priester@ht.msu.edu.

by Kathleen V. Mckevitt
Dr. Haslam heads new Breast Cancer and the Environment Research Center

Michigan State University has a new center that is investigating whether certain environmental exposures can predispose young girls to develop breast cancer later in life. The center is under the direction of Dr. Sandra Haslam of the Department of Physiology, who has spent most of her nearly 25 years at MSU studying hormonal regulation of breast development and what goes awry to cause breast cancer.

Funded with a grant of $5 million, the center at MSU is one of four new Breast Cancer and the Environment Research Centers in the country funded jointly by the National Institute of Environmental Health Sciences and the National Cancer Institute. The other centers are at the University of California, San Francisco; and the Fox Chase Cancer Center, Philadelphia. Research at each of the four centers coalesces around the expertise of those working there.

Research conducted at MSU’s center is focused on understanding how environmental influences during female puberty affect breast cancer risk later in life. “Puberty is an extremely important period for development of the breast,” says Dr. Haslam. “We use the concept of environment broadly to include more than pollutants. Such things as diet, exercise, and socioeconomic status are also environmental influences.”

Both estrogenic and antiestrogenic factors in the environment affect development of the breast. For example, cruciferous vegetables are thought to have antiestrogenic properties.

Development of the breast can also be affected by such things as obesity, which predisposes the development of type II diabetes and a high blood level of insulin. Insulin can have a potent effect on breast development.

Scientists in the center will develop laboratory models to examine the molecular mechanisms of pubertal development in the mouse mammary gland and subsequent susceptibility to mammary tumor development.

A unique feature of the project is a Community Outreach and Translation Core that provides the interface between the researchers and a group of community breast cancer advocates. “People who are most concerned will provide input into the research program and will help create the educational information for the community as we get results,” says Dr. Haslam. “It is an issue of accountability and seeing that the research that is carried out addresses public concerns.

“What MSU brings to our Community Outreach and Translation Core that is very different from the other centers is the participation of faculty in the College of Communication Arts and Sciences,” says Dr. Haslam. “They have a lot of experience in developing and assessing educational information and its effectiveness. We’re the only center offering academic expertise in communication.”

Community advocates participating in the project include representatives from the Michigan State University Cancer Center, the University of Cincinnati, the University of California, San Francisco, and the Fox Chase Cancer Center.
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Department of Community Health, the Michigan Environmental Council, the American Cancer Society’s Great Lakes Division, the Susan G. Komen Breast Cancer Foundation, and Faith Access to Community Economic Development.

The center is truly interdisciplinary, including faculty and graduate students in the departments of biochemistry and molecular biology, communication, epidemiology, microbiology and molecular genetics, physiology, and telecommunications, as well as the Institute of Health Care Studies and Children, Youth and Families Extension and the community breast cancer advocates.

National Cancer Institute funds Dr. Bradley’s research on cancer and the workforce

How does a woman who supports herself and her child by working long hours as a cashier cope when her doctor tells her she needs aggressive chemotherapy for breast cancer and will probably require daily rest?

Questions like this are the focus of Dr. Cathy Bradley’s research on labor market outcomes of cancer survivors. “What is interesting,” says Bradley, associate professor of health economics in the CHM Department of Medicine, “is that we think of cardiac incidents as affecting work, but there has been no conversation about the effects of cancer on work expectations. Cancer used to be a disease of old age. Now, with early detection, it is prevalent in the working-age population. Your life does not come to a halt when you receive a cancer diagnosis.”

The project, funded with $1.3 million by the National Cancer Institute, has followed nearly 500 women newly diagnosed with breast cancer and 300 men newly diagnosed with prostate cancer at six-, 12-, and 18-month intervals, asking them questions that will reveal the economic impact of their diagnosis on themselves and their families. Professor Bradley is now organizing and analyzing the data.

“So far, data have revealed that about 30 percent of women with breast cancer leave the workforce six months into their treatment,” she says. “The effect is stronger for African-American women, but we don’t know why. The same is true for men with prostate cancer. If the cancer is early-stage, many return to work at 12 months.”

Professor Bradley is also conducting a $1.6 million project funded by the National Cancer Institute evaluating disparities in cancer outcomes on the basis of poverty and race. One of the study’s conclusions is that poverty rather than race was the key to late-stage diagnosis and poor survival. These findings were published in a 2002 issue of the Journal of the National Cancer Institute. “This is a serious poverty issue,” says Dr. Bradley, whose “real passion is the working poor.”

The results of Professor Bradley’s research will inform policy makers, employers, and the health insurance industry. It may also help physicians as they consider prescribing treatment therapies. “People have to keep their jobs to keep their insurance,” Dr. Bradley points out. “The data haven’t all been gathered yet, but I have anecdotal evidence that low-income workers may find it easier to quit cancer treatment than to quit their jobs. Doctors sometimes have a choice between equally efficacious therapies, one that might take 12 weeks and one that might take four days. If they understand the economic needs of their patient, they can choose to prescribe the shorter therapy.”

Professor Bradley came to MSU CHM from the pharmaceutical industry nearly seven years ago. She says she finds a real sincerity about faculty development at MSU.

by Kathleen V. McKevitt
CHM Alumnus Vanderwagen Nurtures New Vision for Health Care in

“‘I’m not particularly a war fighter, but if I’m going to be sending my uniforms into that environment, I’ve got to understand it. Secondly, understanding and coming to love the Iraqi people in the context of a terrorized media and an environment that is not understood in this country was a positive transformation for me.’” That is Dr. Craig Vanderwagen’s philosophical summary of the time he recently spent in Iraq helping to restore the country’s health system.

Dr. Vanderwagen, CHM class of ’78, is assistant surgeon general of the United States, chief medical officer of the Indian Health Service, and chief professional officer of the physicians in the U.S. Health Service Commissioned Corps — a uniformed service of the U.S. government with 1,600 physicians. Within the corps, Dr. Vanderwagen holds the rank of rear admiral.

Dr. Vanderwagen’s college career bounced back and forth between the West Coast and Michigan: early studies in California, an undergraduate degree in political philosophy from Calvin College in Grand Rapids, premedical studies at the University of California at Davis and medical school at CHM. While at UC, he married Suzanne. “We were dubbed ‘Culture and Sensitivity’ because of our initials,” he says. After a residency in family practice at the University of New Mexico, he practiced medicine at Zuni Pueblo, the largest Indian village in the country, where he had been born and which his family has called home for 120 years.

Dr. Vanderwagen and Suzanne, who teaches elementary school, live in the Washington, D.C. area and have three sons. Dr. Vanderwagen, a surfer, travels to San Diego to enjoy the sport with one of them. “When my last son left home, I lost my playmates,” he says.

Below is an interview with Dr. Vanderwagen about his experience in Iraq from September to December 2003.

**What was the nature of your role in Iraq?**

CV: The challenge in Iraq was to take a health care system that, in 2002, was funded at $16 million and bring it up to contemporary standards of quality by the end of fall 2003. The system serves a population of 24 million people. Saddam Hussein was expending about 68 cents per person on health care. There is evidence that the oil-for-food program
was actually diverting resources from the health care system. By redirecting oil resources, we were able to put $950 million back into the health care system and get 240 hospitals and 1,200 clinics back in operation.

I worked with a team of about 25 Americans, most of whom were Army active duty soldiers or reservists. We began by conducting an assessment of medical facilities for water, sewage, and electricity and worked with the Iraqi Ministry of Health to develop a master plan for their reconstruction. Those charged with securing medical and pharmaceutical supplies had a particularly difficult task because a state-run and highly corrupt corporation had done all purchasing in the past. There was no process for facilities to inventory and reorder their own supplies. So we had to educate health workers in how to do that. By early fall we had moved 25 tons of supplies into Iraq.

The notion of free communication was nonexistent. For example, once I was talking with the health staff at a pediatric facility in Baghdad. The executive of the facility was standing next to me. The staff were telling me they couldn’t get the supplies they needed and that they didn’t have authority to talk to the facility executive about the matter—even though he was standing right next to me.

A whole corporate culture needs to be redirected, not just in terms of medical supplies, but also manpower and construction. There was one nurse for each doctor in Iraq, which precludes an effective doctor-nurse team. In the United States, there are three or four nurses per doctor.

We felt we had to change the central mindset first and nurture those with a vision of the future. With the Iraqis in the driver’s seat, we did a formal strategic planning process. They established a goal of reducing infant mortality by 50 percent by the end of 2005—in Iraq, infant mortality is about 100 per 1,000 live births, compared to 7.5 per 1,000 in the United States—and determined that more primary care, community outreach, and effective prevention services were necessary. They then began assessing their resources and how to influence their education to create a manpower stream, which will take five or ten years.

Congress had given us about $790 million in a one-time appropriation. We asked the Iraqis how it should be spent. They wanted to make a strong investment in rebuilding primary care clinics in a more effective model that would nurture strong outreach toward moms and children, to buy equipment, to build structure, to develop a more effective family model of care. To help people understand how to use these new systems, they decided they would like to have a center of excellence in obstetrics and newborn care in each governorate (state). We put about $350 million into new OB and newborn care facilities, $300 million into reconstructing about 300 clinics, $100 million into equipment, and $20 million into training.

With the Iraqis, we then laid out a mission and goals and planned expenditures with supplemental funds to reinforce best practices. Their operating budget expanded from $16 million to $950 million, which allowed purchase of more supplies and a reasonable pay scale to keep health workers focused on patients.

In the previous regime, doctors were paid $20 a month and staffers $2 a month. Health workers had been diverted to focusing on survival rather than patient care. They got involved in looting, for example. You might steal a microscope and sell it on the black market, or write a prescription for...
more pills than a patient needed and sell the excess on the street. They are very good people, but it is hard to maintain focus when you can’t survive. Bringing salaries up to livable levels is an important first task. We also worked with them on how to improve the disease surveillance system.

What were your living conditions like?

CV: At first we were housed in the Al Rasheed Hotel. During a rocket attack, a couple of our folks were severely injured. Another MSU grad (Chuck Fisher, CHM ’71) pulled one guy out of the chaos and got him down the stairs. Once the hotel proved to be unsafe, we moved to barracks that had previously been those of the Republican Guard. We were outside of the green zone [the protected Coalition Provisional Authority’s compound in the Republican Palace] on a daily basis because the ministry is about five miles north of the green zone. Every day we went back and forth through “assassin’s alley” to the office. We carried guns and wore armor.

Between the end of April 2003 to February 2004, we had a 10 percent casualty rate. Two weeks ago [in March 2004] one of our guys was stabbed 20 times. He just came home from Walter Reed hospital. In short, it was a challenging environment.

What impressed you about the Iraqi people?

CV: Most Iraqis’ names come from the Koran. I was born on the Indian reservation in New Mexico, so this was powerful for me — because Indian names have a meaning. Culturally it was very rich — in terms of understanding how Islamic culture functions in peoples’ daily lives. I tried to learn Arabic, but it was slow going. Arabic is rich with meaning, but nuance and subtlety are very difficult to pick up.

Baghdad was the center of Islamic and Arabic learning and culture for more than a millennium. The tragedy [of war] was especially challenging because of their rich, rich history. To see this state of affairs was emotionally disturbing to me, and the occupation was extremely frustrating to them. As people I worked with said to me, “We hate this occupation, but we love you.”

How did your position as chief medical officer of Indian Health Services help you in Iraq?

CV: My role is multifaceted. I’ve worked for Indian Health Services for 23 years. Our responsibility is improving the health of Indians and Alaskan Natives. As chief health officer, I oversee the character, quality, and effectiveness of health provided to 1.5 million people around the country. I spend time negotiating with tribes — they have the legal authority to take over our programs and manage them. I have lead responsibility in transferring resources to tribes for this purpose.

Contextually, what I do for the Indian Health Service has been very helpful in responding to crises and international demands, like those in Iraq. More than just health is involved — there are diplomatic, political, social, cultural, and economic aspects.

The Indian world is a small world — a very good place to be, for me. This is my extended family. I want the MSU community to know that the focus of CHM’s curriculum is on target for meeting the health needs of Indians as well as the health needs of the world.

by Kathleen V. McKeVitt
The sign hanging on Vicki Curley’s office door bears the image of a tree and the message, “Happy Bosses Day! You are the trunk that supports us all! With you we stand tall, reaching for the sky.” Curley says it is one of the most meaningful things ever given to her. Another is the MSU Jack Breslin Distinguished Staff Award, which she received in 2003.

Curley, a registered nurse employed by MSU HealthTeam, manages the office and is clinical coordinator for MSU Sports Medicine, a model clinical practice. She helped found the clinic in 1981 with the late Dr. David Hough, a faculty member in the Department of Family Practice, and 1973 CHM alumnus Dr. Douglas McKeag. “This program is my baby,” she says. Curley came to MSU from Lansing Community College, where she taught leadership and management to nursing students. She was also a nurse at Sparrow Hospital.

When still fairly new in her MSU position, Curley was asked to share billing with Dr. Hough on the WKAR talk radio program Ask the Doctor, on which she appeared for 20 years until it was recently discontinued. “Patients still come into the clinic today and recognize me by my radio voice,” she says.

Sports medicine had a presence on campus even before Curley joined MSU, but it was largely aimed at the care of intercollegiate athletes. Today’s fee-for-service MSU Sports Medicine Clinic offers care to both MSU athletes and recreational athletes of all ages within the community. Since 1986, the program has offered a primary care sports medicine fellowship, one of the first in-depth educational and clinical sports medicine fellowships at an NCAA Division I university.

“When our primary care fellows go out into the world, orthopedic surgeons invite them to come and work in their practices,” says Curley. “That was a foreign concept in the 1970s. Another change has been the emergence of female orthopedic surgeons and physicians in sports medicine, especially in high-level positions. One of our female fellows became the primary care sports medicine physician in charge of men’s basketball at Penn State.”

Curley cannot conceal her love for the clinic and her position. In nominating her for the Jack Breslin Award, MSU Sports Medicine Clinic Director Dr. Jeff Kovan wrote, “As a founding member of the program . . . Vicki has endured director changes, additional faculty and office location changes, and an ever-changing health care infrastructure . . . Vicki gives all of herself to every challenge. She defines herself as ‘never finished with the job.’”

A runner and tennis player until a back injury slowed her down, Curley is crazy about sports. Together with her spouse, Michael, she avidly follows MSU athletic events, although their marriage is “on the line,” as she puts it, during contests between MSU and the University of Michigan, Vicki’s alma mater. “When you graduate from U-M and then you work at MSU, it can be hard because you love both schools in different ways.” She is thrilled that her daughter Alicia will attend MSU in fall 2004. Her daughter Cathleen has a management position with an Internet company in Chicago.

Curley’s many other passions include master gardening, reading, and the legend of King Arthur. In fact, the stipend that accompanied the Breslin Award came just in time to fund a trip to Great Britain, in part to trace the Arthurian romance. “I love the mystery of the legend,” she says. “I’ve read the Mists of Avalon about four times. It’s a great escape from the realities of the world. I intend to return to Cornwall one of these days.”

by Kathleen V. McKevitt
Third-year CHM student Heather Costello organizes health care studies in Cuba for CHM students, collaborates with Lansing’s Cristo Rey to improve CHM student participation in medical clinics for migrant workers, serves as co-chair of Medical Students for Choice and the CHM student branch of Physicians for Responsibility, participates on the Hunt Lecture committee, and is the mother of two young daughters.

But wait. What does she do for fun?

“That’s the sick part,” she jokes. “These are the things I think are fun.”

Opportunities to attack issues of social injustice involved in medicine are among the many reasons Costello chose to attend CHM. “When I came to interview at CHM, I didn’t want to want to come back to Michigan. But after I read the mission statement — the sign on the door said ‘serving the people’ — and sat through the interview, I said ‘this is it.’”

Anthropology, not medicine, originally led Costello to consider addressing social injustices among resource-poor people.

“I was attracted to anthropology because I love languages,” says Costello, who speaks French and Spanish and is studying Haitian Creole. “What struck me, though, was that many of the groups of people we studied were being decimated by diseases caused by globalization and industrialization.”

While working on her master’s at Western Michigan University, she attended a guest lecture on HIV treatment in Haiti by physician Paul Farmer, 2003 CHM Hunt Lecturer and a world-renowned authority on TB and HIV, who has worked in infectious-disease control in the Americas for nearly two decades. He dedicates his life to treating some of the world’s poorest people. The lecture animated Costello’s goal by revealing the world-changing power of a medical degree.

After hearing the transformative lecture, Costello dogged Farmer by phone and e-mail. “I went to Boston to visit his organization, did a one-eighty, and decided to start pre-med classes while finishing my anthropology master’s.”

Farmer also invited her to work at his organization, Partners in Health, as a research assistant,
which she did for a year before attending CHM. “Everyone who worked there did whatever needed to be done,” she says. “For example, I helped hand deliver suitcases of second-line TB drugs to their clinic in Peru, which treated multi-drug-resistant TB patients whom no one else would treat.”

The social adjustments of preclinical medical school surprised Costello. “I’ve always been very social. I needed to see the social part of medicine, not just the textbook part, so I got involved in student activities.” During her first two spring breaks at MSU, Costello went on medical brigades to Honduras where, as a result of her connections with Partners in Health, she and her teammates set up clinics in remote areas. Her first summer of medical school she went on a two-week study tour of the Cuban health care system. “I was incredibly impressed by how much they are doing in health care in such a poor country,” she says. “When I got back, I started organizing a CHM trip to Cuba, which is now going to be a yearly opportunity for our students.”

Summers also found Costello working closely with Cristo Rey health clinics at migrant camps in the mid-Michigan area. Although students had always been welcome to work at the clinics, CHM had no official collaborative role. Costello, with other medical students, helped formalize the relationship, secured donations of supplies and services, started a student orientation and speaker series, and scheduled student and CHM faculty participation. “It was a real eye-opener for many students to learn that poor people with no health care were driving up to Michigan from Mexico to pick fruit for Americans,” she comments.

After graduation, Costello plans to do a residency in internal medicine or emergency medicine, ideally at a hospital that will allow her to do international work part of each year. Costello’s spouse, Ian Costello, a law student at Michigan State University College of Law, is also interested in international work, particularly in easier access to pharmaceuticals by developing nations. Her daughters, Haley, now age 9, and Evelyn, now age 3, will always be a part of whatever global work she and Ian do. “We have conversations with my daughters all the time about social injustice. I hope that they will be better persons for what they see their parents doing.”

by Kathleen V. McKevitt

CHM student Heather Costello (third from left) translates for a Massachusetts General Hospital physician on a medical brigade in rural Honduras.
The 40th Anniversary Gala

CELEBRATING WHO WE WERE, WHO WE’VE BECOME

It was the kind of elegant-yet-rockin’ event that gave “homecoming” its name. Classmates and colleagues of decades past readily found one another, despite fewer hairs and more wrinkles. Old friends, long separated, embraced. The College of Human Medicine, now a mature institution at age 40, took the opportunity of its anniversary gala on May 15 to celebrate its past, its present and its future. Nearly 250 persons attended the dinner dance at the James B. Henry Center.

Howard Brody, M.D., Ph.D., University Distinguished Professor of family practice and of ethics and humanities in the life sciences, offered the welcome and toast. Dr. Brody was also the author of the script “40 Years of Serving the People,” a DVD presentation of the history of the college played during the event and distributed to attendees.

Tom Alguire, M.D., a member of the charter Class of 1969, shared his experiences and perceptions of being a student in CHM’s earliest days.

Dean Glenn Davis, M.D., in a short reflection, said that we all must “work to keep the college in its place: ahead of its time.” Noting the visionary work of CHM’s first dean, Andrew Hunt, M.D., Dr. Davis said that these innovations have continued: teaching of humanist values, students as the focal point of the college and partners in education, and an emphasis on patient-centered medicine. Pfizer Inc. sponsored the entertainment and after-dinner drinks and Lansing Neurological Associates hosted the cocktail reception.

by Pat Grauer

Major sponsors:
- Pfizer, Inc.
- Lansing Neurosurgical Associates

Table sponsors:
- Epidemiology
- Family Practice
- Medicine
- Neurology and Ophthalmology
- Psychiatry
- Surgery
- Pediatrics and Human Development
- Radiology
- Great Lakes Cancer Institute
- The CHM Office of Planning and Finance
- MSU Institute for Health Care Studies
Among the first to be greeted by Dean Davis were Cecil Mackey, former MSU president and professor of economics, and his wife, Clare Mackey.

Kay Trosko, recently retired as a research assistant in environmental toxicology, made the gala cake, and her husband, Dr. James Trosko, professor of pediatrics and human development, helped to serve it.

Dr. Tom Alguire, from the charter class of 1969, shared his memories and perceptions.

Dr. Jack Jones, professor emeritus of medicine, toasts 40 years of CHM's successes.

Dr. Leonard Fleck, professor in the Center for Ethics and Humanities in Life Sciences, enjoys the festivities.

Nearly 250 persons attended the dinner dance at the James B. Henry Center.

Dean Glenn Davis (left) chats with Dr. Dele Davies, chairperson of pediatrics and human development.

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Festive even in black, the College of Human Medicine 2004 graduating class filled the Wharton Center for the Performing Arts with their families, friends, and faculty on May 15. The 100 newly minted M.D.s smiled, shook hands, hugged, posed, preened, waved, dabbed their eyes, and simply rejoiced at the achievement that came with a minimum of four years’ hard work.

The class included students from each of the six CHM campuses: 17 from Flint, 27 from Grand Rapids, 15 from Kalamazoo, 16 from Lansing, 17 from Saginaw, and eight from the Upper Peninsula.

Following a welcome by Dean Glenn Davis, M.D., the commencement address was given by Andrew D. Schechtman, M.D., who has worked in Liberia and shared his experiences in Doctors Without Borders.

Associate Dean for Academic Affairs Marsha D. Rappley, M.D., presented the candidates for hooding and administered the oath.

In addition to the M.D. degree, James Brouillette received his Ph.D. in genetics this summer. He was presented for hooding by Lynda J. Farquhar, Ph.D., director of the Medical Scientist Training Program.

CHM Alumni Association President David Kutsche, M.D., Class of 1984, welcomed the new alumni.

Clinical faculty awards:
- Flint: Barbara Pawlaczyk, M.D., and Kevin Hess, M.D.
- Grand Rapids: Frances Chames, M.D., and Nasir Khan, M.D.
- Kalamazoo: Melissa Davidson, M.D., and Sean O’Brien, M.D.
- Lansing: Heather Laird-Fick, M.D., and Luis Gonzales, M.D.
- Saginaw: C. Rodney Pattan, M.D., and Donald B. Passal, M.D.
- Upper Peninsula: Cathleen Chen, M.D., and Ryan Edwards, M.D.

Preclinical faculty awards:
- James J. Rechtien, D.O., Ph.D., Anatomy
- Shirley Siew, Ph.D., Pathology

Alpha Omega Alpha Honor Medical Society award:
- Donald B. Passal, M.D., Saginaw Community

by Pat Grauer

Keynote speaker
Dr. Andrew Schechtman

Dr. Richard Ferguson (left), commissioned into the U.S. Army, is congratulated by Luis M. Andrade.
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1974

- Roosevelt Alcorn, M.D., is serving full-time as the medical director of Medicard HMO in Houston, Texas. He also serves as medical advisor to Mayor Lee Brown of Houston on health care delivery in Africa. Recently he traveled to Lawanda, Angola, to develop a mobile health care program for Angola, Cameroon/Chad and the Ivory Coast. He notes, “Our mobile clinic in Zimbabwe (Harare) is still in operation after five years.” ralcorn@wt.net

1975

- Jeffrey Lampert, M.D., received an award for Teacher of the Year (2002-2003) from the Department of Anesthesiology and the Residents Alumni Society of SUNY Downstate Brooklyn, New York. He is joining a private group of anesthesiologists at Staten Island University Hospital, New York.

1977

- Mary Ray Cate, M.D., was the featured speaker at a women and health conference in Osaka, Japan, in November 2003. Her topic was gender-specific medicine and the National Center of Excellence in Women's Health.

1987

- Daniel Henley, M.D., is currently chief of cadet/flight medicine at the U.S. Air Force Academy in Colorado, with duties as a flight surgeon, family practice, and sports medicine physician. He completed fellowships in sports medicine at the Uniformed Services University of the Health Sciences and at the University of California, San Francisco. He served as medical group commander in Pakistan for the initial stages of Operation Enduring Freedom in 2001-2002, and is now living in Colorado Springs with his wife and three children. He writes that he is “planning ‘first’ retirement from military soon.” msugo73@aol.com

1990

- Gary S. Gluck, M.D., F.A.A.E.M., and commander, U.S. Navy, served as president of the medical staff of Naval Hospital Guam from 1998-2001. In July 2000, he married Eva Fauni Guerin. He was deployed to Operation Iraqi Freedom from January to August 2003, providing emergency medical support for 7,000 marines and sailors of the U.S. Marine Corps 1st Regimental Combat Team during combat operations from An Nasariyah to Al Kut and Baghdad. With Ken Kelly, 1989, he was one of two CHM graduates on the 27-member Shock Trauma Platoon -5 resuscitating 100 combat casualties. He received the Naval Commendation Medal with Combat Distinguishing Device for valor on the battlefield in the face of enemy fire.

1994

- Divyesh Bhakta, M.D., completed an internal medicine residency at Chandler Medical Center in 1998, completed a cardiology fellowship from 1998-2001, served as a faculty member in the Division of Cardiovascular Medicine from 2001-2002, and completed an interventional cardiology fellowship from 2002-2003 – all at the University of Kentucky. Dr. Bhakta has now been in practice in interventional cardiovascular medicine in Louisville, Kentucky, since July.
2003. divyesh@bellsouth.net

- Tracy Johnson, M.D., writes “I moved all the way to Colorado after residency to meet Michigander Erik Engel.” They were married in 2000, and their daughter Jessica was born in July 2003. Living and working in Idaho, Dr. Johnson practices physical medicine and rehabilitation full time while Erik is a full-time dad and part-time computer consultant. trjohn1@juno.com

1997

- Gary A. Vercruysse, M.D., completed a fellowship in trauma surgery and surgical critical care at the Maryland Shock Trauma Hospital in Baltimore, Maryland.

2000

- Laura Joque, M.D., who was chief resident in internal medicine at William Beaumont Hospital, Royal Oak, Michigan, and husband Simon, had their first child, Noah Thomas, on August 22, 2003. They are moving to Rochester, Minnesota, where she will be doing a fellowship in hematology/oncology at the

1999

- Priyanka Gupta, M.D., married Dr. Jatin Patel in June 1999, and moved to Houston, Texas, where she completed a residency in internal medicine at Baylor College of Medicine in June 2002. Starting July 2002, they moved to Chicago to start fellowships at Northwestern University, she in allergy-immunology and he in pediatric cardiology. She writes, “The best day of our lives occurred on December 26, 2003, when our daughter Simran Radha Patel was born. She weighed seven pounds ten ounces and is a true bundle of joy.” At the completion of her fellowship, she will begin work with Suburban Lung Associates, a large pulmonary group in Chicago, as their allergist-immunologist. priyankadoc@hotmail.com

Building a Spirit of Community

The College of Human Medicine Alumni Association is working for you! An annual reunion (see back cover), career services, discounts at hotels and MSU facilities, and more – these are all benefits of membership. Your dues support college activities, such as the White Coat Ceremony and the graduation class celebration.

For further information, contact:

Office of Alumni Relations, A217 East Fee Hall, Michigan State University, East Lansing, MI 48824-1316
Phone: 517-353-0755, Fax: 517-432-8021, e-mail: MDAlumni@msu.edu
Web: www.chm.msu.edu/chmhome/alumni.htm

Help us update our database. Please send your e-mail address to sutberry@msu.edu
When Joe Janca talks about his late wife, Dr. Anne Murphy Janca, he describes her in terms of the passions of her life. “She loved Michigan State; she was a Spartan through and through,” he said. “She loved growing up in Lansing, attending Lansing Catholic Central, going to Lyman Briggs and the medical school. She loved taking care of families – especially the children and the elderly.”

Dr. Janca, a 1991 CHM graduate, was a highly successful family practitioner in Flint for only one and half years after she completed her residency at CHM’s Flint campus. She suffered a catastrophic complication during her second pregnancy. She was left with a profound physical handicap, and lived “gracefully and heroically” eight years more – until August 2003, when she died at age 39.

To honor Dr. Janca’s memory, her classmate, Dr. Martha Nelson, a 1990 CHM alumna, and Joe Janca established the Anne Murphy Janca Endowed Scholarship Fund.

The purpose of the scholarship is to provide aid to any financially disadvantaged student attending the College of Human Medicine, particularly female students.

Dr. Nelson, who will be moving in September to Portland, Oregon, to practice as a neonatologist intensivist, established the fund because she saw Dr. Janca as “the kind of doctor the College of Human Medicine wants to sustain. Anne was very kind and very compassionate, but she also had a dogged determination to succeed – to take ordinary circumstances and to do extraordinary things. Though she was financially disadvantaged early in her life, she funded her own education through scholarships and working her way through school, and endured many hardships and sacrifices to complete it.”

Both donors see the endowed scholarship fund as a way of preserving Dr. Janca’s memory, and of helping others to succeed as she did.

“I’m proud of the fact we’re doing this,” Janca said. “I’m proud that there will be something at the college that leaves her mark, something that will be there forever.”

Doug Moffat, director of development at CHM, noted, “It is not uncommon for people to think about establishing an endowment to honor or memorialize someone who has been involved with the college. We are always willing to discuss such possibilities. Unfortunately what people usually don’t realize is that MSU guidelines require a commitment of $30,000 before an endowed fund can be created. One of the heartwarming features of this story is that Joe and Martha were fully prepared to make substantial personal commitments in order to ensure that we could go forward. We trust that their leadership will inspire others.”

Persons who wish to contribute to the Anne Murphy Janca Endowed Scholarship may contact CHM’s Office of Development, 517-353-5153; chmdevel@msu.edu.

by Pat Grauer
THREE CHM FACULTY RECEIVE NATIONAL AWARDS

William Anderson, Ph.D.,
director of the Office of Medical Education Research and Development, received the 2004 Excellence in Education Award from the Society of Teachers of Family Medicine. STFM noted his “tremendous contributions . . . especially in the area of faculty development,” and his “dedication to the highest quality of teaching on the state, regional and national level.” Dr. Anderson was recognized on May 14 during the STFM conference in Toronto.

James J. Galligan, Ph.D.,
professor of pharmacology and toxicology, received the 2004 Janssen Award in Gastroenterology on May 17 for his work in basic research in digestive sciences. The award is given by Janssen Pharmaceutica and Janssen-Cilag in conjunction with the American Gastroenterological Association.

Harold J. Sauer, M.D.,
professor of obstetrics and gynecology, was elected to the board of directors of the Federation of State Medical Boards, the organization which administers the U.S. Medical Licensing Examination in conjunction with the National Board of Medical Examiners. Dr. Sauer, who has served as the chairman of the Michigan Board of Medicine, has served on several committees and councils of the organization.

Ajovi Scott-Emuakpor, M.D.

CHM FACULTY AWARD PROGRAM

Recognized at the May 18 awards program were the following CHM faculty:

William B. Weil Jr., M.D. FAAP,
Endowed Distinguished Pediatric Faculty Award

Roshni Kulkarni, M.D.
Pediatrics and Human Development
Distinguished CHM Faculty Award

Renuka Gera, M.D.
Pediatrics and Human Development
Outstanding Clinician Award

Colleen Barry, M.D.
Pediatrics and Human Development
Lansing

Robert Brickner, M.D.
Surgery, Lansing

Mark Menning, M.D.
Surgery, Lansing

CHM Outstanding Community Volunteer Award

Clayton Thomason, J.D., D.Min.
Family Practice
CHM Teacher-Scholar Award

Elizabeth Bogdan-Lovis, M.A.
CHM Distinguished Academic Staff Award

Loran Bieber, Ph.D.
Professor emeritus, Biochemistry
Lester J. Evans, M.D.
Distinguished Service Award
MSU Trustees Approve Bowersox Report on CHM Expansion in Grand Rapids

During the last quarter, the proposal of CHM’s expansion on the Grand Rapids campus has been front-page news as university and college administration, faculty and staff, students, patients, community and state leaders, and potential partners all look into the complexities of such an undertaking. Group and private meetings, letters to the editor, public forums, consultants, conversations with legislators, actions in academic governance – all have occurred as MSU moves toward a plan for the expansion.

On Friday, May 7, the MSU Board of Trustees unanimously approved a report proposed by the MSU Assessment Team headed by logistics expert Donald Bowersox, John H. McConnell University Distinguished Professor and dean emeritus of the Eli Broad Graduate School of Management at MSU. (The full report may be viewed at http://www.chm.msu.edu/chmhome/news/inthenews.html.) It calls for the development of an Academic Medical Center Alliance within the Grand Rapids Community.

Members of this assessment team included CHM’s William Beekman, assistant dean for financial planning; Margaret Dimond, senior associate to the dean; Denise Holmes, assistant dean for government relations and outreach; Marsha Rappley, associate dean for academic affairs; and Stephen Terry, assistant vice president of finance emeritus, MSU.

The report recommends

- Approval in concept of the expansion of CHM to a full four-year medical program in Grand Rapids subject to agreement with Spectrum Health Hospitals, and clarification concerning sources of capital for start-up and sustainable funding
- Development of a strategic plan to expand collaboration between the MSU health colleges and community leadership to meet the health care and educational needs of mid-Michigan, including maintaining a cohort of approximately 25 first- and second-year students in East Lansing.

They conclude, “MSU should move decisively to capture the unique opportunity to expand its College of Human Medicine. This strengthens the mission of CHM, with its six-community campus structure, clearly reflecting MSU’s traditional land-grant philosophy. MSU has the opportunity to build a strong medical capability that synergistically links the bio-medical strengths of West and Mid-Michigan with the basic science research capabilities of this great AAU University.”

Following recommendations from the CHM Advisory Committee, the MSU Academic Council and Academic Senate, a seven-member oversight committee will advise the process. Members include Academic Council Representative and Committee Chairperson Norman Abeles (Psychology); CHM Representatives Dele Davies (Pediatrics and Human Development), Rebecca Henry (OMERAD), Aron Sousa (Medicine), and Harvey Sparks (Physiology); College of Osteopathic Medicine Representative Gail Riegle (Academic Affairs), and College of Natural Science Representative Pamela Fraker (Biochemistry and Molecular Biology).

Implementation teams are being finalized to look at the “hows” of the process, Dean Glenn Davis noted. One of the first, under the leadership of consultant Dr. Harry Jonas, former secretary of the Liaison Committee on Medical Education, will be to identify LCME accreditation issues that must be considered with the expansion.
2004 Calendar of

Friday, August 27
Joanne P. McCallie Golf Challenge
Benefiting Pediatric and Adolescent Cancer Research, Education and Clinical Care.
All proceeds will go to the MSU/Mid-Michigan Children’s Initiative and to the Great Lakes Cancer Institute to provide our children with the most advanced cancer care in the region.
Location: Hawk Hollow Golf Course, South Chandler Road, Bath, Michigan.
9 a.m. registration, 10 a.m. shotgun start, 4 p.m. awards, hors d’oeuvres reception.
For information, contact Karen Sutberry, 517-353-9241.

Sunday, August 29
White Coat Ceremony
CHM’s entering class will be honored at ceremonies at 3 p.m.
Location: Big Ten Room, Kellogg Center

Friday, October 8
Alumni Weekend: Andrew D. Hunt, M.D., Endowed Lectureship
Speaker will be Danielle Ofri, M.D., Bellevue Hospital. Sponsored by the MSU College of Human Medicine.
Location: Fairchild Theatre at 3 p.m., with a reception following at Kresge Art Museum atrium at 5 p.m.
For information, contact the Continuing Medical Education Office, 517-353-4876

Friday, October 8
Alumni Weekend: Alumni Cocktail Reception and Dinner
Location: University Club from 6 p.m. to midnight.
For information, contact the CHM Alumni Office, 517-353-0755.

Saturday, October 9
Alumni Weekend: Tailgate and Football Game
Location: Spartan Stadium. Tailgate from 10 a.m. until kickoff.
MSU vs. Illinois football at 1 p.m. (time tentative).
Tickets and information available from the CHM Alumni Office, 517-353-0755.

Friday, November 12
18th Annual Geriatric Symposium
“Facing Frailty: Challenges and Choices,” sponsored by the MSU College of Human Medicine, College of Osteopathic Medicine, College of Nursing, and the Geriatric Center of Michigan.
Location: Kellogg Hotel and Conference Center, East Lansing, Michigan.
For information, contact the Continuing Medical Education Office, 517-353-4876.

For more information on CME programs, see the website at www.chm.msu.edu/chmhome/education/cme.html 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 517-353-4876.
CHM ALUMNI WEEKEND

Friday, October 8, 2004
3 p.m. Hunt Lectureship at Fairchild Theatre: Danielle Ofri, M.D., Bellevue Hospital
5 p.m. Hunt reception at Kresge Art Museum
6 p.m. Alumni Cocktail Reception and Dinner, University Club

Saturday, October 9, 2004
10 a.m. Tailgate until kickoff, Spartan Stadium
1 p.m. MSU vs. Illinois football (time tentative)
Tickets available from the CHM Alumni Office

For tickets or information, contact the CHM Alumni Office, 517-353-0755

Michigan State M.D.
College of Human Medicine
A217 East Fee Hall
Michigan State University
East Lansing, Michigan 48824-1316

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