



THE PULSE

OF THE MUSKEGON GENERAL OSTEOPATHIC FOUNDATION

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Did You Know...

...Experts say that in order for a hospital to continue to survive, it needs to have a minimum 4% profit. These funds are necessary to cover replacement of equipment and buildings and to invest in new technology. More than 80% of the hospitals in the United States are currently earning less than four percent profit per year.

...Michigan law requires physicians, hospitals and pharmacists caring for people suffering from a violent injury, including domestic violence, to report it to police.

...Sylvester Graham was a temperance speaker in the 1830s who lectured against gluttony, improper dress, sexual permissiveness and medicines, while arguing in favor of bathing, fresh air, exercise, and diet. He was also the inventor of the Graham cracker, originally designed to curb not only one's hunger but also one's sexual appetite.

...Enrollment at osteopathic medical schools continues to increase. First year enrollment in the 1998-1999 academic year was 2,745, an increase of 53 students. In the 1999-2000 academic year, first year enrollment was 2,848, an increase of 103 students.

...The number of female osteopathic medical students enrolled at colleges of osteopathic medicine continues to increase. In the 1998-1999 academic year, the number of women enrolled was 3,862 or 39.1% of all osteopathic students. In 1999-2000, the number of women enrolled rose to 4,181 or 40.2%.

...During the 1999-2000 academic year, 58.6% of first-year osteopathic medical students attended a college in their home state.

High School Students are Hand-picked for 2-Year Osteo-oriented Pre-college Enrichment Program

Goal is to increase the number of qualified high school students from disadvantaged backgrounds and under-represented minority groups who seek careers in health

Neisha Cox wants to be a doctor. Science is her best subject and people tell her she should work with kids, so she puts the two together and comes up with pediatrics.

Carl L. Davis, Jr. made the decision to be a doctor in sixth grade. He likes working with people and he likes to help them. He and Neisha attend Muskegon Heights High School.

Jamie Miller, from Hart High School, was five when she decided on a career in medicine. She has several relatives who are pharmacists and she grew up in a medical environment.

Mary Hubbard has wanted to be a general surgeon for as long as she can remember. She likes to watch the real-life surgical demonstrations on TV and just finished her sophomore year at Mona Shores.

David Hotwagner, of Whitehall, was run over by a riding lawn mower when he was eight. He has endured years of surgery and repair work, and somewhere the midst of all of it, David decided he wanted to be a doctor. Coincidentally, when he was little, he liked taking things apart and putting them back together...

These kids have more in common than just their interest in careers in medicine. They're part of a group of sixteen juniors from several Muskegon County high schools who have been selected to take part in a ground-breaking program called OsteoChamps. Developed by the Michigan State University College of Osteopathic Medicine, OsteoChamps is designed to identify under-represented minority

high school students who have an interest in health careers and give them an introduction to osteopathic medicine with the hope of steering their career choices in that direction.

OsteoChamps begins in July with a two-week academic enrichment program that takes place on the campus of MSU. The students will join a similar group from Detroit's Crockett Technical High School, move into a dorm and spend their waking hours in classrooms and on field trips studying human anatomy, sports medicine, geriatric medicine, math, physiology and computer science. They'll also participate in practical sessions that include osteopathic structural examinations, discussions of doctor/patient relationships and actual medical cases. And they'll be given information about financial aid opportunities.



10 of the 16 youth selected to participate in the OsteoChamps Program

Each student will be paired with both a medical-student mentor and a physician mentor who will combine forces to inspire and support the students, and to help reduce some of the roadblocks that might otherwise prevent these bright, eager kids from being able to pursue health professions.

See *OsteoChamps* page 3.

"To find health should be the object of the doctor. Anyone can find disease."

Andrew Taylor Still, *Philosophy of Osteopathy*

DIRECTOR'S NOTES

by David M. Wells

WHAT NOW?

You've heard it before, "Be careful what you ask for. You may get it."

Dr. Andrew Taylor Still launched the osteopathic medical profession in the 1860s after watching three of his children die from meningitis. In spite of heroic therapies used by his medical colleagues, he knew there had to be a better way of treating the symptoms of disease than with the procedure of blood letting and using medications such as calomel (a mercury compound), arsenic, antimony, tarter emetic, lobelia, strychnine and belladonna. The powerful medications and crude remedies used during Still's time were frequently of no assistance and oftentimes harmful to patients. Still developed a medical philosophy centered around a profound respect for the inherent ability of the human body to heal itself and the perspective that the body is a marvelous machine that will function perfectly if the structure is perfect.

This perspective developed into a philosophy which held that: (1) the human being is a dynamic unit of function, (2) the body possesses self-regulatory mechanisms which are self-healing in nature, (3) structure and function are interrelated at all levels and that (4) rational treatment is based on these principals.

The osteopathic physician believes in treating mind, body and spirit—the whole person—and stresses health and preventative medicine over merely addressing symptoms. Along with exercise, proper nutrition and a healthy lifestyle, osteopathic manipulative medicine has been one of the key tools used by osteopaths in pursuing their philosophy. Dr. Still explained:

Osteopathy is not a drug-less therapy in the strict sense of the word. It uses drugs that have specific scientific value, such as antiseptics, parasiticides, antidotes and anesthetics or narcotics for the temporary relief of suffering. It is the empirical internal administration of drugs for therapeutic purposes that osteopathy opposes, substituting instead manipulation, mechanic measures and the balancing of the life essentials as



more rational and more in keeping with the physiologic functions of the body. The osteopathic physician is the skilled engineer of the vital human mechanism, influencing by manipulation and other osteopathic measures the activities of the nerves, cells, glands and organs, the distribution of

fluids and the discharge of nerve impulses, thus normalizing tissue, fluid and function.

Sage Sayings of Still by G.V. Webster, 1935.

The osteopathic medical profession was met with considerable adversity during its first 100 years. It struggled mightily with a lack of public acceptance and both public and professional prejudice. Osteopathic physicians struggled hard for equal licensure, equal access to resources, equal access to government programs and recognition by the government and the public as being equal to their allopathic counter-parts. This adversity resulted in considerable cohesion within the profession and a strong volunteer spirit. It was clear who osteopathic physicians were and there was a sense that they had to



Muskegon General Hospital was one of the hospitals to spring up during times of adversity.

take care of their own. Then, the public began to notice this spirit and appreciate the close, personal relationship patients experienced with their osteopathic physicians and the attitudes of their doctors that each person was an individual. The public also began to value the willingness of osteopathic physicians to try new modalities of treatment when traditional methods were unsuccessful. Over time, the prejudice toward the profession began to dissipate.

Today, acceptance is nearly universal and osteopathic physicians practice throughout the United States. Thirty years ago, there were five osteopathic medical schools in the United States. Today, there are 19 with several more approved. Osteopathic physicians and allopathic physicians work side by side in many institutions and settings, and approximately 65 percent of the graduates of osteopathic medical colleges enter allopathic American College of Graduate Medical Education programs. In fact, the acceptance of the osteopathic medical profession has been so complete that today it struggles with its own identity.

Once, because of prejudice, osteopathic physicians had to have their own hospitals in order to practice medicine. Today, many osteopathic hospitals are merging with allopathic hospitals and very few stand-alone osteopathic hospitals exist. Many osteopathic physicians are entering allopathic graduate medical education programs. More third- and fourth-year osteopathic medical students are being taught by allopathic physicians. Today, fewer osteopathic physicians regularly practice osteopathic manipulative medicine.

This prompts many questions. Do we continue to need a separate osteopathic medical profession? Is there a continued need for osteopathic organizations? Why do tremendously motivated, caring and intelligent students choose to become osteopathic physicians? Do osteopathic physicians continue to offer their patients something they believe is better than what is offered by their colleagues with the initials M.D. behind their names? What do osteopathic physicians want the public to know about their profession?

In an effort to get answers to these timely and probing questions, I sent a questionnaire to all osteopathic physicians living or working in Muskegon and surrounding areas who are members of the Western Michigan Osteopathic Association. In this and upcoming issues of this newsletter, I will share with you their responses. See *Addressing The Issues: Part I* beginning on page four. Whether you are an osteopathic physician or a layperson, I welcome your own comments and experiences and look forward to hearing from you.

In Memory of Karen Gunn

The people of West Michigan lost a good friend and compassionate leader this past February. Karen Gunn was a life-long resident of the area, a busy volunteer with Hospice and Meals on Wheels, Dean of Students at Muskegon Community College and a distinguished board member for both Muskegon General Osteopathic Hospital and this Foundation.



“Karen and I served on the Reeths-Puffer schoolboard together,” remembers Roger Spoelman, president of Mercy General Health Partners. “I knew from the beginning that she was a person of integrity and passionate about the things she got involved in. The fact that she was a nurse and an educator...we knew she would be an ideal candidate for our Muskegon General Hospital board of directors.”

“People had a great deal of respect for her and she jumped right in.”

Vacancies on the board didn't happen often, but when an opening did occur, Karen was offered a position, which she accepted.

“She had already distinguished herself in the community,” says Roger. “People had a great deal of respect for her and she jumped right in.”

As Dean of Students at MCC, Karen had oversight responsibility for records and registration, enrollment management, recruitment, counseling, financial aid, career services and employment services. She was greatly respected by her peers and colleagues.

“Karen was tremendously insightful,” says Bill Loxterman, director of Public Information for MCC. “She had a wonderful way of grasping a situation very quickly and crafting a solution or a direction in which to go. She had a reputation as a straight shooter. Her honesty and integrity were impeccable.”

Mary Anne Gorman, Executive Director of Hospice of Muskegon-Oceana, also had the pleasure of working with Karen. “She was one of our first board members in the early 1980s and provided a lot of leadership and support as we were developing,” remembers Mary Anne. “Karen was a very steady and strong presence on the board, and she provided a lot of vision for the organization. In 1999, when she retired from her job, she came back to volunteer for Hospice and wanted to work with patients. I thought the world of her.”

“Karen always took the time to ask people about their families,” says Muskegon General Osteopathic Foundation Director David Wells. He remembers her as energetic, community-minded, and caring. “She got involved with people's lives as well as the business of the community. Karen had a huge and positive impact on this community.”

OsteoChamps, from page 1.

While osteopathic medicine has a long-standing history of addressing the health care concerns of minorities and disadvantaged people, there is a shortage of physicians to meet the needs of communities with large underserved populations.

“OsteoChamps was successfully piloted in the Detroit area last summer, so we were encouraged to try it here,” reports Foundation Director David Wells. “We hope it will increase the pool of qualified high school applicants from disadvantaged backgrounds and under-represented minority groups who want to enter the fields of health and medicine.”

So what do the students think about OsteoChamps?

“This will be a great way for me to see what the college experience is all about,” says David Hotwagner. He smiles broadly when asked about his desire to be a doctor. He knows his extensive treatments over the years have given him a unique sensitivity to other patients.

At six-foot-four, Dustin Miller had to choose between basketball camp and OsteoChamps this summer. Acknowledging that he comes from a long line of pharmacists, Dustin says, “This is a great opportunity to see if it's what I want to do with my life.”

Mary Hubbard says thoughtfully, “It's an honor to be chosen.”

The Foundation is funding the participation of each of the sixteen students from Muskegon County at a cost of \$2,000 per student. Every student who successfully completes the two-week session this summer will be invited to the advanced session in 2002.

Congratulations to Muskegon County students who were accepted to OsteoChamps:

Fruitport High School

Dustin Miller

Hart High School

Manuela Gonzalez
Anna Haynes
Jamie Miller

Mona Shores High School

Mary Hubbard
Jennifer Jones

Montague High School

Misty Rankin

Muskegon Heights High School

Tourunethia Anderson
Neisha Cox
Carl L. Davis, Jr.
Crystal Rankin

Muskegon High School

Elizabeth Dennie
Ashley McDaniel
Katrina Talbert

Oakridge High School

Amanda Cresta

Whitehall High School

David T. Hotwagner

Thank you to the physicians who have agreed to mentor these promising students:

Harry Arthur, DO; Robert J. Beckman, DO; Willard P. DeBraber, DO; David Dora, DO; Daniel J. Fett, DO; Dean A. Gerig, DO; Steven N. Glavas, DO; Thomas Graff, DO; Kevin D. Hess, DO; Richard G. Huff, DO; Michelle Klanke, DO; Ned D. Krohn, DO; Fredric D. Levin, DO; Craig K. Matheson, DO; Diane L. Parrett, DO; Matthew N. Powell, DO; Kathy L. Rosema, DO; Patricia Roy, DO

David Dora, DO

Home: Norton Shores

Childhood: Grew up in Colorado Springs, Colorado. Came to Michigan to be closer to his in-laws and "...Muskegon General Hospital did a great job of recruiting me!"



Family: Sara, his wife, is an Emergency Room physician. They have a 15-year-old son and an 11-year-old daughter. David and Sara met when they were both interns in Detroit.

Occupation: As Family Practice Residency Director for Mercy General Health Partners, David teaches physicians who have just graduated from medical school. Under his direction, the residents practice at Muskegon Family Care.

Why this line of work: David remembers being 15 or 16 when he decided on a career in medicine. "I wanted to go into family practice, and I thought that osteopathic medicine was structured and focused on family practice. It's really osteopathic medicine's heritage."

Favorite aspect of his work: "Education is, by far, my favorite part of my work. Being able to watch young physicians grow in their medical knowledge is exciting."

Impact on the Muskegon Community: "Muskegon Family Care has been in operation since 1989. We see many people who might otherwise not get health care because of socio-economic barriers. Many of the resident physicians who worked at this clinic are now graduated and practicing in this community, and that's very satisfying."

Commitment to the Foundation: "The Foundation has a unique opportunity to advance the osteopathic profession. We can show how osteopathic medicine has contributed for decades to the well-being of the people of Muskegon County, and how that will continue. This is the only foundation I know of in the county that has the unique mission of health care. Over time, we will make a big difference in patients lives."

Foundation responsibilities: David chairs the grants committee and serves on the finance and investments committee.

Favorite Foundation project: "I have three! I'm very supportive of the dental clinic, which is a sister to the clinic where I practice. Many folks have little access to traditional dental services, and we have a huge opportunity to change how dental health is provided for many of the underserved in this community. Our new Osteo-CHAMPS program is also very important. It can interest people at a very young age in a career in medicine. And finally, the Manipulative Medicine Clinic brings a new focus and level of expertise in osteopathic medicine that is greatly needed and is a huge benefit to this community."

Addressing the Issues: Part I

Why did you choose to become an osteopathic physician?

This is the first article in a four-part series that will report on the responses to questions asked of members of the Western Michigan Osteopathic Association.

I chose to become an osteopathic physician because it offered an alternative route to enter into the medical field. I did not like the way the allopathic physicians were being chosen. Most specifically, on board scores and grades only and nothing about the person themselves or what they were involved in elsewhere. The osteopathic school that I chose was Chicago Osteopathic and I was interviewed by 12 different people who were very much interested in who I was as person as long as I was qualified educationally. This impressed me and I believed in the osteopathic concepts of manipulation and therefore chose this route.

Gustav K. Barkett, D.O., F.A.C.O.G.

The Dahls were successful farmers in Claybanks and moved to Montague when they retired. Mr. Dahl was a board member of the Montague State Bank. He helped my father obtain a loan to build his house in Roosevelt Park. The Dahls were friends of the Rileys who were both osteopathic physicians. My parents met the Rileys through the Dahls. I had fairly significant asthma during grade and high school and the medications prescribed for me by MDs were not sufficiently helping me. I went to Dr. Riley and found that osteopathic manipulative therapy plus medications worked better than medications alone. I applied and was accepted at Kirksville College of Osteopathic Medicine.

Col. J. R. Wells, D.O.

My experience as an osteopathic medical student thus far has been exciting as well as challenging. These experiences helped me gain a better knowledge of what it means to be an osteopathic physician. My exposure to patient-focused care and the art of Osteopathic Manipulative therapy have made me appreciate the power of touch and compassion in the healing process. I feel fortunate and honored for being part of the osteopathic family. I have worked hard to excel in my medical classes and I will continue to work hard to fulfill my dream of becoming a successful osteopathic physician.

Samer George Saqqa, Foundation scholarship recipient, first year medical student, MSU College of Osteopathic Medicine

I became an osteopathic physician because my family physician was an osteopathic physician. He was courteous, compassionate and seemed to be well educated

Ned D. Krohn, D.O., F.A.O.C.P.R.



*From the photo archives—
Many remember the care and dedication of Dr. Joel Martin (1948–1999)*

I chose to become an osteopathic physician because I agree with and believe in the osteopathic principals that the body is intrinsically internally connected. My role model was our family physician who is an osteopathic physician practicing primary care in the Detroit area. The pennant of hands-on manual medicine/OMT approach also is a more complete way of practicing medicine besides just ordering tests and scans.

Craig K. Matheson, D.O.

After researching it, it seemed to be the best physician you could be—one with the ability to do manipulation and all other forms of medicine.

Diane L. Parrett, D. O.

I became an osteopath because our family's doctors were DOs and when I was talking to older friends about becoming a physician they said, "Well, why don't you become the best? Become an osteopath."

Ronald E. Graeser, D.O.

I have a somewhat unique story since I started out as a Rolfer (a.k.a. structural integration) in the 70s. I wanted to do more with “body work,” and thus discovered osteopathy despite the fact it was not prevalent in my home state of North Carolina. One irony is that my parents, who supported me during post-baccalaureate premedical courses, refused to help finance my osteopathic medical student tuition because I had turned down a chance to go to an MD school! Okay, so what if I was a hippy vegetarian Rolfer in yoga pants and Birkenstocks? I knew what I wanted. I attended KCOM, the mother school, and spent a fifth year as an OMT Fellow (Osteopathic Manipulative Medicine) teaching and learning more about osteopathic principles in neurology and biomechanics. Yet, at the last minute I balked at becoming a family practice physician with an emphasis on osteopathic manipulation. In retrospect, I was deeply impressed by the breadth of knowledge and skill required by a general osteopathic practitioner with an OMT practice. So I fell back on my undergraduate interests and became a psychiatrist

Reid Taylor, D.O.

As I am continuing my third year clerkship at Michigan State University College of Osteopathic Medicine (Metropolitan Hospital, Grand Rapids) I remain as excited and optimistic about my career choice as I was upon making the decision to become a physician a few years ago. I owe much of this excitement to the osteopathic profession, its principles, and its educational value. I decided to attend an osteopathic institution after conversing with osteopathic physicians and reviewing the present state of health care and its direction in the future. Through this, I recognized the many advantages the osteopathic approach lends to health care delivery.

The future of health care is constantly changing and as a result, osteopathic medicine appears ideally positioned to be health care leaders of tomorrow. Now, as a third year medical student with direct clinical and patient interactions, I have taken great comfort and confidence in my decision to become an osteopathic physician... Throughout my life, I have been fortunate to receive substantial support from my community, and osteopathic medicine gives me the opportunity of providing service to the people and to give back to the community what it has given me.

Jamie VanOveren, Foundation scholarship recipient, third year medical student, MSU College of Osteopathic Medicine



*From the photo archives—
An osteopathic physician in discussion.*

I chose to become an osteopathic physician because at the time of my admission to medical school, allopathic schools were not taking individuals in the age range of 27-30. Furthermore, friends of mine who had previously gone through Kansas City College of Osteopathic Medicine had received excellent instruction and they were an encouragement for me to attend Kansas City School.

Craig V. McBrayer, D.O.

I chose the osteopathic profession because I have an ability to use my hands at many skills and wanted to apply it to medicine. Osteopathic medicine was ideal because it truly focused on the “whole person” and not just a patient with a disease. I could use my hands to help the body function better as it was meant to. I have a great interest in preventative medicine, which is why I chose pediatrics and the osteopathic philosophy made perfect sense to me.

Robert J. Beckman, D.O.

There were two reasons that led me to choose an osteopathic school over an allopathic school. They were the theory that “the rule of the artery is supreme” and that manipulation could affect this and thereby be a factor in treating illness.

I. W. Caplitz, D.O.

I chose to become an osteopathic physician as I was strongly attracted to the holistic approach to primary care medicine and was impressed with the medical school at Michigan State University.

Paul D. Ponstein, D.O.

José A. Infante, DO

Home: Muskegon

Childhood: José was born in Cuba, came to the United States when he was nine and grew up in Grand Rapids. He graduated in 1970 from Grand Rapids Christian High.



Family: Two sons and a daughter. Nicholas is 24 and Director of Public Policy for the Michigan Realtors Association. Katherine is 22 and a junior at Grand Valley State University. 21-year-old Joseph is a junior at Michigan State University.

Occupation: President, CEO and Chairman of the Board of Community Shores Bank

Why this line of work: José studied Russian history at Western Michigan University and planned to go to graduate school and teach at the college level. To help pay for his education, he worked part time at a bank. When he graduated from WMU in 1974, the bank offered him a fulltime position, and the rest is history (American, not Russian!)

Favorite part of his work: “The people-side of this business is the fun part for me. What I bring to this organization is my relationship with our customers—that’s what I do best. And I love working with my employees!”

Impact on the Muskegon community: “Community Shores Bank is the only locally-owned bank in Muskegon. In two years, we’ve gone from zero to a \$135 million business. We’ve brought community banking, and the kind of service that people expect from a community bank, back to Muskegon.”

Commitment to the Foundation: “I think Osteopathy is the right way to practice medicine. The listening and caring is part of what makes Osteopathy so special, and working with the Foundation gives me the opportunity to support and promote it.”

Foundation responsibilities: José serves on the finance/investment committee and the new OsteoChamps committee (see related article in this issue.)

Favorite foundation project: He’s excited about OsteoChamps, which will kick off in mid-July. And he splits his vote between the scholarship programs and Muskegon Family Care.

Community Dental Clinic Opens



Vicki Beatty,
hygienist with
clinic patient,
C.R. Mohrhardt

What would you recommend for a patient with a bad tooth, no dentist or dental insurance, and few resources to pay for care? Until this year, the options were slim—most people simply endured their discomfort and the loss of teeth, or they ended up at a local emergency room when the pain was too great to bear. But since December, Muskegon County residents have found help they can afford at the new Muskegon Family Care Dental Clinic.

It's the realization of a dream, according to those who have worked to make the project a reality, and it fills a huge need in the county. What makes this clinic particularly significant is its sliding fee scale for people with low incomes or little ability to pay.

Robert Singelyn, DDS, the clinic's first dentist, now works there two days a week and he can tell you just how great the need is for affordable dental care. He remembers a day when he finished his morning appointments at 12:40 and left to grab a quick—very quick—lunch. Twenty minutes later, when he returned to greet the first of his afternoon appointments, there were already 17 patients waiting to be seen for emergencies.

"There are so many people in so much pain," he says with conviction. "The need for this clinic is absolutely phenomenal."

Indeed, the patient load has been heavy since the clinic opened. After only six months of operation, appointment times are filled two months

Addressing the Issues, from page 5.

The reason I chose to become an osteopathic physician was because I believe the philosophy was something that fit more with my personality in the holistic approach to medicine. I try to practice medicine with the idea that I am merely a participant in the patient's medical care and that my job is to offer all possibilities to them for improving their health. It is up to them to follow through on these. I believe that this fits along with the holistic approach of medicine in the osteopathic profession

Denise Warren, D.O.

I did extensive reading on the osteopathic profession prior to my decision to pursue this career. I really enjoyed learning about a different way of approaching a patient. I learned to approach patients as a whole person and not just as a disease. I really appreciate the additional tools that are available to me to apply towards my patients' welfare. I really feel that the holistic approach combined with my manipulation skills as a physician provides me with a complete set of tools.

Bill Phillips, D.O.

I have seen several areas of the medical profession and worked in several different hospitals. I have compared both osteopathic and allopathic physicians by shadowing them in procedures and surgery. I have also studied the health care in Ecuador and Kenya. These experiences have influenced me by making osteopathic medicine my determination, and made me stop my application process with allopathic schools. I feel that a doctor of osteopathic medicine values the importance of the patient and realizes the patient's knowledge is the key in helping meet the needs of the patient. I feel the traditional holistic approach to medicine is the only way to treat the whole person... In the future, I see myself practicing as a primary care missionary physician in a healthcare-shortage area, and osteopathic medicine correlates all of my desires into a beautiful whole.

*Derick Johnson, Foundation scholarship recipient,
first year medical student, Des Moines University
Osteopathic Medical Center*

I grew up in Kirksville, Missouri, the home of Dr. Andrew Taylor Still and the birthplace of osteopathic medicine. I had a number of relatives and acquaintances who were either osteopathic physicians or knew osteopathic physicians. Kirksville is probably the only town in the country that has all DOs and one MD, so that I really didn't know much about the allopathic profession at that time. What I did know about osteopathy certainly led me to believe that this was the appropriate type of medical care for me to provide because, with the use of osteopathic evaluation and treatment options, including the use of medications, etc., I felt I had a wide range of therapeutic options to provide to patients with various medical disorders. The osteopathic physicians who I saw were, for the most part, very caring and competent people who I felt provided outstanding care for their patients.

Richard G. Huff, D.O.

In the next issue of THE PULSE, we will ask: Is there anything about being an osteopath that you believe makes you distinctly different from other medical professionals and from which your patients benefit? Look for it in January. Send your comments to the Foundation office by December 1.

in advance, and another eight to ten people on average are seen each day for emergency conditions that need immediate attention. The clinic is staffed with three dentists, two hygienists, chair-side assistants and receptionists to try to keep up with the volume of patients, which included more than 1,800 adults and children by the end of May.

The clinic offers a variety of dental services including oral surgery, restoration work, dentures, fillings, and hygiene and fluoride treatments. The state-of-the-art equipment was made possible, in part, with an \$85,000 grant from the Foundation that equipped two of the six treatment rooms. An additional loan of up to \$600,000 co-signed by the Foundation enabled the clinic to move to new space in the Oak Avenue Campus of Mercy General Health Partners which is the former Muskegon General Osteopathic Hospital.

The foundation welcomes this important new West Michigan partner in patient care.



Kathy Essing, hygienist, with clinic patient, Amaiya Harris



One of the clinics dentists, Dr. Bob Singelyn, (center) pictured with some of the staff (left to right) Maria Haight, Dorris Benham, Kathy Essing, Ari Shelton

Current Findings

- Under a new Michigan law, a mental health professional is guilty of fourth-degree criminal sexual conduct if he or she engages in sexual activity, including consensual acts, with a client or patient who is not his or her spouse. The law is applicable to clients or patients during their treatment and for two years after treatment ends.
- Michigan has established an elder prescription insurance coverage program. Senior citizens who are ineligible for Medicaid and have incomes at or below 200% of the federal poverty level qualify for financial aid to assist them in the purchase of prescription drugs. A co-payment of up to 20% of each prescription is required for eligible seniors, but total co-payments cannot exceed 5% of an enrollee's annual income.
- Michigan now mandates that all HMOs and insurance companies cover diabetic supplies, and if they offer other pharmaceutical coverage, to cover diabetic medications as well. Contracts issued or renewed on or after March 28, 2001, must comply with these new requirements.
- A new Michigan law requires the governor to create a specialty services panel to review applications and select organizations to manage the delivery of Medicaid-covered specialty services and the continued use of Medicaid funds for specialty mental health services, substance abuse treatment and services to the developmentally ill.
- A new Workers' Compensation health care service rule now allows medical care providers to charge \$.25 per page and any mailing charges incurred for photocopies of records requested in worker's compensation cases.
- Since December 1999, a small task force has been meeting to advance the development of a National Osteopathic Research Center. Members of the task force represent the American Association of Colleges of Osteopathic Medicine, the American Osteopathic Association, the American Osteopathic Healthcare Association, the Association of Osteopathic Directors and Medical Educators, the American Academy of Osteopathy and the American College of Osteopathic Family Physicians
- With support from the National Institute of Health, the University of North Texas Health Science Center is developing pre-doctoral and postdoctoral research fellowships to train osteopathic physicians in research methodology and osteopathic manipulative medicine. The grant from the National Institute of Health is for \$1.35 million over five years. The new fellowships will allow the Health Science Center to enhance its current OMM fellowship programs and to expand upon its 15-year-old pre-doctoral teaching fellowship program.
- A package of legislation directed at preventing infant abandonment in unsafe places by their parents was signed into law and took effect January 1, 2001. This legislative package allows a parent to anonymously leave a newborn infant (up to 72 hours old) at a hospital, police station or fire station. The package of bills amends the child protection laws to exempt health care providers and others from mandated reporting requirements for abandonment and neglect under these specific circumstances. The legislation also requires the Family Independence Agency to prepare informational materials for emergency service providers.



Scholarship Winners 2001

The Foundation for the past two years has awarded \$5,000 scholarships to several medical students and resident physicians to help them cover the spiraling costs of medical education. To be eligible, medical students must be from Muskegon, Ottawa or Oceana Counties. The residents must be graduating from a Muskegon General Health Partners residency program and make a commitment to practice medicine in one of the above counties.

In some cases, the foundation may award a scholarship to a non-MGHP resident whose specialty meets a considerable need in this area and who makes a commitment to practice here.

The amount of money awarded each year is based on the number of applicants and the amount budgeted.

Congratulations and best wishes to those who were selected this year.

Medical Students:

Attending Michigan State University College of Osteopathic Medicine:

- Eric J. Radel
- Samer George Saqqa
- Jamie VanOveren
- David Christopher Tabor

Attending Lake Erie College of Osteopathic Medicine

Kristopher Joseph Selke

Attending Des Moines University Osteopathic Medical Center

Derick Michael Johnson

Physicians in Osteopathic Residency:

Mercy General Health Partners

Kevin D. Hess, DO
(Family Practice)

Michelle Klanke, DO
(Ob/Gyn)

Matthew N. Powell, DO, DC
(Family Practice)

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Osteopathic Aphorisms

Every osteopathic physician recalls the arduous and challenging road through medical school and post-graduate training. It seemed at times to be a never-ending, rocky climb, punctuated by the ringing in our ears of our instructor's sage words. Most of the following statements are unique to the osteopathic branch of medical training. They are taken from the book *Osteopathic Medicine: A Reformation in Progress* by Gallagher and Humphrey.

From A.T. Still:

- Seek health in your patient.
- The artery rules supreme.
- We strike at life and death when we hunt in the fascia.
- The law of mind, matter and motion.

From Hippocrates:

- First, do no harm.
- The sources are forgotten but the words remain:**
- You will cure nothing; the patient will cure himself. You will attempt to assist this process.
- Lymph is life.
- Address the autonomics.
- Diaphragms act as horizontal baffles in an otherwise longitudinal fluid system.
- Whenever you do in osteopathic manipulative treatment (OMT), have these priorities: safety of the patient, safety of the physician, efficacy of the treatment, ergonomics (energy efficiency for the physician giving the treatment).
- Local manipulation can have global effects.
- Global manipulation can have local effects.
- Choose endogenous solutions over exogenous solutions whenever possible.



Do you or anyone in your family have a history of diabetes, heart disease, or death?

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