



# THE PULSE

OF THE MUSKEGON GENERAL OSTEOPATHIC FOUNDATION

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## WHITE LAKE AND SHELBY LOSE DEVOTED PHYSICIAN

**Dean A. Gerig, DO**, beloved physician in the White Lake and Shelby communities for more than 30 years, died November 24.

Dr. Gerig graduated from Chicago College of Osteopathic Medicine and earned his degree in 1959. He was



fond of West Michigan, and after completing an internship at Lansing General Hospital and working in Manistee, he came to work in White Lake with Ned Krohn, DO.

In 1965, Dr. Gerig opened a practice in Shelby and at the Lakeshore Community Hospital. In 1972, he brought into the practice three eager new physicians who had been classmates: William Hughes, Dannie Tabor and Joseph Kerschen. Together, the four established Lakeshore Medical Associates with offices in Shelby and Whitehall, which was among the first professional medical associations in West Michigan. Hackley Hospital purchased the business in 1994 and renamed it Lakeshore Medical Center.

See *Dr. Gerig*, page 8.

## TO AND FROM RUSSIA WITH LOVE

BY CHARLES (CHIP) OLSEN, DO

It wasn't something I had envisioned: anxiously dabbing perspiration from my wife's forehead within the peeling "institutional green" walls of a Russian laboring room. Rode Dome #39, like the numerous other Moscow city obstetrical centers is a place men rarely see. I was a Westerner, a friend of the director and a cash-paying customer. I was afforded unprecedented privilege. We were allotted an arm-full of neatly pressed, stained, white sheets with the occasional tear or hole. These, we were told rather curtly, should be placed between my wife and the vinyl mattress of the tubular steel laboring beds. We should change them as necessary. The young woman then turned heel and disappeared down a darkened hallway toward the faint cries of newborns wailing. We were left alone. A blessing actually, as we could have been sharing the room with as many as three other women in pain.

When Irina had nearly fully dilated, we moved to an adjacent delivery room with the same harsh surroundings, a lamp almost certainly borrowed from the KGB and instruments I hoped were sterile and only recently uncovered. In fact, I hoped none would be employed. We were relieved to see that Olga, the director of the facility and a friend, was waiting for us. She observed and coached the midwife as she does better than 1,000 times each year. And just as the 2003, July 4th fireworks were ending in Michigan, our son Alexander was born without a hitch in loving, if impoverished surroundings.

Three years earlier, I was the one wearing sterile gloves, delivering a child for a young

woman in Muskegon.

She was alone, depressed, uncertain of her future and that of her child. The delivery rooms at Mercy General Hospital were state of the art—more like hotel rooms. It was Christmas eve 1999. That same evening I met Irina—a Russian from Moscow, full of life and adventure. She was working on her Masters degree in International Business Management in

Phoenix and had come to visit mutual friends in Montague. My residency at Mercy General hadn't prepared me for Irina.

One year later we were married. And in the Fall of 2001, after concluding my residency in family medicine, I rejoined Ira in Moscow. She had returned to Russia as required under the terms of her scholarship. She had secured an apartment near the center of the city, ten minutes by foot from the

American Medical Center where I was employed as the sole American among many Russian, one British, one Israeli, and one Iraqi physician. AMC was the bold venture of a hard-nosed entrepreneur and first-generation progeny of Russian immigrants to America. I had been warned against working there. Physicians didn't always get paid, I was told. Nevertheless, my options were limited and the choice simple. I love my wife. Things would work out.

The AMC plan was simple: provide western-style health care to ex-patriots living in the Russian capitol. The doors opened in 1991.

See *From Russia*, page 4.



## BRYAN HUGHES



**Home:** West River Road in Muskegon

**Childhood:** Bryan grew up in West Bend, Wisconsin. He did undergraduate studies at Illinois Wesleyan University and attended law school at Drake University in Des Moines, Iowa.

**Family:** Married to Lucy and they have three children: Andrew, Kristen, and Justin who is married to Becky.

**Occupation:** CFO/partner, Jackal Fabrication

**Why this line of work:** "I've been entrepreneurial most of my career and started several companies. My expertise is in business and finance. A few years ago I had the opportunity to partner with Jack Budde who is a specialist in the steel industry. We opened Jackal Fabrication in 2001."

**Favorite customer or project:** "We had a contract to build the 18th Street pedestrian bridge connecting 18th Street in downtown Chicago to Soldier Field, and we had to complete it in time for the start of Monday night football and a game between the Bears and the Packers. The Mayor talked to the general contractor and they, in turn, conveyed his message to us which was that we better have it done or else, because he had to have his picture taken for the ribbon cutting. It was done in time!"

**Impact on the Muskegon community:** "We recently completed our third expansion and moved to the Whitehall area. We're helping expand the economy and we're creating jobs. Jackal Fabrication presently employs about 20 people."

**Commitment to the Foundation:** "I was on the board of Muskegon General Hospital, so I have an orientation to osteopathic medicine. I was excited to see the creation of the Foundation, and I'm pleased that the Foundation understands how to portray osteopathic medicine to the general population and to both osteopaths and allopaths. It's been satisfying to see the two branches of medicine come together to share resources in the promotion of health care in West Michigan."

**Foundation Responsibilities:** Bryan has been a member of the board of the Foundation since its inception and serves on the finance committee.

**Favorite foundation project:** "My favorite projects involve the work of Dr. Carnes and Dr. Huff. OMM demonstrates clearly the distinct differences between osteopathic and allopathic medicine, but it also provides a bridge between the two. It shows how something that is so integral to osteopathic medicine can be integrated so easily and successfully with allopathic medicine."



## FROM DAVID WELLS, EXECUTIVE DIRECTOR

I wish to take this opportunity to thank all of you who have assisted me with accomplishing the goals of the Foundation. I greatly enjoy my job as Executive Director and having the opportunity to do my small part in improving health care in our community and advancing the osteopathic profession here and nationally. Recently, I was honored with three appointments that bring to light on a state and national scale the work and contributions of our Foundation.

This summer I was appointed to the board of the Michigan Osteopathic College Foundation, which is the primary foundation of the Michigan Osteopathic Association. I believe this is the first time anyone from the Muskegon area has served on this board.

In September, I was reappointed by the new president of the American Osteopathic Association to a two-year term on the AOA's Bureau of Osteopathic Clinical Education and Research. Various councils including public health, minority health, woman's health, research, scientific affairs, end of life and clinical assessment report to this Bureau. It is very exciting to be allowed to participate, especially since I am not an osteopathic physician. If you have comments, recommendations or questions regarding any of these matters that you would like me to bring to the Bureau, please let me know.

At the recent meeting of the National Association of Osteopathic Foundations, I was honored to be elected to a two-year term as president. The NAOF, which holds its annual business meeting in conjunction with AOA's annual convention, is an AOA-affiliated association of approximately 30 osteopathic foundations. Some members are foundations of osteopathic schools or state societies, but most are foundation like ours, which originated as a result of a hospital merger, sale or acquisition. Total assets of the members are approximately \$500 million. My election as president will raise both the visibility and prestige of the Muskegon General Osteopathic Foundation on a national level.

My association with many of the current leaders of the osteopathic profession will also give Muskegon the opportunity to influence the profession in a way not previously possible.

In my travels and in reaching out to areas in our profession where few from the Muskegon area have previously gone, I have become more aware of the critical need to develop leaders in the osteopathic profession and particularly from our own community. Along this line I was especially pleased to see that the osteopathic profession has a health policy fellowship program and that our Foundation sponsored the participation of one of our own family medicine residents, John T. Duhn, DO. You'll find an interview with Dr. Duhn in this issue of the Pulse. I believe we'll be hearing more about his work with legislators in years to come. He's a rising star.

In this new year, I ask that we all step up our efforts to encourage and recruit more of our local DOs to participate in leadership roles. It is clear that the benefits of such involvement are substantial for both the health of the profession and the care and well-being of patients.

*I have become more aware of the critical need to develop leaders in the osteopathic profession and particularly from our own community*

## MEET JOHN DUHN, DO, PHYSICIAN AND ACTIVIST

John Duhn, DO, likes politics.

More specifically, he likes being an activist and working with political leaders to bring about healthcare reform.

When he learned about a series of seminars called Training in Policy Study (TIPS), offered by the American Osteopathic Association, the second year resident applied to the Foundation and received a scholarship for \$2,900 to attend four three-day sessions that will be held around the country.

We caught up with Dr. Duhn (like sand dune) in November and asked him about his interest in the politics of medicine, his involvement in osteopathic associations, and his work with Mercy General Health Partners.

### What shaped your early school years and your decision to be a doctor?

I had the privilege of going to MSU for undergraduate work but that choice was easy. My parents, grandparents and brother went there. It's a long-standing tradition! One of the most interesting things I did was go to Europe for a summer and study the history of healthcare. While I was there, one person from our group was injured. She wasn't a citizen of the UK and she had no insurance. But the only question the hospital asked her was her name. She got fine care. I also worked at a clinic in Europe and many of our patients were refugees from Turkey. Each of them had a primary care physician designated for them and they, too, were well cared for.

Those experiences sparked my interest to learn about what we're actually doing with health care here in the United States.

### Why Osteopathic medicine?

I've always wanted to be a doctor. I remember looking around at all kinds of jobs and this one seemed to suit me. I like to talk and I like to ask questions! I found osteopathic students to be very friendly, and I liked their musculoskeletal approach to medicine. I took to manual medicine very quickly and felt I had good success. I wanted to learn as much as I could, so I participated in a year-long undergraduate manual medicine fellowship.



### Why did you choose Mercy General Health Partners for your internship and residency programs and how do you feel about your experiences here?

"I grew up on the east side of the state, but I had visited the west side and wanted to live along the lakeshore. Mercy General was an option as one of the base hospitals for MSU-COM. I liked the people I met here, and perhaps most important, I have the opportunity to work directly with attending physicians. They're my primary resource for clinical experience. When I compare what I'm learning with the experiences of other medical students, I rate Mercy's program very high. The family practice program is great to be a part of.

### When did you realize you had an interest in leadership and organization?

I wasn't active at all in high school and I regretted that. I learned in college that if I participated in various groups and organizations, I had access to more knowledge and resources, and that was very helpful.

### What is Pre-SOMA and how did you get involved in it?

SOMA is the Student Osteopathic Medical Association. After I became a member of SOMA I recalled there were no osteopathic undergraduate student organizations. When SOMA decided it wanted to start a group for

undergrads, I volunteered to create Pre-SOMA. Because I had access to the osteopathic college at MSU, it was pretty easy. The college was a great resource, and I discovered a lot of interest among undergraduates. Pre-SOMA helps people understand what osteopathic medicine is and it helps a candidate decide whether that's the program they want to get into. Those who review applications for medical school will look to see if the applicant has an understanding of the osteopathic profession. Pre-SOMA offers many opportunities to participate with the osteopathic community and learn what we're about.

After I started the initial group at MSU, I was voted national pre-SOMA director. This allowed me to start other programs in the country.

See *John Duhn*, page 8.

## Training in Policy Study (TIPS)

As an activist, it's important for Dr. Duhn to learn how to work most effectively with legislators to help bring about health care reforms. And that's exactly what the four TIPS sessions are designed to do.

The first session was held in September in Washington, DC and offered an overview of health policy, the structure of the American Osteopathic Association, leadership development, health economics, and how to write a health policy brief. Dr. Duhn reports that it was very exciting.

"We worked with Barbara Ross-Lee, DO," he explained. "She drilled us on how to get to the higher ground—how to lobby for the greater good of the patient rather than pushing our own individual stand. We were continually reminded to put our personal feelings aside, to stick with the facts and the data, and to remember that we are fighting for what is best for the patient."

In December, the group will meet at New York College of Osteopathic Medicine to discuss health care access, cost and quality issues.

The March meeting will be held at the American Osteopathic Association in Washington, DC and will cover policy advocacy and the legislative process. It will include a visit to Capitol Hill.

The sessions will conclude in June at the Chicago College of Osteopathic Medicine where the topics will include healthcare workforce and vulnerable population issues.



**FROM RUSSIA**, from page 1.

The clinic grew quickly and, by the time I arrived, had changed location to a glistening new facility on the edge of the city's oldest botanical garden and park—a gem of solitude in a crowded fast-paced city. The clinic had also taken on new clientele. About 60% were Russian—mostly the new rich. The bulk of my clients were American, Canadian, and British, but I also served many Germans, Japanese, Korean and great deal of English-speaking Russians. There were directors of fledgling companies, elderly tourists who developed DVT enroute to Russia, diplomats, and the sons, daughters and wives of sports stars playing in the NBA and NHL in America.

Not infrequently, I was asked to consult with Russian physicians and employed them as translators. My Russian language skill wasn't adequate to gather a meaningful medical history. I hadn't anticipated the need while in training. However, I soon found that my training in Muskegon did prepare me for a great deal more than many of my Russian colleagues. While some undertook residency in America, Germany, or Great Britain, those who trained solely in Russia had a rather narrow field of expertise. Even as U.S. training goes, I was fortunate to be part of a pilot group of trainees who began patient encounters and hospital experience in the first year of medical school. The family medicine program in Muskegon was heavily slanted toward obstetrics, women's health and pediatrics, most of which paid big dividends in Moscow. I did not pursue license to do deliveries in Russia, but I did see a good number of women and children, and did some prenatal care.

On occasions when I was stumped, I found support via the internet and previous trainers like Muskegon pediatrician Danny Mikesell and gynecologist Gus Barkett. I am very grateful because meaningful consults were difficult to obtain in Moscow and in Warsaw, Poland where I worked briefly. Language was an obvious barrier, but there was also some jealousy and outright disdain. Russian physicians generally work longer hours for a fraction of the pay that Western physicians receive. Most Russians work in crowded polyclinics and aging hospitals. The cardiologist who visited my wife's grandmother in her apartment brought his own EKG, which he

grounded to the radiator. He redressed her weeping, edematous legs, left a month's supply of diuretic and beta-blocker and was convinced to accept \$20. I was called out on Christmas eve 2002 to suture an ear in a hotel room. Our clinic received \$350 for my troubles and the British patient stuffed another \$50 in my hand as I departed.

As time went on, it became apparent that AMC had stretched too far at a time when competition was increasing. There were French, German, Russian-American, British-American and even the catch-all European Medical Center, SOS and the British and American Embassies with physicians. Competition was tough, and we made it tougher. The New York-trained Russian internist and acting Medical Director, Malaysian-born and

Australian educated business and financial director and I handpicked a staff of nurses and swayed the bulk of physicians to jump ship from AMC and start our own American Clinic.

The facility was an American physician's dream: X-ray, Ultrasound, CAT Scan, MRI, lab on demand. We occupied the ground floor of Presidential Polyclinic # 1. We did scheduled ambulatory, walk-in care, prenatal but no deliveries, 23-hour observations and low acuity short stay. I convinced my partners to purchase coposcopy and electrocautery units to add to our simple surgical procedures, but had to educate the physicians in their use. The medical director and I shared weekly CME presentation duties.

Complicated hospitalizations, deliveries, and major surgery were sent to larger hospitals in the city or often to Helsinki, Finland; London, UK or Frankfurt, Germany.

Over two years, I received a handful of calls at home, never carried a pager or was responsible for call. I did make occasional house calls to the homes of influential business leaders or diplomats. I was even summoned to a prominent playhouse to perform OMT on a visiting African dancer. I can't take full credit for her performance that night. She also received a trigger-point injection from our neurologist.

In addition to Osteopathic manipulative techniques, I found the osteopathic principal of treating the patient and not just the disease to be valuable. Depression, anxiety, adjustment disorder were all prevalent comorbidities among both Moscovites and visitors who were new to the country and not well adjusted to a different culture.

Our first inpatient was treated for depression and saw me frequently for OMT. I was treating somatic dysfunction related to psychological stress. His business partner had been assassinated by a competitor; a fate not uncommon to those who seek great fortune in the new wild west economy.

**Down Time**

It wasn't all work, though the work wasn't all that taxing.

Most city-dwelling Russians possess a summer home called a dacha, not unlike our camps and cabins, but generally set very close together in tiny countryside villages. There they grow vegetables and fruits for canning and consumption during the rest of the year. Many, if not most, have bonyas (saunas) as well. My first trip to the dacha was memorable, to say the least.

My father-in-law, Yuri, speaks no English and my Russian was essentially non-existent at the time. His dacha is snuggled amongst about one dozen others, 90 minutes outside of Moscow. The entire community shares an open well and nearly all knowledge of their neighbors' lives.

Together with Yuri's adult stepson, we ventured into the chill autumn air after dinner and after dark. We

made our way between the harvested garden rows and orchard to his bonya. The hand-fashioned, wooden structure resembled a tool shed common in backyards of suburban America, but much more rustic. We passed under a low overhanging porch into a sitting room with three chairs, a small table, one bench and pegs for hanging our clothing. We disrobed and entered the super-heated room adjacent. The ceiling in this room was a bit higher, perhaps seven feet. There were two ceiling support beams on either end of a raised platform with large bench seating. The wood stove sat in one corner, fired from outside the structure. And a bucket of cold water sat in the opposite corner.



After a few minutes of silent, profuse sweating, Yuri directed me (mostly with hand gestures) to lie on the upper bench and cover my “tender parts.” He then proceeded to thrash me with an aspen bough, after which I was directed to kneel while Boris and Yuri scraped my back with not so tender strokes, using a nylon scrub. I was then doused with water from a bucket and led to the outer room where we donned bathrobes and drank sok (juice of the current berry). This routine was repeated thrice before we retired to the dacha for vodka. There were toasts for friendships, in-laws, Russian-American relations, and fallen comrades. Through tears, broken English and simple Russian, Boris described the recent loss of a good friend and soldier, killed in the war in Chechnya.

Alone in the garden after dark the following evening, I heard a woman’s voice call out weakly and repeatedly “pomagetti, pomagetti.” On either side of Yuri’s dacha were two year-round residents—an 84-year-old woman who lived self-sufficiently except for help from neighbors to split her wood for winter, and an 85-year-old who was very dependent upon her son.

When my wife joined me in the garden I asked what she thought of the sounds coming from next door. “Oh her son has gone to town and she is probably praying out loud,” Ira explained. “What does pomagetti mean,” I asked. “Help me,” she replied.

Instantly, I assumed the elderly woman had fallen and broken a hip. I wanted to rush in and see that she was all right. My wife stopped me. “Oh you can’t do that. I’ll tell my dad.” Yuri agreed that acting alone would be a grave mistake. It could be misinterpreted. He would gather the community in counsel. He struck out and returned in some 15 minutes with at least one representative of every household in the community. This was a rag-tag collection of elderly women in night robes and boots, rotund middle-age men fresh from the bonya,

along by their mothers who glared suspiciously at the obvious foreigner.

They forced the lock and entered the home together while I brought up the rear. The woman was found in a darkened back room. She was disoriented and very chilled. She had entered the room to retrieve wood for her stove and gotten confused when the door closed behind her. She could find neither handle nor lamp.

I was very taken by the image of this woman as she was gently escorted through the crowd. With wild white hair and flowing linen nightgown she seemed an elderly angel drifting across the crowded room.

Still very shaken, she sat upright in her bed, staring at the faces around her as if thinking she should recognize these people, but did not. A young boy of five or six pushed through the forest of legs and climbed upon the bed to sit next to her. He stroked her sleeve and repeated softly “vsyoe harasyoe, vsyoe harasyoe” (everything’s alright). Their eyes met and she smiled. It was decided among the women that one man would stay behind to sit with the woman until her son returned from Moscow the following day. The designee was wrapping a shawl around the woman and asking if he could bring her tea as we returned to the night air.

So ended our first weekend in Russia. The following two years were filled with memories for a lifetime, from strolling Red Square to the birth of our son. I dream often of Ra-see-a and our friends and family there. Relationships I made in Russia were straight from the heart and hard to leave. On our final weekend there I said good-bye to some friends in proper fashion. We had been invited to an afternoon picnic at the British Embassy, located on the Moscow River directly across from the Kremlin. We gathered in the garden to eat. We laughed, danced and sang as the sun set beyond the golden domes of the Kremlin’s cathedrals. The party dwindled from a couple hundred folks to a dozen or so. I was among the jovial remnants who piled into a crowded van in Her Majesty’s service to be chauffeured about the city. We wrapped up in the early morning, singing ancient celtic ballads, arm in arm with men in plaid skirts. I don’t even speak Gaelic. Such is the magic of Moskva.

wrapped in towels and flushing with vodka, and a handful of sleepy children ushered



*Chip graduated from MSUCOM in 1998. He did his Internship/FM Residency at Mercy General Health Partners in Muskegon before leaving for Russia. Currently he is in a group Family Practice in Gladstone, Michigan and a staff physician with Order of St. Francis Hospital in Escanaba, Michigan.*

## UPDATE ON THE OSTEOPATHIC MANIPULATIVE MEDICINE CLINIC

It’s been four years since Dr. Huff opened the Osteopathic Manipulative Medicine Clinic in Muskegon, and it’s clear that his work has found a grateful audience.

“I’m pleased with the broad base of referrals we’re getting,” reports Dr. Huff. “A number of physicians are referring cases to us—both MDs and DOs—and it’s very gratifying. They recognize that there is something we can offer their patients.”

Moving the office to the Health Pavilion on Sherman has also been a positive step. Patients find it easy to get to. It’s close to the hospital, and there are a lab, x-ray facility and pharmacy right on the premises.

“We see a lot of patients with back pain, as you might guess,” says Dr. Huff, “but we’re also seeing interesting cases such as fibromyalgia, headaches and non-rhumatic musculoskeletal complaints.”

Dr. Carnes, who started with the clinic as a hospital-based physician two years ago, is also busy these days seeing a variety of patients including newborns, post-operative, and inpatients with medical problems.

In the office, he treats children with feeding disorders and those with misshapen heads due to the trauma of birth and other complications. It’s a special focus of his, and one for which he received certification from the Osteopathic Cranial Academy.

“We’re very lucky to have Dr Carnes here,” says Dr. Huff.

As with all businesses, it takes a while to get established and become profitable. A grant from the Foundation to the OMM practice for \$63,841 will help bridge the gap.

And how are the patients unfamiliar with OMM reacting to their new treatment?

“Very good!” reports an enthusiastic Dr. Huff. “The referring physicians prepare the patients well and they come with an open mind.”

For more information about the OMM clinic, contact Dr. Huff at 231-777-6336

## MUSKEGON FAMILY CARE BUILDING NEW FACILITY



*Imagine being a young mother struggling to get to the doctor's office with an infant and two toddlers in tow. You arrive at the front door, unable to crowd into the lobby because of a line of patients waiting to check in. After Check-in, you are brought back to an exam room so small that only one chair fits into it, and you can't find a place to set down the car seat containing your 4-week-old. The provider enters, displacing the toddlers who had been sitting on the floor. The nurse and the provider do not fit in the room together, and you wonder how anyone in a wheelchair could be seen here.*

REPORT TO THE COMMUNITY, FALL 2002  
MUSKEGON FAMILY CARE

That's a scene that's repeated day after day in the 30-year-old facility that houses Muskegon Family Care. For Tom Lufkin, who came on board as executive director three years ago, the situation was unacceptable, and he set out to change it.



Tom has been heading a capital campaign to raise funds for construction of a new \$3.7 million Muskegon Family Care facility. It will be located on a 2.1-acre site between Getty and Ray Streets in Muskegon Heights. And it's within walking distance of the 200-unit East Park Manor low-income public housing project.

where staff can conduct training on such topics as diabetes management and pregnancy counseling. The conference room will also be available for use by the public.

There will be some creature comforts too—a break room and an appropriate number of restrooms. And perhaps most exciting is the drive-up window where patients can pick up prescriptions. Muskegon Family Care is designated as a Federally Qualified Health Center, so it can provide medications to patients at prices that are 30-40% lower than traditional pharmacies.

The success of Muskegon Family Care in providing health services to the poor and uninsured caught the attention of the President Bush during the recent presidential campaign.

"I received a call from the White House," remembers Tom. "The caller wanted to know about our success story, moving this organization from being in debt to having a positive bottom line, and they wanted to know about the new building."

As a result, Tom was asked to sit on a panel with three businessmen from Grand Rapids, during Bush's visit to West Michigan, to talk about what the government does to support such programs.

"The President was complimentary of our care," says Tom, "and because of the exposure we received that day, people have come forward to support our work here."

The Foundation has awarded a grant in the amount of \$100,000 for construction of the new center. It's expected to open in late spring. Muskegon Family Care also operates a medical clinic and a dental clinic at the Oak Complex. The dental clinic previously received support from the Foundation as well.

If you'd like more information about Muskegon Family Care, contact Tom Lufkin at 231-777-6178.



Bringing this project from dream to reality has been an uphill battle to be sure, but one that Tom and his remarkable staff know is worth the fight.

"The rooms in this building are too small for wheelchairs and difficult for people with disabilities to maneuver around in," he says. "When people come to this facility now, it feels like the end of the line for them. It's depressing. A new building will dignify the medical care that people receive." Tom believes that along with providing good medical care, the mission of the center is to elevate the human spirit.

The new facility will have large, efficient examination rooms, plus a conference room outfitted with audio-visual equipment

## OSTEOCHAMPS— FOSTERING HIGH SCHOOL STUDENTS INTERESTED IN MEDICAL CAREERS

Seven promising high school students were accepted into the OsteoChamps program this year and each was awarded a scholarship of \$2,000. Having been selected because of their interest in pursuing a career in a medically-related field, these students will receive mentoring from osteopathic medical students and physicians, and practical guidance in areas such as study skills and scholarship opportunities. They also take part in a two-week summer program at Michigan State University that gives them an introduction to medical education and college life.

Five students returned for their second year in the OsteoChamps program and were also awarded scholarships of \$2,000. These high school seniors attended their second two-week summer session at Michigan State University and will continue in the mentoring program. If they choose to continue their education at a state university, they will be eligible for scholarships that are designated specifically for participants of the OsteoChamps program.

Here are some thoughts from three OsteoChamps students:

*I like this program. It showed me the different careers in the medical profession. In about the 9th grade I started thinking I wanted a career in medicine. In the 10th grade, when I was in the health and human services program, we did a job shadow and I shadowed a physician. It was very interesting.*

*This program gives us experience in different medical fields, plus we got to spend time on a college campus. I got a chance to see college life.*

**WILLIAM VAUTERS**  
FIRST-YEAR OSTEOCHAMPS STUDENT

*OsteoChamps is a very good program! I learn so much and I make a lot of friends. Each year at the summer session at MSU we create a presentation, usually about diseases, which we present to the leadership at OsteoChamps and to the teachers we've worked with during those two weeks, and our parents. I like being in a college setting. The classes were so helpful—especially anatomy and physiology. And the teachers were very respectful of our interest, particularly in working with cadavers. We don't get experiences like that in high school. It was all very good.*

*I really like helping people, and I think medicine would be a good career for me to go into. The people we work with, the teachers, are so inspiring and full of energy. They love what they do and they triggered the thought in me that I can make a difference if I believe in what I do. I'm thinking about going into radiology. I have been accepted at Michigan State and Grand Valley State. My plan is to go to GVSU and transfer to MSU for graduate work.*

**AMY PETERSON**  
RETURNING OSTEOCHAMPS STUDENT

*It's a great experience—to be able to be involved in something that's my passion, experiencing college, classes, and new people. In the summer session, I liked the clinical case studies where we were given a problem that we had to diagnose. In one class, we got a chance to partner with another person, listen to their heart, see in their ears and eyes and throat...it was hands-on and we could actually do something that a doctor would do with a patient.*

*I'm thinking of going into family practice, perhaps with an emphasis in sports medicine. I love sports and I play sports and you get to do it all in family practice.*

*The show ER got me turned onto medicine. The thought about helping people and making a difference appeals to me. Technology is coming along quickly. One day we're going to be able to find cures that we don't have now.*

*I'm going to Muskegon Community College for two years, and then I'll transfer to a university, and probably will go to MSU for osteopathic medical school. Osteopathy gives you a whole picture. I think osteopathic doctors spend more time with their patients, and they have the philosophy that we can work with the body to help it heal itself.*

**JILLIAN GUENTHARDT**  
RETURNING OSTEOCHAMPS STUDENT

### CONGRATULATIONS TO THE FOLLOWING FOR BEING ACCEPTED INTO OSTEOCHAMPS:

#### First-year students:

Monica Bester, Muskegon Heights High School

Krystal McNaughtan, Holton High School

Courtney R. Moore, Orchard View High School

Nicole Norman, Muskegon Heights High School

Derrick Stewart, Reeths Puffer High School

Torey A. Sylva, Orchard View High School

William Thomas Vauters, V, Muskegon High School

#### Returning students:

Whitney Erin Banks, Muskegon High School

Jaclyn DeJonge, Orchard View High School

Malinda S. Denczek, Montague High School

Jillian Rene Guenthardt, Orchard View High School

Amy Peterson, Mona Shores High School



**Muskegon General  
Osteopathic Foundation  
Board of Directors**

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## FAITH-BASED DIABETES MANAGEMENT PROGRAM IS A SUCCESS

About two years ago, members of the Church of God in Christ approached the Westshore Health Network to talk about major health concerns they have for African Americans in the Muskegon area. Their most urgent issue was the alarming number of individuals struggling with diabetes.

“We were asked to consider developing a program for their specific needs,” remembers Linda Bailey, Executive Director of Westshore Health Network. “Working with Bishop Wells at the church, we designed a program with several components including education and moral support, and we piloted it this past summer.”

It offered eight evening sessions presented by physicians and clinicians who covered topics such as diet, exercise, eye and foot care. Lay coaches were trained to mentor and encourage the participants.

“The program was very successful,” reports Bailey. “Those who attended had a measurably better understanding of their diabetes than when they started. They were armed with more information about their disease process and how to manage it.”

After evaluating and fine-tuning the program, Westshore Health Network will roll it out again this winter for a new group of participants.

“We found we can work with about 50 people at a time, and we can run the program for about \$5,000,” says Bailey.

The Foundation has awarded a grant of \$2,500 to support this program.

For more information about the project, call Linda Bailey at 231-739-3882

JOHN DUHN, from page 1.

### How does your work as an activist and your participation in osteopathic associations benefit your patients?

Often, the groups I work with get involved in community projects, such as Habitat for Humanity, and those experiences all help make us a better doctors.

Being an activist gives me the opportunity to fight for the things I think are right. For example, I have strong feelings about health care coverage. I want to learn about changes in health care that can help our patient population. Professional liability insurance reform is an important issue currently.

Right now, I'm writing a brief on health care disparity, called Closing the Health Care Gap. We know that certain groups get less coverage or lower standards of care. We're trying to figure out where the disparities exist and how we can correct them.

I'm also active with the Intern/Resident Bureau, the voice of interns and residents in the American Osteopathic Association. And I work on a taskforce that is designating a “go to” person—one individual in each hospital that residents and interns can turn to when they have questions about manual medicine. At Mercy, our contact is Michael Carnes, DO.

### What's on the horizon for you?

I plan to stay here on the west side of the state and work in a group practice. I like family practice because I like working with everybody from newborns to people with multiple health problems.

DR. GERIG, from page 1.

After he retired from the Center in 1999, Dr. Gerig began working for Hackley Occupational Health Clinic. He took his second retirement earlier this year.

Known for being forward thinking, Dr. Gerig was a member of the Shelby Hospital Board of Directors and helped plan an addition to that facility in 1972. He was also involved in early discussions to bring a community hospital to the White Lake area.

Those who knew him remember his dedication to medicine, to his family and to his church.

“He was always trying to do more for his patients, his associates and the practice,” remembers Dr. Kerschen. “He was an honest, friendly, and generous man.”