

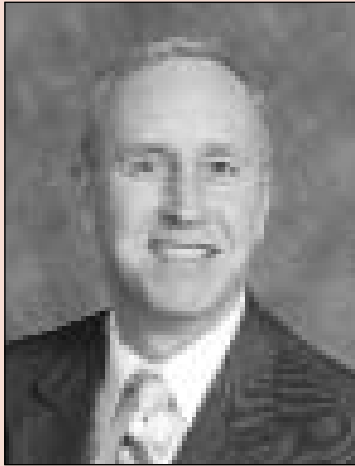


2003

# ANNUAL REPORT

OF THE MUSKEGON GENERAL OSTEOPATHIC FOUNDATION

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## REPORT FROM DAVID M. WELLS, EXECUTIVE DIRECTOR

2003 was a very exciting and active year for the Muskegon General Osteopathic Foundation. Finally, after three years of persistent and discouraging losses on investments in the stock market, the investment environment changed. In 2003 the Foundation experienced a net investment return of approximately 20 percent exceeding \$1 million. The Foundation has a long ways to go to make up for the losses of the previous years, but 2003 was an excellent start.

Also, to enhance investment return in the long run, the Board of Directors of the Foundation established a new and more diversified investment policy. The Board of Directors also conducted a detailed and comprehensive evaluation of the performance of its 5 professional money managers. This resulted in the elimination of 4 of

## JAMES JACKSON, DO

So often, the choices we make and the paths we follow can be traced to a single, life-altering incident or a period of time that changed forever the way we look at the world.

And so it was for James Jackson.

At 10 years old, he contracted rheumatic fever, a devastating illness that often left its victims with permanent heart damage. Growing up in Springfield, Massachusetts, James was fortunate to have a family doctor he greatly admired, and who made frequent house calls to check on his young patient. He remembers the doctor was quite an intellectual who used to argue religion with James' mother.

The doctor also had ties to Harvard University and he managed to get James admitted to Peter Brigham Hospital at Harvard, where a study was being conducted to determine what caused rheumatic fever and how it could be treated.

It was 1941, and James was the hospital's first Black patient.

What follows is his story, in his words.

I was in the hospital a whole year. The doctors kept me in bed most of the time, and they were trying different drugs to see if they could abate the heart problems caused by rheumatic fever. Penicillin had not yet been discovered.

I admired the doctors who worked on me there, and when I came home, I knew I wanted to be a doctor. That's all I ever wanted to be.

My parents had come to Springfield from Montgomery, Alabama, in 1921 to set up a Holiness church. When it was time for me to go to college, a minister at the congregational church I'd been attending suggested I go to Detroit, so I headed to Wayne State University and I fell in love with the area. Five years later, I enrolled in Des Moines College of Osteopathic Medicine and Surgery, now Des Moines University.

In those days, it was the practice for representatives of communities to come visit medical students and recruit them to intern at their hospital. A couple of doctors from Muskegon came to Des Moines to recruit me but I wasn't interested. I wanted to go back to Detroit because I had loved it so much there, and I didn't know anything about Muskegon. A doctor came back for a second visit and asked again if I would consider interning in Muskegon. I asked if they had a lot of black people there. He said there were lots of black people but no black interns. And he told me that the staff had made a commitment to bring me there. He promised a good salary. So I agreed.

When I arrived, I found out that there was housing provided for the white interns, but none for me. But you can overcome things like that. Mostly, I fell in love with the lake and I wanted to stay here forever. It was June, 1960, when my wife and I arrived in Muskegon and it was hot! Sometimes we slept on the beach at night where it was breezy and cool.

The osteopathic physicians had done so well here, and they had gone into areas where poor folks were, so I had an excellent internship with a staff that was committed to teaching us. After a year, I was asked to stay and set up practice here. The doctors loaned me money so I could get started and they built up my practice fast. They sent me their overflow, and when they got a call from a patient who needed to be seen immediately, they often passed the patient on to me and asked if I could make a house call. I loved house calls. It was what I had grown up with, what I'd learned from my family doctor. I still make house calls!

See *Dr. Jackson*, inside.

*"History, although sometimes made up of the few acts of the great, is more often shaped by the many acts of the small.*

— Mark Youst, *The Wall Street Journal*

**DAVID WELLS**, from cover.

these managers and the hiring of three new professional managers. The results since these changes were made have been quite satisfactory.

Also, in light of the investment losses of the previous three years, the Board of Directors aggressively slashed the budget of the Foundation by 30 percent from the previous year, yet was capable of maintaining and continuing the Foundation's core services, grants and scholarships to the community. Additionally, in spite of inflation of approximately 6 percent over the past two years, the Foundation's expenditures for operating and administrative expenses were approximately six percent less than in 2001.

The Foundation Board is quite proud of the fiscal restraints and investment policies enacted in response to the economic climate of the past four years and is looking forward with great anticipation to the future.

**DR. JACKSON**, from cover.

During the 1960s, I got involved in civil rights. The minister back in Springfield had taught us how to picket and how to protest and to be socially conscious. At the time, Blacks couldn't go to restaurants in downtown Muskegon. The owners didn't want to serve us. I knew I had an education and that it couldn't be taken away from me. I knew I was an American and that I had rights. And so it began.

There was a press club in downtown Muskegon, and I was invited to a New Year's Eve party there one year. Several of us were talking about the racial situation in Muskegon, and a reporter yelled a slur at me, which caused a few fists to fly. Later that evening several of us got together and we began to talk about how we could change the racial problems in Muskegon. We met for six months to decide what we needed to do. In the end, our decision was to picket. It was a show of force. We picketed primarily for jobs. We felt if people had jobs, they could get a lot of the other basic things they needed like clothes and food for their kids and a house. Back then, landlords still denied housing to blacks and the housing situation was bad, so we started talking about open occupancy in housing, too.

Pretty soon, there were discussion groups going on all over town, and they were hot. And with all the pro and con debate, there was a lot of movement forward. For about seven or eight years, we did all kinds of demonstrations, sometimes with as many as 200 picketers. And we worked to keep them peaceful. Always peaceful. We made it a family event. My wife, daughter, and three young sons demonstrated right along with me. We realized that people had a collective power. If we could come together and struggle together, things could change. People have tremendous power when they work together. My children understood that and today, two of them are osteopathic physicians, practicing in Nebraska and Indiana.

At the time, there were those who wanted me thrown out of the hospital because of my picketing activities, but I had a group of osteopathic doctors behind me and I've always appreciated them. They stood up for me.

Slowly, the people in this town began to realize that they had to change. They had to become more human. We brought to light what kind of community this could be...we had a vision... where people could go wherever they desired, where they could be a part of this community as much as they wanted to be, and be valued, and live and work together. People like Martin Luther King and Malcolm X helped us see that there was a new world coming, and together, a great many people worked to bring it forward.

## MEET DOCTOR JASON KINNEY

Dr. Kinney always liked biological science, and he likes helping people. So when he started thinking about a career, medicine seemed a good way to integrate the two.

He grew up in Pinconning, Michigan and attended Saginaw Valley State University for undergraduate studies.

"While I was there, I participated in programs where we could 'coat-tail' physicians and follow them around on their rounds," Dr. Kinney remembers. "And that sealed my decision to be a doctor."

He chose osteopathic medicine because he liked the idea of a holistic approach, and he was interested in skeletal manipulation. He entered Michigan State University's College of Osteopathic Medicine and graduated in

1998. From there, he went to Metropolitan Hospital in Grand Rapids where he did both his internship and residency. He also met Holly, his future wife.

When it was time to look for a job, the couple hoped they could stay in West Michigan. Holly is a native of Grand Rapids and they both like this side of the state. They were very happy when Dr. Kinney was offered a position in outpatient family practice with Mercy General Hospital. He started seeing patients in July of 2001

Why family practice?

"I like to be able to see patients when they first come in with health issues," says Dr. Kinney. "I think family practice is more personal. I get to see everyone in the family—parents and kids. I like the variety and dealing with a whole spectrum of problems."

The advice he readily offers patients to help them live longer and healthier lives, "Exercise

regularly and don't smoke, don't smoke, don't smoke!"

When he's not taking care of patients, Dr. Kinney enjoys reading, being outside, playing golf and watching his 20-month-old daughter discover the world.

"I'd like to be remembered as someone who does his best for people and who puts his patients first," says Dr. Kinney. "I like helping people out."

## GRANTS PAID IN 2003

- \$3,500 to **West Shore SAFE Communities** for the implementation of a safe senior driving program.
- \$1,900 to **West Shore Health Network** to conduct a community survey to evaluate Michigan County Residents views regarding End of Life Care.
- \$500 to **MS JAMS** to aid and improving outreach programs to the thousands affected by MS in West Michigan and for continued research or potential treatments and cures for MS.
- \$5,000 to **Muskegon County SAFE Kids and Mercy General Health Partners** for the Four Steps to Safety—Child Passenger Safety program.
- \$100,000 to **Mercy General Health Partners** for the emergency room and OB construction projects.
- \$100,000 to **Mercy General Health Partners** for the Osteopathic Manipulative Medicine Services.
- \$17,000 to the **Foundation for Osteopathic Health Services** in conjunction with the University of North Texas Health Science Center and the Osteopathic Research Center for funding of an research project on the use of Osteopathic manipulative medicine for Elderly inpatients with pneumonia.

## SCHOLARSHIPS IN 2003

*Six scholarships of \$4,000 each were awarded to the following osteopathic medical students:*

### Tricia Anscorb

Lake Erie College of Osteopathic Medicine, 2006

Central Michigan University, 2001

Central Michigan University, 1999

Holton High School, 1995

### Kristopher Joseph Selke

Lake Erie College of Osteopathic Medicine, 2004

Grand Valley State University, 2001

Romeo High School, 1995

### Derick Michael Johnson

Des Moines University Osteopathic Medical Center, 2004

Calvin College, 1999

Holnd Christian High School, 1995

### Scott Anthony Barnes

Michigan State University College of Osteopathic Medicine, 2007

Michigan State University, 2001

Muskegon Community College, 1997

Fruitport High School, 1995

### Samer George Saqqa

University of Health Sciences College of Osteopathic Medicine, 2004

University of Michigan, 1999

Grand Haven Senior High School, 1995

### Joel Robinson, 2005

Michigan State University College of Osteopathic Medicine

Grand Valley State University, 1999

Muskegon Community College, 1995

Muskegon High School, 1989

*Eight scholarships in the amount of \$2,000 to the following First Year Osteochamp Students.*

**Whitney Erin Banks**, Muskegon High School

**Elizabeth Echo Carpenter**, Whitehall High School

**Jaclyn DeJonge**, Orchard View High School

**Malinda S. Denczek**, Montague High School

**Jillian Rene Guenthardt**, Orchard View High School

**Rachel Pechenik**, North Muskegon High School

**Krystle Williams**, Muskegon Heights High School

**Amy Peterson**, Mona Shores High School

*Seven scholarships in the amount of \$2,000 to the following 2nd year Osteochamp Students.*

**Kara Bostrom**, Holton High School

**Holly Douglas**, Holton High School

**Kristin Fetterley**, Reeths Puffer High School

**Amanda Ford**, Holton High School

**Andre LeMieux**, Muskegon Catholic Central High School

**Jessica Molhoek**, Reeths Puffer High School

**Jennifer Morningstar**, Whitehall High School

## JAMES ROSEMA SCHOLARSHIP 2003

\$500 to Melissa Venne

## 2002 FINANCIAL STATEMENT

### Statement of Cash, Investments and Assets

December 31, 2002

Cash and Investments Market Value	
Cash	31,230
Marketable Securities	6,274,678
<b>Total</b>	<b>\$6,305,908</b>
Liabilities and Net Assets	
Liabilities	0
Restricted Assets	6,884
Unrestricted Assets	6,299,024
<b>Total Net Assets</b>	<b>\$6,305,908</b>

### Statement of Cash Receipts and Disbursements

Year Ended, December 31, 2002

Revenues	
Net Investment Income	1,067,844
Cash Donations and Program Fees	1,284
Donations from Mercy General Health Partners based upon designated operative procedures	193,671
<b>Total Revenues</b>	<b>\$1,069,128</b>
Disbursements	
Grants, Scholarships and Program Costs	288,908
Operating and Administrative Expenses	78,467
<b>Total Expenses</b>	<b>\$367,375</b>



**Muskegon General  
Osteopathic Foundation  
Board of Directors**

David L. Dora, D.O.  
*Chairman*

Mark F. Fazakerley  
*Vice Chairman*

Linda Jagnow-Bothel  
*Secretary*

Harry R. Arthur, D.O.  
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Denny Churette

Willard P. DeBraber, D.O.

Gerald A. Harriman, D.O.

José A. Infante

Patricia J. Roy, D.O.

Roger Spoelman

Patrick E. Walsh, D.O.

**Executive Director**  
David M. Wells

## DR. MICHAEL CARNES A “...WONDERFUL ASSET”

“We’ve been very fortunate to have Michael Carnes come to Mercy General Health Partners,” reports Dr. Richard Huff, director of the Osteopathic Manipulative Medicine Clinic in Muskegon.

Dr. Carnes joined the hospital staff about 18 months ago as director of the new neuromusculoskeletal residency program and as a consulting physician working with inpatients for whom osteopathic manipulative medicine (OMM) may be of benefit in the treatment of their condition.

He trained at St. Barnabas Hospital, which has the preeminent inpatient osteopathic training program in the country, and offers a two-year residency program. Following that, Dr. Carnes directed a residency program in Texas and taught at the osteopathic college in Fort Worth.

“As a result,” says Dr. Huff, “Dr. Carnes has a great combination of training and experience, and he’s a wonderful asset for the patients.”

The addition of Dr. Carnes to the staff also means MGHP now has both an inpatient and outpatient osteopathic program, making it possible for the hospital to meet all regulatory requirements for accreditation by the American Osteopathic Association.

“The inpatient osteopathic manipulative medicine service is really starting to show stability and maturi-

ty,” says Dr. Carnes, who has been especially gratified by the number of patients referred to him by both allopathic and osteopathic physicians. He says the volume of consult requests continues to increase at a steady pace. Dr. Carnes is also certified by the Cranial Academy and is doing outpatient work with children with issues such as swallowing difficulties, recurrent otitis media, and developmental delay.

Institutional review board approval for a research project to determine the affect of OMT when used as an adjunct to conventional treatment for acute pancreatitis should soon be complete. If all goes as planned, patient enrollment and data collection should begin this spring. In addition to the length of the patients’ hospital stay, Dr. Carnes says he will collect data on lab results and look for trends in resolution and correlation between clinical improvements and improvement in lab data. A similar study was conducted several years ago that showed statistically significant decreased length of stay, but with only about 15 subjects. For this study, which will be conducted over the period of about one year, Dr. Carnes hopes to study 100 patients.

“The strides we’ve made in just the year and a half since Dr. Carnes arrived have been significant,” says Dr. Huff. “We’ve added services for patient care that were not available in the past, and that means patients have access to a type of care that will get them feeling better faster and, we hope, get them home from the hospital quicker.

Look for further progress reports in the next issue of the Pulse.

## MULTICENTER OMT STUDY IS UNDERWAY

The proposed study to evaluate the effects of osteopathic manipulative treatment on

### THE FIVE CENTERS INVOLVED IN THE PNEUMONIA TRIAL ARE

**Mount Clemens General Hospital**  
(Michigan)

**John F. Kennedy Memorial Hospital,**  
Stratford NJ, affiliated with University  
of Medicine and Dentistry of New  
Jersey School of Osteopathic Medicine

**Osteopathic Medical Center of Texas,**  
affiliated with Texas College of  
Osteopathic Medicine

**OhioHealth Doctors Hospital** in  
Columbus, Ohio

**Northeast Regional Medical Center,**  
affiliated with Kirksville College of  
Osteopathic Medicine

the recovery of elderly hospitalized patients with pneumonia, that we reported on last year, has received the necessary \$1.5 million and an enthusiastic go-ahead from a consortium of osteopathic medical foundations and other supporters.

According to Donald R. Noll, DO, who chairs the Department of Internal Medicine at Kirksville College of Osteopathic Medicine, this is the biggest OMT study ever done. He says geriatric patients were chosen as subjects for the study because pneumonia is a major health problem in the elderly. Hospitalized patients are a particularly vulnerable population, with longer-than-average hospital stays, more complications and higher mortality rates than the general adult population.

Five participating medical centers are recruiting 450 subjects who are all at least 60 years old and each will be randomly

assigned to one of three groups:

- patients receiving OMT by OMT specialists or residents under the supervision of OMT specialists, and who are also receiving the normal course of conventional treatment by attending physicians.
- a control group of patients receiving a “light touch” placebo treatment by the same DOs administering OMT to the experimental group, in addition to the normal course of conventional treatment by attending physicians.
- a control group of patients receiving conventional care only.

The “light touch” will mimic OMT and be administered to the same areas of the body and for the same duration as treatments of OMT administered to patients in the first group. This will allow investigators to measure the effects of OMT versus the effects of simply touching patients. All patients receiving OMT will receive the same amount, but