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Digest of the Philadelphia College of Osteopathic Medicine (Spring 2012)

Philadelphia College of Osteopathic Medicine

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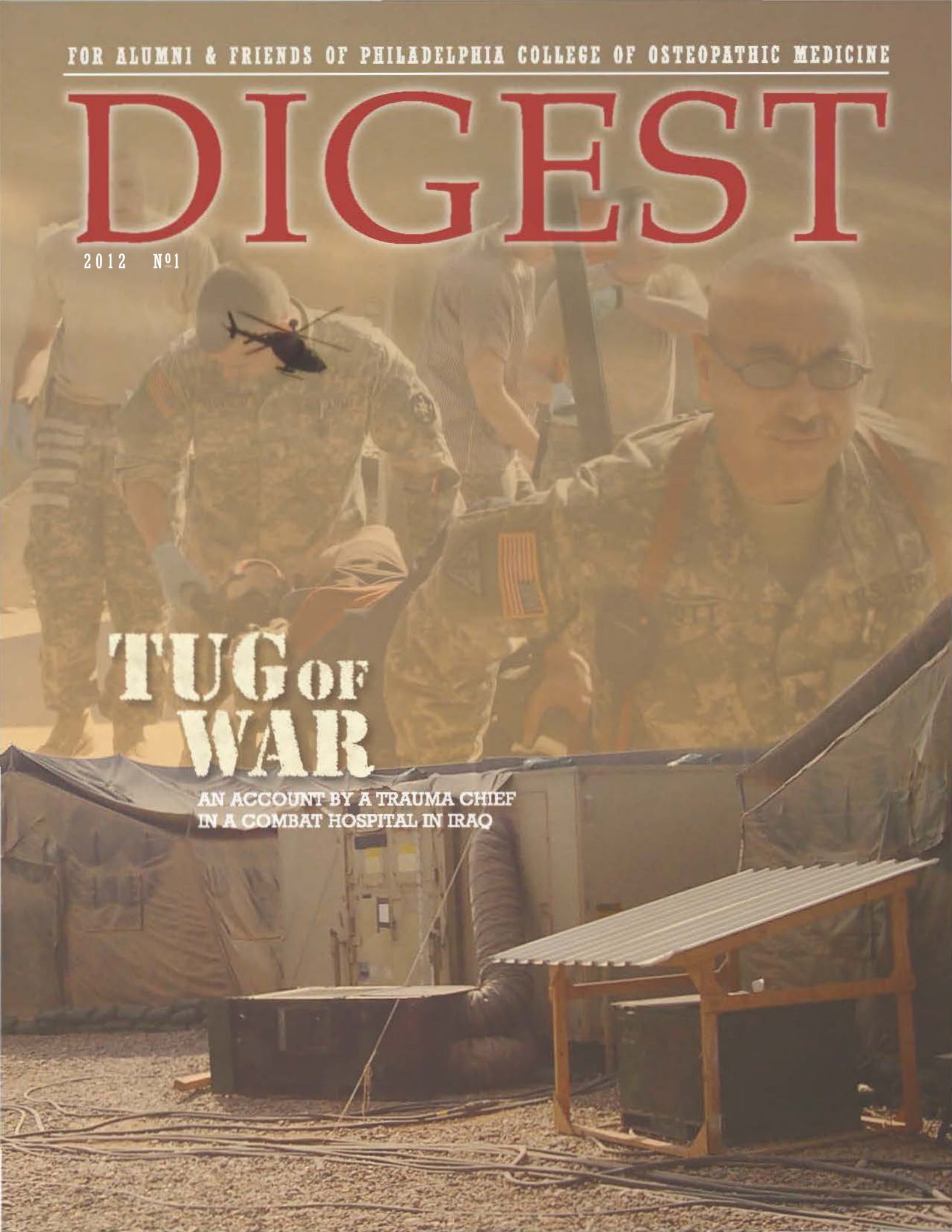
FOR ALUMNI & FRIENDS OF PHILADELPHIA COLLEGE OF OSTEOPATHIC MEDICINE

DIGEST

2012 No1

TUG OF WAR

AN ACCOUNT BY A TRAUMA CHIEF
IN A COMBAT HOSPITAL IN IRAQ



DIGEST

2012 No. 1

EDITOR

JENNIFER SCHAFFER LEONE, MA

CREATIVE DIRECTOR

WENDY W. ROMANO

GRAPHIC DESIGNER

ABIGAIL HARMON

CONTRIBUTING WRITERS

DANIEL F. BATTAFARANO, DO '83

JANICE FISHER

DAVID HNIDA, DO '80

MADLINE LAW

PAMELA RUOFF, MS

CAROL L. WEISL

NANCY WEST

FLORENCE D. ZELLER, MPA, CFRE

PHOTOGRAPHERS

MICHELE CORBMAN

BRUCE FAIRFIELD

ABIGAIL HARMON

JOHN SHETRON

Contact Us

PHONE

215-871-6300

FAX

215-871-6307

E-MAIL

jenniferleo@pcom.edu

MAIL

4180 City Avenue
Philadelphia, PA 19131-1695

www.pcom.edu

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Dear Alumni and Friends:

Through the cover article of this issue of *Digest Magazine*, nationally acclaimed author David Hnida, DO '80, has penned a gift for his alma mater: a moving account of his experiences as a trauma chief at one of the busiest combat hospitals in Iraq. In this forsaken desert outpost, Dr. Hnida and his team tended to the wounded as whole people—their acts the personification of the osteopathic philosophy.

In a companion “My Turn” essay, David F. Battafarano, DO '83, offers “images of healing” from a chapel at Brooke Army Medical Center in San Antonio, Texas. Dr. Battafarano portrays great empathy for the fresh amputees seated in the pews—as well as for those wounded Vietnam veterans who occupy the subconscious of his own boyhood memories.

Apropos to these military-focused stories, I am pleased to announce that recently, PCOM—in conjunction with the American Association of Colleges of



Osteopathic Medicine (AACOM) and the Association of American Medical Colleges (AAMC)—made a commitment to the White House Joining Forces initiative to meet the urgent healthcare needs of military service members and veterans and their families. Our commitment—supported by AACOM and the AAMC—is to ensure that our students have the competencies they need to effectively deliver health care to these constituencies. These competencies will impact our curricula in the years to come.

Annually, PCOM graduates between 8 and 9 percent of each osteopathic medical class into the military. Among all graduates of the College's academic programs, there are more than 650 military service members, most of them active in practice/duty. Their service inspires pride and gratitude.

Other articles in this *Digest* issue directly tie into our teaching, research and service missions. Profiles of Founders' Day honorees Kenneth J. Veit, DO '76, MBA, FACP, dean, senior vice presi-

dent of academic affairs, and provost, and Robert Timothy Bryan (DO '12) provide examples of those who continue to embody the dedication, loyalty and service that our founders exhibited.

The article “Building Social and Emotional Competence in Preschool Children” shares the work of Shannon Sweitzer, PhD, clinical assistant professor, psychology, and the evidence-based practices she employs to promote young children's social and emotional competence and to address challenging behaviors.

Finally, the article “Pioneering Color in MRI Imaging” reveals the groundbreaking work of H. Keith Brown, PhD, professor, anatomy, Georgia Campus. Dr. Brown has patented the process of assigning color to a biophysical characteristic. This methodology can enhance perception of anatomical structures, making it easier to visualize and quickly differentiate tissues by their color.

I thank you for your continued interest in and support of PCOM.

With warmest regards,

A handwritten signature in black ink that reads "Matthew Schure". The signature is written in a cursive, flowing style.

Matthew Schure, PhD
President and Chief Executive Officer

“ I am pleased to announce that recently, PCOM made a commitment to the White House Joining Forces initiative to meet the urgent healthcare needs of military service members and veterans and their families. ”

Celebrating History and Diversity in Medicine

For the Love of OMM



New OMM fellows, from left, Nicholas Freedman (DO '15), Ross Behymer (DO '15) and Gary Zane (DO '15).

Third-year medical students Ross Behymer, Nicholas Freedman and Gary Zane have been accepted into PCOM's OMM fellowship program. As fellows, they will attend PCOM for an additional 12 months over a three-year period, serving in the College's OMM department as both instructors and practitioners.

Each fellow is committed to employing the principles of OMM as well as the approaches of OMT in their practice of medicine, whether their specialty be family, rehabilitation or physical medicine.

An annual College provision sustains the fellowship program with assistance from the C. Paul Snyder, DO '10, and the Frieda O. Vickers, DO '39, and Major James G. Vickers endowment funds. Additional support comes from special gifts earmarked for OMM.



Meta L. Christy Award recipient Dr. Lightfoot (center), SNMA President Luther Quarles (DO '14) and Valerie Moore (DO '14) at the SNMA banquet in March.

"You don't know where you're going if you don't know where you've been." With those words, Matthew Schure, PhD, president and chief executive officer, helped kick off PCOM's celebration of Black History Month. Sponsored by the Student National Medical Association (SNMA), activities throughout the month included a day of community service, soul food lunches and movies. The celebration culminated with the SNMA awards banquet.

This year's Meta L. Christy Award was presented to Judith A. Lightfoot, DO '92, an infectious disease specialist at Garden State Infectious Disease Associates, P.A., Voorhees, New Jersey. Her particular focus on HIV/AIDS

education and healthcare disparities has been a source of motivation and inspiration for PCOM students.

The Meta L. Christy Award was established in honor of PCOM's first minority graduate, Meta L. Christy, DO '21, who is recognized by the American Osteopathic Association as the first African American osteopathic physician. This award is given in recognition of exemplary practice of osteopathic medicine, service to the community and inspiration to future osteopathic physicians.

Marsha Williams, associate director, admissions, PCOM, was named SNMA Mentor of the Year.

Developing Training Opportunities in the South

Joanne Jones, executive director, PCOM MEDNet and administrative director of medical education, spent more than a decade under the mentorship of Richard Pascucci, DO '75, professor of internal medicine and vice dean for osteopathic clinical education, creating and maintaining graduate medical education opportunities in the Northeast. Now Ms. Jones has relocated to Georgia to continue to build residency programs in the South. "As the number of GA-PCOM DO graduates increases," she points out, "so does our need for residency spots." To make this happen, Ms. Jones is building on the relationships that H. William Craver III, DO '87, dean and chief academic officer, osteopathic medical program, and Paula Gregory, DO, MBA, coordinator of clinical education and assistant professor of family medicine, have established with area hospitals.

"Creating residency programs is very labor intensive for both the College and the hospitals involved," Ms. Jones explains. It's also very expensive. The

hospital must hire additional staff, including a program director and a director of medical education, and then the program must be approved by the American Osteopathic Association.

One success story is the Houston Medical Center in Warner Robins, Georgia, which will begin training DO family medicine residents in July 2012, thanks in part to the Georgia Legislature as well as the Georgia Board for Physician Workforce, which has facilitated a designation of funds to be used by Georgia hospitals to defray costs in initial years of residency creation. "Having a residency program allows the hospital to provide additional services to the community, and by virtue of being a teaching hospital, it is viewed by the community in a more positive light," says Ms. Jones.

Ms. Jones returns to Pennsylvania for quarterly meetings and recruitment days. She also continues to work with Dr. Pascucci to create and maintain graduate medical education positions in the Northeast.

AOA President Visits GA-PCOM



Dr. Levine

GA-PCOM faculty, students and staff enjoyed a visit this past January by Martin Levine, DO, president of the American Osteopathic Association. Dr. Levine noted the important role the College is playing in providing access to health care locally. "I think the osteopathic profession is the answer to the needs of the American public," he noted. "I'd say this school is doing a tremendous job in meeting those needs."

H. William Craver III, DO '87, professor of surgery, dean and chief academic officer, osteopathic program, agreed, saying, "We came here with a focus on Georgia and the Southeast. Our goal is helping this community."

Honoring Ten Years – School Psychology



EdS students celebrate the anniversary with faculty and alumni.

In February, school psychology at PCOM marked its ten-year anniversary. The milestone was celebrated with a reception held in conjunction with the National Association of School Psychologists' 2012 annual convention, and was attended by a

large group of PCOM faculty, graduates, staff and students.

In his remarks, Robert A. DiTomasso, PhD, professor and chair, psychology, congratulated "our directors for their vision, our faculty and staff for their untiring commitment, our administration for their unending support, and, mostly, our students for placing their trust in us to facilitate their quest for professional development."

Within the past decade, school psychology program offerings at PCOM have increased from one to three, faculty positions have developed from one to seven and a half, and enrollment has consistently grown. Some 230 school psychology graduates serve on the front lines in schools nationwide.

Georgia Campus Alumni Relations and Development Officer



Ms. Toney with GA-PCOM executives

Alisa Toney, MS, has joined the Alumni Relations and Development team as the GA-PCOM development officer. The focus of her new role is to build community and constituent relations and to develop programs for GA-PCOM graduates and all PCOM alumni in the region.

Prior to her post at GA-PCOM, Ms. Toney moved through progressively responsible advancement roles including leadership gifts officer at Spelman College and assistant director of development at Emory University.

Ms. Toney holds a bachelor's degree in psychology from H. Sophie Newcomb Memorial College of Tulane University and a master's degree in quantitative research and measurement from Georgia State University.

Researching Opportunities

Ken Slavik, PhD, professor of basic sciences and chief science officer, is on a mission to listen. As he steps into this newly created position at PCOM, Dr. Slavik explains that his first priority is to talk with faculty researchers to assess where the College is in terms of scientific research. After identifying the strengths of PCOM's research efforts, his goal is to bolster research processes and procedures and to identify opportunities within the College and beyond.



Dr. Slavik

Dr. Slavik comes to PCOM from a career immersed in both academic and industry research. He earned his PhD in cardiovascular pharmacology at the University of Houston, and completed two National Institutes of Health postdoctoral fellowships—one at the University of Tennessee and another at Baylor College of Medicine. After

leaving academia, Dr. Slavik worked in industry in a variety of capacities, from clinical scientist to medical director.

Although he has an office at the GA-PCOM campus, Dr. Slavik spends a good deal of time in Philadelphia as well. "My position isn't defined by departments or campuses," he explains. "I'm here to increase collaboration, help develop scientists, improve communication and bring people together across the board." Dr. Slavik is also looking to increase research partnerships and funding opportunities externally.

Dr. Slavik is committed to fostering student-faculty collaboration. "Scholarly activity makes people better teachers," he emphasizes, "and students bring fresh ideas and a new perspective to research that can lead to some of the best questions and solutions. When you bring bright, passionate people together, like we have here at PCOM, anything is possible."

Admissions Officer Named

Deborah A. Benvenger, MBA, has been appointed chief admissions officer with oversight for admissions functions on both the Philadelphia and Georgia campuses. She has been serving as interim chief admissions officer since March 2011 and, prior to that post, as director of admissions since January 2005.



Ms. Benvenger

Before joining the College, she served as assistant director of admissions for Iona College as well as the assistant dean of admissions for Quinnipiac University School of Law.

"This is an exciting and humbling opportunity, as I know I follow in the

footsteps of a beloved individual [Carol A. Fox, MM] from whom I learned so much during the past seven years," says Ms. Benvenger. "The time I have spent at PCOM has been extremely rewarding, as I have had the pleasure of interacting with so many individuals—students, faculty, advisors, alumni—both on and off campus. I look forward to many more years of being able to foster the relationships that make our school so very special. The entire PCOM Admissions team is committed to hard work, loyalty and vision. You will continue to see the outcome of their efforts as we move forward with new and exciting initiatives."

They Walked the Talk



The first lap was made by survivors and caregivers.

“I don’t ever want to have to give the diagnosis of cancer.” That was one reason Cate Fusco (DO ’15) gave for co-chairing Relay for Life, the 18-hour fundraising walk for the American Cancer Society. More than 200 individuals—students, faculty members and community supporters formed 17 teams. Teams raised over \$22,500 during this March event; fundraising will continue through August 2012.

“Whether we’ve been touched by cancer or not, we want to do whatever we can to help,” says co-chair Adrian Pearson (DO ’15). From Friday night through Saturday morning at least one individual from each team crab walked, did the macarena, hokey-pokied or just simply moved around the Alumni Gymnasium.

Entertainment, food and fun kept everyone’s spirits and energy levels high. In addition to raising funds for cancer research and supportive services to patients and caregivers, Relay for Life brought the entire PCOM community together. “I wanted to run an event that would involve the whole College,” explains Ms. Fusco, community service director of the DO Council.

Meeting and Greeting Across Generations



Mr. Stensland with Dr. Nelligan

“Each one teach one” took on new meaning as members of the PCOM alumni board donated an evening to mixing and mingling with PCOM students. A tradition following Founders’

Day celebrations, the Student and Alumni Networking Night presents an opportunity for students to talk to PCOM alumni in a casual setting and learn from their experiences.

“I want to give back to the College, and talking to students at Networking Night is a great opportunity to do that,” says Luke G. Nelligan, DO ’91, alumni association president. “I’ve walked in their shoes; I’ve experienced some of the same trials and tribulations. I had great mentors, and this is one way I can honor them.”

Matt Stensland (DO ’13), was at the event “to pick some brains.” “I’m still undecided about a specialty,” he admits. “Talking with docs in my areas of interest will help me narrow down my choices.”

Making Dreams Come True



Raffle drawings raise funds for the Make-A-Wish Foundation.

PCOM’s Robert Berger Pediatrics Society sponsored the 7th annual Date Auction, which raises funds for the Make-A-Wish Foundation. Faculty and students performed in this part talent show/part auction to spur the bidding. Fabulous raffle prizes added to the fun and funds. The event raised more than \$6,000 to help send 10-year-old Cameron and her family to Disney World.

Life-saving Art



The mural "Finding the Light Within" was painted by people touched by suicide.

“Murals tell stories of triumphs and tears, of lives well lived and of lives cut short.”

Anyone who's familiar with Philadelphia knows that building-size murals are an important part of the landscape. The murals tell stories of triumphs and tears, of lives well lived and of lives cut short. In her role as board president of the Philadelphia Chapter of the American Foundation for Suicide Prevention, Terri Erbacher, PhD, clinical assistant professor, school psychology, is helping to tell the story of suicide. Working collaboratively with the Philadelphia Mural Arts Program and the Philadelphia Department of Behavioral Health and Intellectual disAbility Services, Dr. Erbacher is the clinical advisor for the design of the mural "Finding the Light Within."

The mural was designed with input from a wide range of community members including survivors, attempters, and their families and friends. Dr. Erbacher and poet/artist Theodore Harris facilitated writing and collage-making workshops at Horizon House, a community resource for adults with psychiatric or developmental disabilities, drug and alcohol addictions, and/or homelessness, which helped start a dialogue among survivors and attempters of suicide and helped inform the mural design.

The mural is extremely personal; most of those who have worked on it have been touched by suicide. Surrounding the central figure of the mural are images of those who have died by suicide. One of those images is of Dr. Erbacher's father. "My mom helped paint part of my dad's face. The activity was a big breakthrough for her," she notes. Dr. Erbacher is also depicted in the mural. "All the people who worked on the mural were models," she explains.

The mural is part of a larger suicide awareness initiative. Dr. Erbacher is also working with First Person Arts in Philadelphia on storytelling workshops for people whose lives have been changed by suicide.

"We hope to educate the public about warning signs of suicidal behavior and how to seek help for loved ones before there is a loss of life," she confirms. The 40- by 60-foot mural will hang on the building housing Horizon House at 120 South 30th Street.

Trustee Commits to Goal of Full Scholarship



J. Steven Blake, DO '89, MSc, a member of the PCOM Board of Trustees, has pledged \$1 million to establish The J. Steven Blake, DO '89 Scholars Society at PCOM. Dr. Blake, a steadfast supporter of PCOM, will fulfill his pledge within ten years. Dr. Blake's pledge is the largest single scholarship assurance for PCOM to date.

Initial Blake scholars will be of African American descent. The honor will be full tuition for four years. Candidates must meet established criteria in order to be considered for and selected to receive this scholarship.

Dr. Blake is the president/chief executive officer of Blake Gastroenterology Associates, LLC, and president/chief executive officer and medical director of the Mt. Airy Ambulatory Endoscopy Surgery Center. He has served as a member of the PCOM Board of Trustees since August 2007, and serves the College as assistant clinical professor, department of medicine; lecturer, gastroenterology; and member, leadership gifts committee. A member of the 1899 Society, Dr. Blake is also a committed donor to the PCOM Alumni Association. Each year he honors students at both campuses who participate in the Student National Medical Association by giving them each \$500 Life Membership status in the PCOM Alumni Association.

Digest #2, 2012, will include a story about Dr. Blake and his most generous gift.

Alumni Association Gives \$100,000 for Clinical Learning and Assessment Center

At its January 2012 meeting, the Board of Directors of the Alumni Association voted unanimously to contribute \$100,000 to the College to help support the \$2.6 million project of redesigning and rebuilding the Clinical Learning and Assessment Center. In recognition of their gift, the College is naming the reception area in honor of the association.

Richard Pascucci, DO '75, outgoing association president, and Dana C. Shaffer, DO '85, treasurer, have noted that this commitment serves as a lead gift for the new center. The College hopes to raise half of the needed funds in gifts and pledges over the next three years. The 10,000-square-foot facility, located in Rowland Hall, will house new standardized patient examination rooms, conference areas, classrooms and several new robotic simulation suites including a surgery OR, an ICU, and an ER treatment and simulation complex.

Faculty and Friends of the College Bequeath Estates

Reunion attendees will remember William A. Rieber, DO '41. Dr. Rieber never missed a PCOM Reunion; he passed away in May 2011, just shy of his 70th celebration. His \$50,000 bequest was left to the OMM Department.

Ida C. Schmidt, DO '35, passed away in 2007, and her widower, longtime PCOM supporter David Williams, died this winter. The couple left PCOM their home and half of their IRA. The OMM Department, of which Dr. Schmidt was a member until her death at age 96, is the recipient of this generous gift—\$77,000 to date.

A Memorial Gift, Two Funds, Countless Benefactors

The wife of the late Daniel J. Smith, DO '73, Teresa Doyle Smith, has been an ardent and generous contributor to The Fund for PCOM since Dr. Smith's death in 2002. Continuing her husband's legacy of support, she made an extraordinary \$100,000 pledge in April 2011 to endow two new funds through The PCOM Foundation.

The Daniel J. Smith, DO '73 Memorial Scholarship Fund and The Daniel J. Smith, DO '73 & Teresa Doyle Smith Emergency Medicine/Family Medicine Discretionary Fund were first reported a year ago as anonymous gifts. Mrs. Smith agreed to announce the gift to encourage similar support for the College.

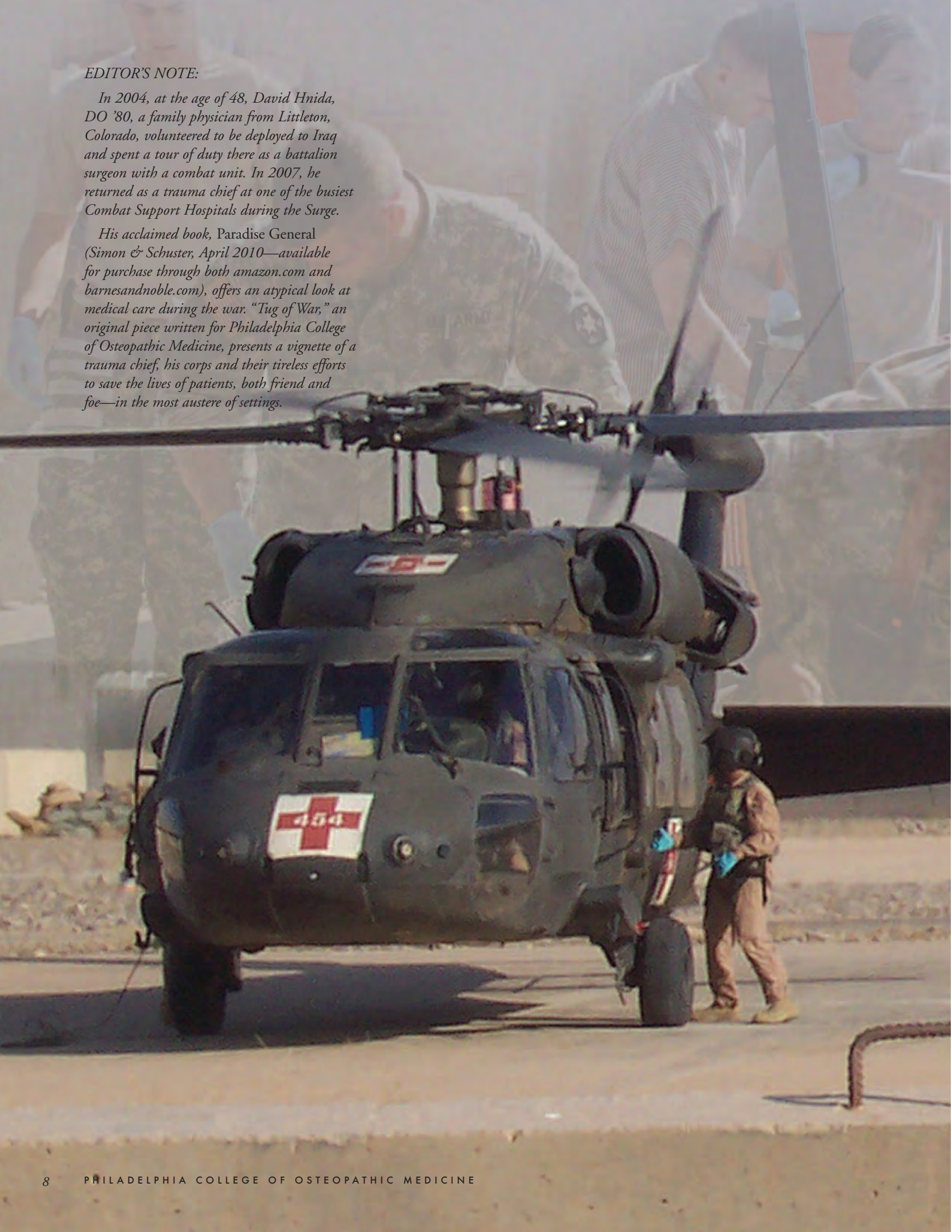
The Daniel J. Smith, DO '73 Memorial Scholarship Fund is now endowed and will assist osteopathic medical students on the Philadelphia campus who are residents of or who attended an undergraduate college in New England. This fund will benefit from the Trustee Scholarship Challenge whereby recipients will receive a supplemental grant equal to five percent of the initial corpus—in this case an additional \$2,500 to the available earned income of The Daniel J. Smith, DO '73 Memorial Scholarship Fund.

The second endowment of \$50,000 will provide discretionary funds for the departments of Emergency Medicine and Family Medicine. Every other year, the respective department chairs will have additional resources that may be expended in a manner that supports the teaching, research and public service missions of the College. The Daniel J. Smith, DO '73 & Teresa Doyle Smith Emergency Medicine/Family Medicine Discretionary Fund recognizes Dr. Smith's career in both family and emergency medicine.

EDITOR'S NOTE:

In 2004, at the age of 48, David Hnida, DO '80, a family physician from Littleton, Colorado, volunteered to be deployed to Iraq and spent a tour of duty there as a battalion surgeon with a combat unit. In 2007, he returned as a trauma chief at one of the busiest Combat Support Hospitals during the Surge.

His acclaimed book, Paradise General (Simon & Schuster, April 2010—available for purchase through both amazon.com and barnesandnoble.com), offers an atypical look at medical care during the war. "Tug of War," an original piece written for Philadelphia College of Osteopathic Medicine, presents a vignette of a trauma chief, his corps and their tireless efforts to save the lives of patients, both friend and foe—in the most austere of settings.





TUG OF WAR

AN ACCOUNT BY A TRAUMA CHIEF
IN A COMBAT HOSPITAL IN IRAQ

by David Hnida, DO '80

The first vibrations were subtle, faint quiverings deep in the abdomen. I tried to ignore them, busy as I was with the towers of paperwork that some clerk insisted needed signatures stat. But there was no escaping what was to come. A few heartbeats later came a trembling that worsened my already illegible physician penmanship and made writing impossible. I flung the pen onto the floor as my teeth began striking each other like a chattering windup toy. It took a full 30 seconds to finally hear the sound: an angry chopping of blades through the steaming desert air. Medivacs. Not just one, but two, maybe even three. It was true; you always felt them before you could hear them.

“Four urgents on litters!” shouted the lead medic.

I launched from my chair as the ER doors exploded with stretchers of the wounded. The symphony of sound changed from a rhythmic thunder of landing choppers to a sickening cacophony of moans, sobs and screams. The

worst, though, was the silent stretcher. The “quiet one” was the guy you worried about most. Quickly eyeballing the speeding parade of wounded, I counted four men total, which should have added up to 16 limbs. Yet I could count only nine and a half. A Humvee had struck a roadside bomb, and in a millisecond, the lives of four young Americans changed forever.

I was running a trauma team north of Baghdad at the 399th Combat Support Hospital, or “CSH,” during the summer of 2007. In Army-speak, it’s pronounced “CASH,” which, yes, rhymes with “MASH”—the front-line Army hospitals made famous by Korea and Hollywood. Except for the name, there was little difference between the two. In fact, watch a rerun of *M*A*S*H* on TV and you’ll get a picture-postcard view of our not-so-stellar medical center. In the middle of nowhere, we were nothing more than a series of tents connected to an



“In the middle of nowhere, we were nothing more than a series of tents connected to an occasional rundown building. The helipad with four concrete landing zones was just 100 feet from the emergency room.”

occasional rundown building. The helipad with four concrete landing zones was just 100 feet from the emergency room, which meant we didn't need Jeeps or buses to transport the wounded—just large-wheeled stretchers nicknamed “rickshaws,” which moved as fast as the medics could push them.

As the doctor in charge, mine was the first face, and sometimes the last, that the wounded would see after being wheeled into the ER. Only 10 blood-stained paces away was the OR tent, which was entered through an improvised door made from a blanket. The innards were even less impressive. Plastic scrub sinks let out a miserly trickle of water for the feeble attempt at clean hands and, except for the

gowns and masks, you might never know who the actual surgeons were. There were no clean booties or scrubs; we just wore our combat boots and uniform with the gown on top. And if we had to hustle into a case, we still packed loaded pistols under our surgeon costumes. Simply put, the place was a hellhole.

“Major Hnida, alpha bay first. We're good with the rest.”

On this day, the medics had the wounded off the choppers and into the trauma bays in less than a minute, and had IV lines inserted and blood running in less than two. It was now my turn to appraise the damage as I waited for the cavalry of my fellow physicians to arrive. The past week had been rough, with a daily dose of bombs planted along one particular stretch of highway.

I took a deep breath of courage and stepped towards the “quiet one.” My assessment was fast, but methodical. Head to toe. I had to ignore the bloody stumps that minutes before had been

well-muscled and athletic legs. It was still hard not to stare and be stunned, but tightly cinched tourniquets meant the mangled limbs wouldn't cause death. A missed metal fragment in the middle of the back would. After securing an airway and reciting my trauma “A-B-Cs,” I searched his wounded body millimeter by millimeter, seeking the micro-wound that would mean a funeral instead of a family reunion. The room for error was zero.

The 399th wasn't my first venture into the wounds of war. At an age when many are retiring from the military, I joined. I was a 48-year-old lifelong civilian when I raised my hand, took the oath, was granted the instant rank of major, and shipped out to the middle of Iraq as a battalion surgeon.

That was early 2004, a time when the war had begun to unravel. My welcome to Iraq came in the form of a bullet whizzing by my head on the day I arrived. I was then handed an M-16 and told to shoot back. It was a deployment where I was mortared, rocketed, even clubbed by an insurgent. Yet that situation wasn't as terrifying as the one I found myself in now. Before, I sent the wounded to get fixed; now, in 2007, they sent them to me. And frankly, I didn't know what I was doing.

In fact, my first day at the CSH a few months earlier was a disastrous mix of panic and incompetence. When a baby-faced 19-year-old soldier came through the door in the very first minutes of my very first shift running the ER, flight medics were straddling his chest doing CPR. A bullet had gone straight through one side of the kid's neck and out the other. Other wounds had been weakly covered with a patchwork of saturated dressings. I watched small geysers of blood spurt from a variety of holes in perfect rhythm with the chest compressions.

Twenty sets of eyes belonging to the ER staff laser-locked right on me—the new doctor—to see how I was going to save the day. But they had no idea I'd never treated anyone shot in the neck or with a body riddled like a sieve. I froze. I couldn't talk and couldn't move. The medics told me later it seemed like I was just calmly assessing the situation for about 20 seconds, then going right to



work. Yet I don't remember trying to clamp a mangled blood vessel or blindly sticking in a breathing tube. I do, however, remember the soldier being wheeled into the OR while I went outside and puked. I wanted to run away and go home, but knew I couldn't.

A couple months and too many patients later, my terror at the sight and responsibility of caring for someone's young son or daughter lessened. My days became more business-like, yet never lacked frequent deluges of panic. It was a psychological horror show where every day seemed like the first, doing things I'd never done, seen or even imagined, let alone been trained for. But then again, where do you learn the stuff you need to know in a war: pulling nails from a car bomb out of someone's back, trying to keep some guy's intestines from spilling onto the floor as you struggle to examine him, comforting young soldiers who went hysterically blind or couldn't stop stuttering after seeing their best friend's guts splashed throughout the inside of a Humvee?

I was caught with my stethoscope down; I'd been practicing for 22 years and had never seen anything close to what I witnessed in Iraq. Hell, I was a family doctor who had a good day when I lowered someone's high blood pressure or opened some snot-filled sinuses.

But the harsh reality was that the military needed warm bodies, and decided seasoned doctors like me could get on-the-job training. After all, it was the so-called Surge of 2007, and the business of war was literally booming. My training consisted of a four-day series of PowerPoint lectures. Now I was a lead trauma physician at a busy combat hospital, confronting the fact that war is a classroom with little mercy.

"Secure those tourniquets and add a belt to what's left of the right leg."

I finished with the "quiet man," oddly thankful that his worst problem was a set of newly missing legs, and that the reason for his silence was an overly generous dose of morphine on the flight in. I slipped and skidded across bloody floors as I moved from stretcher to stretcher, absorbing the calmly voiced evaluations of the nurses and medics who realized I was outnumbered by wounded four to one. That ratio changed quickly as my colleagues scurried from breakfast, showers and latrines when they heard the roar of arriving choppers. Now I could step back and assume the role of traffic cop—listen to their assessments and recommendations and then make my decisions. "Make patient number one first in line for the OR. X-ray patient number two. Follow him with number three. Then get patient four a bedside ultrasound stat."

My saviors were an interesting mix of physicians from across America: young and old, conservative and liberal, black and white. The only thing we had in common was that we were all reservists who had volunteered to spend 90 days getting the crap scared out of us. We all quickly learned that we were undermanned and outgunned. Our rotation was originally slated for 15 doctors, but we numbered only eight, which meant we would work all the time and do any and all types of work during that time. We knew we were screwed, and that our survival, and that of our patients, dictated that the word "ego" be ejected from our vocabulary. None of this "I'm smarter than you" or "Why are you dumping this case on me?" doctor attitude that was contagious in the States.

We sutured together, surgerized together, sphincter-pinched together, got confused over X-rays together, and most importantly, loved each other as family. It wasn't unusual after an assembly-line day of cases to collapse on a bench outside the OR only to awaken hours later to a blanket over our sprawled bodies and a warm meal by our side.

"How are the blood pressures? Are we ready to roll?"

It took a few hours, but we finally got each of our four young soldiers stabilized

and into surgery to explore abdomens, cleanse wounds and complete amputations. Within another few hours, our patients would be on a plane to Landstuhl, Germany, for more definitive care, and back to the States within two days. Our fast food medical mission would be accomplished: get 'em in, get 'em out. In other words, keep them alive, and then let someone else down the line do the fancy work.

“Here we were: American doctors dressed as American soldiers. We wore uniforms, carried weapons and even saluted when we had to. Now we faced the litmus test of our oaths: Uncle Sam versus Hippocrates.”

But it didn't always work that way.

As our surgical cases drew to a close, the ER doors crashed open with a racing blood-stained stretcher whose occupant wore civilian clothes. The rolling wheels left bloody tracks on the floor.

“Gunshot wounds chest, abdomen and pelvis. BP 92/48. Pulse 140. Spontaneous respirations 42.”

The flight medic's voice was rapid fire and businesslike. As our staff went to work to secure IV lines and cut off clothing, he pulled me aside.

“Doc, it's another one of those bastards. Same road. We popped this guy just as he was covering the bomb with dirt.”

The rest of the story dissolved into a distant mishmash of words. It was now our job to save the life of an insurgent whose occupation was to blow up our soldiers, leaving them with mangled limbs and scarred faces—wounded who would begin each morning strapping on artificial limbs and looking into mirrors that answered with faces nothing like the ones they had left home with. They were but young kids, an average age of 22. They should have been going to parties.

I tried to picture them having fun, but all I could see was reality.

Sweat dripping into eyes. Nostrils flaring. Shallow, panting breaths. The medics didn't look at who this guy really was—the enemy. They just knew he was a patient and did what they would do with any other patient.

I knew the insurgent was in bad shape and circling the drain; a few gunshot wounds to the chest and gut put him into the downward spiral of shock. We started pumping blood into him as rapidly as we could, and then called for the surgeons to hustle over from the barracks.

“Get me Rick and Bernard as fast as you can.”

When they arrived, Drs. Rick Reutlinger and Bernard Harrison took a quick glance at the stretcher, and simply said, “Surgery. Now.”

Their next looks were to me, an odd silent exchange. Here we were: American doctors dressed as American soldiers. We wore uniforms, carried weapons and even saluted when we had to. Now we faced the litmus test of our oaths: Uncle Sam versus Hippocrates. Tonight, as my friends broke their gazes and strode towards the OR, it was clear Hippocrates had won—as had American values. But there was no flag waving, no rousing speeches, no Fourth of July fireworks. We were all just doing what we had been trained to do.

It's funny. I think we have an advantage as doctors. We go on autopilot, a skill we begin learning in the first days of internship and residency. Our patients are our patients—not good guys/bad guys/I don't know what side he's on guys. We see bleeding, we see broken, we see things that need fixing.

That night, Rick and Bernard spent four hours trying to plug the leaks that American bullets had made in an enemy body. The X-rays on the OR viewbox didn't list nationality, the scalpel didn't cut differently into flesh that was hostile, and the blood pooling inside the pelvis was no less red than that which flowed through our veins.

As Rick and Bernard tried to piece together a torn body, I worked away in the ER, caring for several guys who had lucked out with some minor scrapes and cuts from yet another roadside bomb.

Their wounds weren't life-threatening, so when word filtered from the OR that my friends needed an extra set of hands quickly, I left my American soldiers and scrubbed in. What kind of doctor walked away from his own GIs to try to save the enemy?

When I pushed open the doors of the OR, I was greeted by the mellow music of Motown softly playing in the background. Our usual surgical accompaniment of Aerosmith or Springsteen was on pause for this case.

As I edged my way toward the table, I glanced at the bomber's pale and sickly face, which sported the slightest wisp of a mustache.

“Where do you want me?” I asked.

Rick pointed next to Bernard on the far side of the table. Besides the faint music in the background, there were few words heard. It was all business.

“Kelly clamp.”

“Metzenbaum.”

“Dave, shift that suction for a second; we've got to get down in there. Can't see.”

I pushed a step to the side and bumped into a body that wasn't supposed to be there. Turning, I realized it was our chaplain. She was bent over at the head of the OR table, her hand tightly grasping the limp hand of the insurgent. It was her third night in a row spent in our company, and that of the enemy.

Through her mask, I could see the faint facial movements of her mouthing a prayer. I wondered to whom she was praying. Was it the God I believed in? Allah? Some generic supreme being? It didn't matter. Our chaplain would come and hold the hand of any critical patient on the table. Friend or foe, there was no distinction. She took the same approach as we physicians; it was a human being on the table, one that needed urgent medical or spiritual care. The right, wrong or morality of it could be argued by others—others who weren't standing in our bloody boots.

The case continued.

“Sponge. No, give me two or three. Quick.”

“More suction.”

“Tie that bleeder off.”

After 20 units of American blood and buckets of American sweat, Rick and Bernard closed the chest, abdomen and pelvis. The IED planter still had a chance.

As I walked through the blanketed door of the OR, I was hit with a blast of steaming night air. We lived in a world where it typically was a toasty 135 degrees during the day, dropping to a chilly 105 at night. The waiting soldiers in the ER were stable, and as I looked at the final CT scan on a viewbox, one of the nurses tugged on my sleeve.

“Sir, we heard a couple of family members came to the gate for your patient.”

Tired and confused, I asked, “What? Which patient?”

“The bomber. Guards ran them off.”

I shook my head and trudged back out to where Rick and Bernard slumped exhausted against a concrete blast wall. They handed me a stale ham and cheese sandwich.

For a good half hour, they were silent except for occasional spurts of exhausted anxiety.

“I hope that oozing stops.”

“That liver had more holes than this cheese.”

“Man, those retroperitoneal tears are a bitch.”

Just as I told them that I’d keep an eye on the patient while they got some shuteye, one of the nurses walked out of the ICU.

“Doctors, he’s bleeding again and his pressure is dropping.”

With a series of grunts, we staggered up to scrub again.

Rick and Bernard had done a hell of a job putting together the jigsaw puzzle that was once a functioning human, but this puzzle was missing more than a few pieces. No matter what, when a person’s blood stops clotting, there is nothing more you can do. The insurgent went into cardiac arrest three times on the table, and three times was shocked back to life. Yet it wasn’t enough. There was nothing left to sew because with every stick of the needled suture, a fresh flow of blood began.

We were witnessing the “rude unhooking of the machinery of life”—a phrase

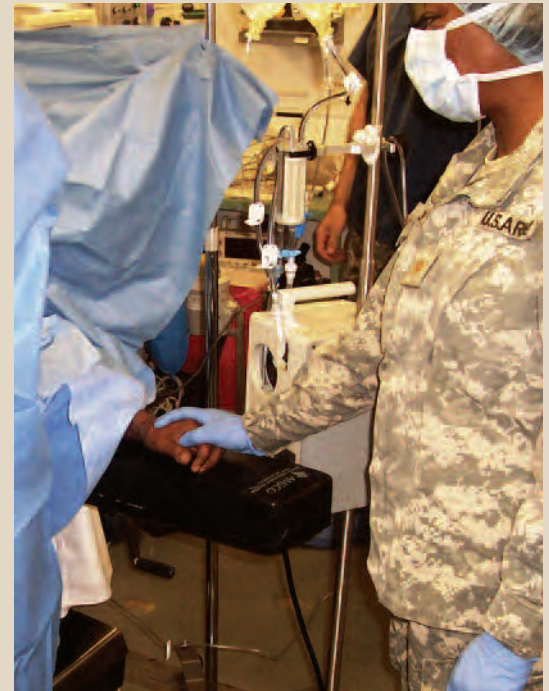


“Our chaplain would come and hold the hand of any critical patient on the table. Friend or foe, there was no distinction. She took the same approach as we physicians; it was a human being on the table, one that needed urgent medical or spiritual care.”

coined during the Civil War to describe the process of a body rapidly going into shock, a condition where blood ceases to clot, blood pressure plummets and the heart exhausts itself to a standstill. Throughout the ages, countless physicians have stood by helplessly as their patients spiraled down the pathway to death; there was nothing they could do to halt the journey. We reluctantly joined that centuries-old fraternity.


It was time to close up the abdomen and come up with plan B. But we knew there was no plan B for this insurgent. He died about 15 minutes later.

At the foot of his bed, the three of us quietly stood pondering his limp body, shaking our heads slowly as we tried to figure out why he had planted the IED in the first place. He probably needed a few bucks for his family; we had heard



that the going rate for shoveling a hole was \$20 a dig. I stared at the adolescent attempt at a grown-up mustache.

Our insurgent was just 16 years old. And his family had returned to the gate.

We simply walked away, not saying a word. Our steps out of the ICU mirrored those of old men—slow, shuffling and sullen. We got 30 feet until we suddenly stopped and craned our necks upward. The sky was silent, but the vibrations were felt by all. 

Photos courtesy of Dr. Hnida



Founders' DAY

KENNETH J. VEIT, DO '76, MBA, FACOFFP
2012 RECIPIENT OF THE O.J. SNYDER MEMORIAL MEDAL

by Nancy West

After graduating from Philadelphia College of Osteopathic Medicine and completing his training in family medicine at the United States Public Health Service Hospital in Staten Island, New York, Dr. Veit set off for the tiny town of Orbisonia, Pennsylvania, population 800. As medical director of the Southern Huntingdon County Medical Center located among the hills and hollows of central Pennsylvania, he realized his goal of being a rural doctor while fulfilling his obligation as a scholarship recipient from the National Health Service Corps.

"I wanted to be a doctor who made a difference to the people of a small town," recalls Dr. Veit, who was strongly influenced by his experience with underserved communities during his clinical rotations at PCOM's Healthcare Centers.

During his three years in Orbisonia, he learned that being a small town doctor is much more than just taking care of patients. It's also taking care of the community. "As a small town physician, you are iconic in a way," he reflects.

At the same time, Dr. Veit discovered that he enjoyed teaching students. He won approval for the county medical center to become a rural medicine training site for PCOM students and immediately began teaching them what he had only just begun to learn himself. "As a doctor, you have to adapt the care you provide to the community you serve," he relates. "This community was very diverse and different culturally than any I had known before."

Reflecting on his first house call, he remembers entering a dilapidated two-room shack. He and a medical student found an elderly patient in bed. Next to her bed was a jar of multicolored pills. "Every pill that any doctor had ever dropped off to her she dumped into this jar, all mixed together," he remembers. "Next to the jar was a bottle of whiskey. When she didn't feel well, she would reach in the jar and grab a handful of pills and down them with whiskey.

"We did an examination and she was in bad shape," he continues. "We told her that she needed to go to the hospital, but she refused. So we provided the best

care we could under those circumstances. We gave her antibiotics for the infection and tried to adjust her other medication, instructing her to take only certain pills—and no whiskey. We left thinking she was going to die within a few weeks. Five years later, I was surprised and happy to hear that she was still alive. It was a lesson in adapting to the situation where you're providing care."

Dr. Veit also learned and taught his students the practical importance of having the broad-based knowledge of a generalist and the flexibility to address the unexpected. "Since Orbisonia was 40 miles away from the nearest hospital, the medical center often served as an ER," he says. "We were the first contact for gunshot wounds, chainsaw lacerations, logging accidents and rescues off the mountain top."

These are lessons that he carried with him long after he left Orbisonia in 1979 to serve as the National Health Service Corps' regional medical coordinator for rural communities in Pennsylvania, Delaware, Virginia and West Virginia.





After nearly two years, Dr. Veit found that he missed being a clinician. He contacted the late Tom Rowland, former PCOM president, and a week later was hired as a physician in the College's growing Department of Family Medicine. Dr. Veit was particularly drawn to PCOM's Healthcare Centers which he saw as offering more than just the delivery of health care. "Providing care to underserved communities in our Healthcare Centers is part of our teaching responsibility," he says. "What happens in these facilities goes beyond the medicine. It affects the way students will practice in the future by teaching them about system-based care, professionalism and other attributes of being a good physician. What students learn in our Healthcare Centers supersedes clinical knowledge, regardless of what discipline they choose in the future."

The Healthcare Centers ultimately put Dr. Veit on the path to administrative roles of ever-increasing responsibility. In 1984, he was appointed director of the healthcare centers and chairman of the division of community medicine. Five years later, he was appointed director of medical education, and in 1990, became assistant dean, graduate medical education.

Two years later, he was named dean of the College, a post he has held for 20 years, bringing a long period of stability and growth to PCOM. Now provost, senior vice president of academic affairs and dean, Dr. Veit takes pride in PCOM's progress on many fronts while lauding the College's traditional osteopathic curriculum.

Dr. Veit is gratified by the remarkable growth of PCOM's graduate medical education program along with the College's overall affiliations with hospitals statewide and regional. "Maintaining and expanding our graduate and professional medical education program has been critical to providing our graduates with options as hospitals have consolidated, merged or closed over the last 20 years," he notes. "We now have core affiliations with 32 well-respected institutions where our students spend quality time during clerkships and our graduates receive excellent training."

During the past two decades, Dr. Veit has also overseen PCOM's expansion of academic offerings to include graduate degree programs in biomedical sciences, forensic medicine, organizational development and leadership, physician assistant studies, psychology and pharmacy, as well as the College's establishment of a branch campus in Gwinnett County, Georgia. "All these programs enhance PCOM as an institution and position us well for the future when medicine will be delivered in more of a team approach," he notes. "Going forward, medical schools will need to develop models that teach this early in the educational experience; our current academic mix of programs has positioned us to lead that effort."

As chair of the Commission on Osteopathic College Accreditation and the Board of Deans of the American Association of Colleges of Osteopathic Medicine (AACOM) as well as a member of the steering committee of the American Osteopathic Association (AOA)/AACOM Blue Ribbon Commission for the Advancement of Osteopathic Medicine, Dr. Veit has witnessed tremendous growth in osteopathic medical education. "When I started at PCOM, there were five osteopathic schools in the country. There are now 34, including branch campuses, and the profession continues to grow, ever instilling pride in the osteopathic heritage and reaffirming a commitment to recruit and train students who will employ holistic approaches to clinical, didactic and other professional responsibilities."

Dr. Veit's contributions to the profession have been recognized through the receipt of the Commissioned Officer Superior Service Award (1979), the U.S. Public Health Service Humanitarian Medal (1981), a Shankweiler fellowship – Muhlenberg College (1995), the AACOM Dale Dodson Award (2002) and the Alumni Association of PCOM Certificate of Honor (2008).

Yet Dr. Veit notes his greatest pride is his family. He and his wife of 37 years, Cindy, have three children (daughter Alicia and sons Daniel and Jonathan) and four grandchildren (Gabriel, Nathaniel, Anna and Abigail).

Looking ahead, Dr. Veit sees continued growth and change for PCOM. "We must continue to be creative and challenge ourselves as the healthcare environment evolves," he says. "PCOM is well positioned to lead into the future; I continue to appreciate the opportunity to contribute to the advancement of the College's Mission."

ROBERT TIMOTHY BRYAN (DO '12) 2012 RECIPIENT OF THE MASON W. PRESSLY MEMORIAL MEDAL

Mr. Bryan always had two goals: to serve his country and to pursue a career in medicine. He aimed for both by enlisting in the U.S. Navy for eight years as a hospital corpsman and special amphibious reconnaissance corpsman, providing medical support to Special Operations units. As a field medic, he often went behind enemy lines in Iraq to care for wounded U.S. troops and Iraqi civilians.

In combat, Mr. Bryan experienced firsthand the way medicine can transcend cultural, ethnic and religious barriers. "I realized my job as a healthcare provider was infinitely more than just stabilizing casualties," he reflects. "My deeds, no matter how small, gave hope and comfort to people . . . As I treated a wounded child during the siege of Najaf, Iraq, I looked up to see an enemy fighter and a U.S. Marine both watching with concern. At that moment I treated one child, but gave hope to three war-battered men. Medicine unites people with hope."

These experiences strengthened his resolve to pursue a career as an emergency physician.


Like all military medics in Special Operations forces, Mr. Bryan was expected to do more with less, improvising to overcome the odds for patients. In response, he developed and later patented tactical tourniquets and splints that are currently being used by the military.

Mr. Bryan notes that when resources were scant, osteopathic physicians always stood out. "The DOs had far more to offer in an austere environment where we had only the most basic medical equipment and supplies available," he says. "They were better able to improvise. They were more comfortable diagnosing problems with their hands. And their use of osteopathic manipulative medicine often prevented the need to transport soldiers back to the U.S. for pain management. People would actually drive through dangerous territory with IEDs and wait in line for the DO to relieve their back pain with manipulation."

After leaving the Navy in 2006, Mr. Bryan founded his own company, Ethos Solutions LLC, which provides austere medical training and development to military and law enforcement officers. During the same time frame, he began his medical education at PCOM.

As president of the PCOM Student Government Association, Mr. Bryan helped to rewrite the constitution and bylaws to reflect PCOM's expansion into new academic programs. He also involved all PCOM students in community outreach by helping to establish an annual PCOM Outreach Day. As technology representative for his class,

Mr. Bryan was part of a collaborative effort to implement the Tegrity lecture capture system and the conversion of student e-mail to Google Mail for all PCOM students. At the national level, Mr. Bryan worked with the Council of Osteopathic Student Government Presidents to develop and implement a plan to improve COMLEX Performance Evaluation feedback and to ensure more consistent student scoring.

A staunch advocate for osteopathic medicine, Mr. Bryan's goals for the future include serving the community as an emergency physician and EMS director while continuing to offer austere medical training through his company. 



Building Social and Emotional Competence in Preschool Children

by Nancy West

Expelled from day care! This may sound like a joke from a late-night TV show, but the problem is very real for a growing number of preschoolers in urban child care centers nationwide. Increasingly, children between ages three and five are experiencing significant behavioral problems, some serious enough to warrant expulsion from their child care programs.

Young children in urban settings often are not learning the social and emotional skills they need to interact appropriately with others, according to Shannon Sweitzer, PhD, clinical assistant professor, psychology, PCOM, who specializes in school psychology for young children. “These skills have to be taught, both at home and in the child care setting. The earlier they are taught and the earlier we address behavioral problems, the more likely that our interventions will be successful,” she says.

During a postdoctoral fellowship at Special People In Northeast, a Philadelphia-based organization that assists individuals with intellectual disabilities, developmental disabilities and autism, Dr. Sweitzer worked with three urban child care centers to promote social and emotional competence and to prevent and address challenging behavior in children.

Evidence-based holistic approach

“We know that young children’s mental health development and social and mental well-being is really dependent on those around them, particularly their parents and child care teachers,” says Dr. Sweitzer. “The key to success is a holistic approach where we work not just with the child, but with everyone who comes in contact with the child.”

Using this evidence-based approach, Dr. Sweitzer implemented a curriculum with four- and five-year-olds at the three centers designed to improve social skills, friendship skills and coping skills for various emotions such as anger and fear. The curriculum also helps children to develop emotional literacy—the ability to identify what they are feeling and articulate it.

For the child care staff, she provided education and support by discussing various approaches to behavioral problems, explaining typical early childhood development and demonstrating ways to implement developmentally appropriate practices in the child care setting. “We showed the teachers how to incorporate lessons that help children develop emotional literacy, and we discussed how to model problem-solving skills and conflict resolution.”

Just as important, Dr. Sweitzer acted as a sounding board for the staff regarding their own personal challenges in life and their impact on the child care they provide.

“Many child care staff in urban centers live in the same neighborhood as the children in their care. They live with many of the same stressors the children have in their homes, such as financial worries and concerns about personal safety,” says Dr. Sweitzer. “It’s important to help the staff see how what’s happening in their own lives impacts the way they view the world and how they interact with the children.”

For parents at each of the three centers, Dr. Sweitzer conducted group discussions to provide support and education about child development.

“Our primary goal with this collaborative approach is to help prevent behavioral problems,” she explains. “We also teach how to identify these problems early and how to use supports within the community or child care center to manage them. As a result, we have found that the overall quality of the child care program generally improves because the focus shifts to creating a nurturing, safe and developmentally appropriate environment for children and staff.”

A survey of child care staff at the three child care centers following this program showed an increase in satisfaction. Teachers reported that they felt more capable of managing



behavior problems and better supported in these efforts. The center directors reported that the staff seemed more capable. In addition, Dr. Sweitzer observed that teacher turnover seemed to decline.

Tackling the issue with integrated health care

The key adults in a preschool child's life—parents, teachers and primary care providers—play a crucial role in recognizing behavioral challenges and getting access to the appropriate mental health services. Yet the U.S. Public Health Service has determined that there is a general lack of recognition of mental health problems and their warning signs within early childhood education systems and health-care systems. Research has shown that only one in four children with a current mental health disorder is identified by the child's pediatrician or family physician.

One solution to this dilemma is an integrated healthcare model that includes an early childhood mental health specialist on site in pediatric and family practice offices. This model has been incorporated into an early childhood school psychology practicum conceived by Rosemary Mennuti, EdD, NCSP, director, school psychology program, PCOM.

After learning how to screen young children for social and emotional issues, PCOM doctoral students in school psychology get hands-on experience in preschool classroom settings and at PCOM Healthcare Center – Lancaster Avenue Division. At Lancaster Avenue, under faculty supervision, the students screen young pediatric patients identified by Center physicians. The students then talk to

parents, communicate with the physicians about their findings and recommend resources in the community for further evaluation and intervention services.

Research underscores importance

Research studies have underscored the importance of early intervention in a child's ability to succeed in school, work and life in general. One study found that social and behavioral competency in young children predicts their academic performance in first grade more accurately than their IQ. Another study showed that children who participate in high-quality early child care programs that include a focus on social and emotional skill development tend to have decreased rates of criminal behavior, better academic performance and increased adult earning potential.

Progress through partnership

Partnerships among primary care physicians, parents, child care staff and early childhood mental health specialists are key to early intervention in preschool behavioral problems.

Pediatricians and family physicians play a vital role in flagging developmental delays and other indicators of behavior problems. "It is important for all care providers to listen to parents because they usually have their finger on the pulse of their children's problems," notes Dr. Sweitzer. "When parents say that something just isn't right, there is a good chance that their concern warrants further evaluation. And the earlier we catch any difficulties, the more likely that our interventions will reap success for the child."



One Preschooler's Success

Below is an example of how building social and emotional competence helped one preschooler:

A four-year-old boy, John, who had recently started attending a preschool program began having frequent outbursts of physical and verbal aggression directed toward his teachers and peers.

Dr. Sweitzer met with John's mother, who explained that she had recently fled an extremely abusive relationship with her husband. Prior to leaving, John had witnessed his father's domestic violence against his mother, who was about seven months pregnant. Now she and John were living in a homeless shelter for abused women and children.

Dr. Sweitzer took a multi-pronged approach to help John with his behavioral issues. Since his mother wasn't comfortable talking in parent groups, Dr. Sweitzer worked with her individually to provide education about domestic violence and the impact it has on the victim, the children and the family unit as a whole. She helped her to develop a plan to keep herself and her family safe, and encouraged her to share information with John's teachers to help them understand why he was acting out in school.

After John's mother told the teachers about John's history of witnessing domestic violence, Dr. Sweitzer educated the teachers about the effects of domestic violence on young children. She provided them with ways to predict John's triggers and to intervene and help him calm down faster when outbursts occurred. She also gave them the opportunity to express their frustration about his challenging behavior.

At the same time, Dr. Sweitzer and the staff worked with John in the children's circle group to help him learn how to identify his feelings and the physiological sensations associated with them, as well as anger management / coping skills to deal with them.

Dr. Sweitzer and the staff educated John's mother about how to reward and reinforce positive behaviors at home as well as the behaviors they were working on at school.

As a result of these interventions, John was able to stay in preschool throughout the year. His behavioral incidences decreased and the teachers were better prepared to manage them when they did occur. The teachers also had more empathy for John once they understood the serious trauma he had experienced. In addition, John and his mother each began getting individual psychotherapy to further address their issues.



PIONEERING **COLOR** IN MRI IMAGING by Janice Fisher

H. Keith Brown, PhD, professor, anatomy, Georgia Campus – PCOM, had a 23-year-old daughter with an alarming problem: an ovarian mass. Because of the pain the mass caused and its appearance on ultrasound, physicians were considering removing one of the young woman’s ovaries.

In a rather remarkable coincidence, Dr. Brown, then a professor of anatomy at the University of South Florida Health Sciences Center (USFHSC), was investigating the use of color magnetic resonance imaging to differentiate ovarian masses, in research supported by a grant from NASA and the Florida Division of the American Cancer Society. When color MRI was performed, his daughter’s mass was revealed to most likely be a type of luteal cyst that disappears on its own with the next menstrual cycle. After a month, the cyst did indeed go away, says Dr. Brown, and his daughter’s ovary was saved.

Dr. Brown’s daughter became Case 1 in a paper published with colleagues in the *Journal of Computer Assisted Tomography* in 1993. As the study concluded, his technique made it “possible to generate composites that simultaneously display uniquely color-coded anatomic and

pathologic tissue information within the context of partially natural-appearing images.” Dr. Brown was subsequently issued a patent on the methodologies used in that study, the first of four patents he now holds.

Dr. Brown came to GA-PCOM in 2010, where he teaches courses in neuroscience and anatomy. Born in rural Georgia, he graduated from Georgia’s Augusta College. He received an MS in anatomy (electron microscopy) from the Medical College of Georgia and a PhD in clinical anatomy and neuroscience at Tulane University in New Orleans.

Thinking like a histologist

Dr. Brown first became interested in MRI as a clinical associate professor of radiology at USFHSC, where he was also a tenured associate professor of anatomy. How, he wondered, could the multiple sets of graytone images produced by MRI be used to make a full-color image?

“Humans can distinguish only sixteen graytones,” notes Dr. Brown, “but can tell thousands of colors apart. A subtle change in graytones can be important but can be missed. Color differences are much more likely to be seen.” Radiologists who read

MR images must not only detect subtle differences in shades of gray, but must also be able to visually compare the many individual images—there may be up to a hundred—that a single MR imaging session produces. Trained in histology, which involves staining tissues to enhance their natural contrast before examining them with a microscope, Dr. Brown thought, “We could do almost the same thing with MRI images if we could handle them the right way.”

Dr. Brown describes his patented process as “assigning color to a biophysical characteristic. So it’s an automatic segmentation algorithm for MRI data.” The biophysics of the tissue itself, in other words, is what uniquely determines the color. “If you assign an unusual color to something pathological,” he adds, “it shows up very well.”

A mathematical basis

The general benefits of Dr. Brown’s color MRI methodology are twofold. First, the methodology provides a mathematical basis for distinguishing between things.

“Color is a way of segmenting or characterizing different tissues and fluids so that a computer can tell them apart mathemati-

Why is an MRI like a spinning top?

More than 30 million MRI procedures were performed in 2010, according to a market survey of MR sites in the United States, using about 6,800 scanners in hospitals and freestanding imaging centers. Magnetic resonance imaging—originally called nuclear magnetic resonance, because the technology measures the magnetic properties of atomic nuclei—came into widespread use in the 1980s.

“MRI makes images that are maps of the biophysical characteristics surrounding protons,” Dr. Brown explains. “If a person goes into a strong magnetic field that’s polarized, you have a net alignment of protons so they are (mostly) aligned with that field. A radio pulse hits the body, knocking the protons out of alignment. It’s just like when you thump a spinning top: it wobbles and comes back to alignment. Those protons also come back into alignment, and in the process they give off a radio signal. All the protons in your body become radio transmitters, transmitting radio pulses back out.

“The time it takes for them to do that,” he continues, “depends on the atomic and molecular environment around the protons. Protons in fat are much more free to move than protons in muscle. In bone they can hardly move at all; in cerebrospinal fluid they move easily.”

cally,” Dr. Brown explains, thereby helping to discriminate features and the physiologic status of tissues, as in the case of his daughter’s cyst. Another application is 3-D reconstruction from MRI data, which requires a labor-intensive segmentation scheme in which the boundaries between different tissues are outlined. The color MRI technique makes this tedious process automatic. Dr. Brown’s most recent patents focus on 3-D full-color MRI.

Color is intuitive

The second benefit of color MRI is that color visualization is simply more intuitive. In fact, the images generated by the first

MRI machine, built by Raymond Damadian and colleagues in 1977 and now housed in the Smithsonian Institution, were augmented with colored pencils.

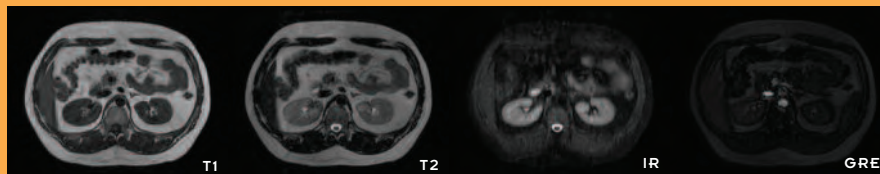
Later efforts at color MRI applications were rejected—and with good reason, according to Dr. Brown. “They did something like weather mapping,” he explains, “assigning color to different ranges of pixel intensity values. ‘From 0 to 75 we’ll make green’ and so on.” The results, he says, were “crude and looked psychedelic. . . . You got abrupt color changes that didn’t reflect what medical images should look like.” Dr. Brown’s software makes use of the RGB (red, green, blue) color model, which allows for a total display palette of more than 16.7 million colors. Color is assigned to magnetic resonance parameters, which are then combined into a single color-coded image.

Because Dr. Brown’s methodology can enhance perception of anatomical structures, people who are not trained as radiologists can better understand MRI images. Color MRI could be helpful to physicians in other specialties, to patients and to students. Dr. Brown shows color MRI in his courses. “I have some images of knees where you can see the pathology [of juvenile rheumatoid arthritis] so clearly—some students get very excited,” he says.

The need for collaborators

Dr. Brown hopes students and residents will go on to become his collaborators in controlled studies. Standardized data collection is critical. A technologist might make a small change in technique to shave off a few minutes from a study or might change the matrix in the field of view or magnification factor. Machines from different manufacturers produce subtly different images. All of these variables could affect the color results.

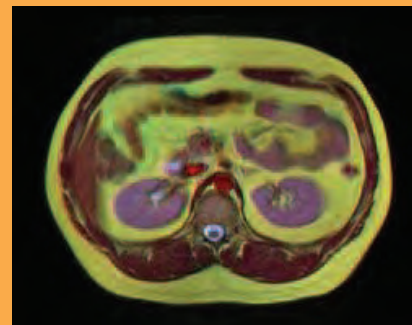
Data sets from patients who would permit the use of their (anonymized) images are of great interest to Dr. Brown. “If we had, say, twenty cases of intracranial hemorrhage, we would send the images to participating radiologists to read those data sets diagnostically with the color MRI as an adjunct and another set as controls. Ken Slavik [PhD, chief scientific officer, PCOM] has given me some names of radiologists to contact who’ve been associated with PCOM. I’m working with a local neurosurgeon, Don Penney, MD, and a radiologist, Fred Katz, DO, on a current project on intracranial hemorrhage. We have to get technicians and radiologists on board so they can collect the data as they want it for graytone viewing and we can also use it for our purposes.”



See for yourself

Pictured above are four images representing different MR parameters of the same slice level through a normal abdomen. T1 = longitudinal relaxation time; T2 = transverse relaxation time; IR = inversion recovery; GRE = gradient echo sequence.

The color MRI of the same slice level has all those parameters, but the single image makes it easier to visualize and quickly differentiate tissues by their color. Watery fluid is identified in the duodenum and renal pelvis, and as cerebrospinal fluid around the spinal cord. The difference in MRI contrast behavior between liver and kidney is more readily visualized and appreciated.



Photos courtesy of Dr. Brown

CLASS OF 1945

Arnold Melnick, DO, Aventura, FL, published *Effective Medical Communication*, which features six years' worth of columns from *The DO*. Dr. Melnick's book highlights practical advice on medical writing, medical speaking and patient communication. It is available for purchase through the American Osteopathic Medical Association: www.osteopathic.org/store.

CLASS OF 1954

Paul M. Steingard, DO, Phoenix, AZ, was profiled in the *Arizona Business Journal* (November 18, 2011). Dr. Steingard is the owner of Steingard Medical Group, which specializes in family practice and sports medicine. He was the team physician for the Phoenix Suns for 23 years; he is now the team's physician emeritus.

CLASS OF 1960

Keith A. Buzzell, DO, Conway, NH, was appointed medical director at White Mountain Community Health Center.

CLASS OF 1966

Richard D. Lynch, DO, San Antonio, TX, was appointed to the scientific advisory board of Computer Vision Systems Laboratories Corp.

CLASS OF 1967

John F. Callahan, DO, Dallas, PA, was honored by the Advocates for the Pennsylvania Osteopathic Medical Association during the 2012 POMA convention.

CLASS OF 1968

Charles E. Parker, DO, Virginia Beach, VA, is a child and adult psychiatrist specializing in diagnostic and medical services for troubled children, adolescents and adults. Dr. Parker's latest book, *ADHD Medication Rules*, is available for purchase through amazon.com. Dr. Parker is also the author of *Deep Recovery* and a blog: CorePsychBlog.

CLASS OF 1970

Arthur J. Mollen, DO, Scottsdale, AZ, and his Mollen Clinic received the Fit for Life Award presented by the American Osteopathic Foundation and Pfizer. Dr. Mollen is the medical director of Southwest Health Limited, doing business as the Mollen Clinic.

Joel J. Rock, DO, Westfield, NJ, was appointed osteopathic physician representative to the New Jersey State Board of Medical Examiners by Governor Chris Christie. Dr. Rock practices at James Street Anesthesia Associates in Edison.



Dr. Kogan (center) with actor George Clooney (left) and director Alexander Payne on the set of *The Descendants*.

MILT KOGAN, DO '60, MD, MPH Finding and Redefining Himself

"Don't get too comfortable" could be Dr. Kogan's motto. Perhaps it started when he enrolled in PCOM after only three years at Cornell University. It continued during his internship in Southern California where, in addition to working 36-hour shifts, he enrolled in acting classes on a lark. But acting, it turned out, was more than a folly. "Acting totally turned me around," recalls Dr. Kogan.

"Through college and medical school I had always conformed. I had never really explored myself," he explains. "Acting forced me to challenge myself. I was fascinated by acting as an art form, and it became an important part of my life."

After he completed his internship, Dr. Kogan decided to commit himself to acting. But after six months he reassessed his decision. So he returned to medicine, practicing during the day and acting at night. His love of acting grew. He got an agent and began getting roles, mostly in commercials. "I was lucky," he explains. "It was a time when they were casting regular-looking people in commercials. I became a very successful commercial actor." Commercials led to movie roles and television appearances.

He woke up one day, he says, and once again questioned his work. Dr. Kogan stepped away from acting, and made arrangements to teach and practice medicine on a floating campus, the University of the Seven Seas. After sailing around the world, he returned to acting. He appeared on television shows including *Barney Miller* and *Kojak* and in movies including *E.T.: The Extra-Terrestrial* and *The Sunshine Boys*. One acting success turned into another—leaving little time for medicine or, he discovered, for personal reflection.

To this end, Dr. Kogan joined the Peace Corps. He moved with his wife and two young children to Burkina Faso, West Africa, dedicating three years to service. When he returned to the States, Dr. Kogan continued acting and practicing medicine in Beverly Hills while intermittently taking breaks to serve the needy. One two-year stint with the National Health Service Corps, which he is especially fond of recalling, took him to Harlowton, Montana, a small ranching community. "PCOM instilled in me a strong belief in giving back, which is why I continue to work with underserved populations," he explains.

Today, Dr. Kogan practices family medicine with a special interest in geriatric mental health. He also continues to act. At times his two loves intersect; he recently played Dr. Johnston in the Oscar-winning film *The Descendants*.

CLASS OF 1971

Robert R. Speer, DO, Stone Harbor, NJ; **Thomas J. Puskas, DO**, Monument, CO; and **Richard A. Renza, DO**, Cape May Courthouse, NJ, report that they went on their annual ski trip to Vail, Colorado, in December 2011.

CLASS OF 1974

John T. Johnson, Sr., DO, Davenport, IA, was featured in the article “Pioneering Physician Keeps Hand in Medicine,” published in *USA Today* (February 27, 2012).

Richard G. Tucker, DO, Mount Laurel, NJ, has a solo practice in Mount Laurel and serves as clinical associate professor of OB/GYN, PCOM.

CLASS OF 1979

Paul Keshishian, DO, Rivervale, NJ, was appointed township physician of Rochelle Park, New Jersey. In this capacity, he also serves as the physician for the school and volunteer ambulance corps.

William B. Swallow, DO, Lewistown, PA, joined the medical staff at Lewistown Hospital's Family Health Associates in Belleville.

CLASS OF 1981

H. Timothy Dombrowski, DO, Stratford, NJ, with the University of Medicine and Dentistry of New Jersey – School of Osteopathic Medicine's Camden Saturday Health Clinic, was the recipient of the Spirit of Humanity Award presented by the American Osteopathic Foundation and AstraZeneca. Dr. Dombrowski was recently elected to the board of directors of the National Board of Osteopathic Medicine.

James C. Ferraro, DO, Phoenix, AZ, serves as chairman of medicine at Banner Estrella Hospital.

Frank Paolantonio, DO, York, PA, was named to the Physicians Advisory Board of the Susan G. Komen Foundation, Philadelphia affiliate.

CLASS OF 1982

Morey J. Menacker, DO, Mahwah, NJ, was appointed to the board of directors of QualCare, Inc., in Piscataway. Dr. Menacker practices at Forest Healthcare Associates and is a clinical professor of medicine at the University of Medicine and Dentistry of New Jersey – School of Osteopathic Medicine.

CLASS OF 1983

Howard A. Hassman, DO, Boca Raton, FL, co-authored the article “Development of a

Clinical Global Impression Scale for Fatigue” published in the *Journal of Psychiatric Research* (January 9, 2012). Dr. Hassman is a member of the board of trustees of the Devereux Foundation.

Thomas Renaldo, DO, Allentown, PA, of Lehigh Valley Physicians Group and LVHN Elder Care, and medical director of Phoebe Allentown Health Care Center, was appointed chief medical officer of Phoebe.

Richard J. Snow, DO, Columbus, OH, was named vice president of Clinical Effectiveness of OhioHealth. Dr. Snow has additionally been elected as an initial member of the Ohio Patient Centered Primary Care Coordinating Council, a 14-member panel that will coordinate medical home initiatives in the state.

CLASS OF 1984

Kenneth Heiles, DO, Harrogate, TN, was appointed associate dean for Graduate Medical Education at Lincoln Memorial University – DeBusk College of Osteopathic Medicine.

CLASS OF 1987

D. Todd Detar, DO, Johns Island, SC, was inducted into the Pottstown (Pennsylvania) High School Alumni Honor Roll.

Thomas P. Marnejon, DO, Columbiana, OH, program director of the St. Elizabeth Health Center Internal Medical Residency program, was the recipient of the 2011 Master Teacher Award presented by the American College of Physicians.

CLASS OF 1989

Martin J. Wall, DO, Lancaster, PA, joined Holy Spirit Health System. Dr. Wall will practice at Dillsburg Family Health Center, Dillsburg, and Broad Street Family Health Center, Marysville.

CLASS OF 1990

Andrew Cykiert, DO, Farmington Hills, MI, was elected president of the medical staff at Botsford Hospital.

Howard J. Sadinsky, DO, Woodbridge, CT, was the recipient of the Community Service Award presented by the Milford Chamber of Commerce. Dr. Sadinsky serves on the medical staff at Milford Pediatric Group.

CLASS OF 1991

Cynthia R. Fusco, DO, Yardley, PA, was featured in the article “Launching a Medical Career,” published in the *Northeast Times Insider* (February 22, 2012).

Dean T. Filion, DO, Caldwell, NJ, celebrated his second Super Bowl win as a member of the medical staff of the New York Giants. Dr. Filion is the director of sports medicine at New Jersey Spine and Sports Medicine in Rutherford, New Jersey, and has served as a member of the New York Giants medical staff for the past 14 years.

CLASS OF 1992

Charles F. Gorey, DO, Pottstown, PA, had his article “Here's Looking at You: Imaging Tests Are an Important Part of Your Health” published in the December 26, 2011, issue of *Mercury*. Dr. Gorey is a member of the Department of Family Medicine at Pottstown Memorial Medical Center.

CLASS OF 1994

Kirby J. Scott, IV, DO, Hagerstown, MD, joined the medical staff at Central ENT Consultants, PC.

CLASS OF 1995

John B. Bulger, DO, Danville, PA, was re-elected to the board of trustees of the American College of Osteopathic Internists. Dr. Bulger is presently serving as president of the Association of Osteopathic Directors and Medical Educators. He is chief quality officer and director of the hospitalist service line and of osteopathic medical education at Geisinger Health Systems.

Kathleen E. Heer, DO, McColl, SC, joined the medical staff of Bladen County Hospital and Women's Health Specialists in Elizabethtown.

Michael A. Kovalick, DO, Dallas, PA, was promoted to Luzerne County department director, community practice. Dr. Kovalick will provide leadership for five Geisinger primary care clinics in Luzerne County.

J. Garry Wroblewski, Jr., DO, Jefferson Township, PA, joined the medical staff at Wayne Memorial Hospital in Honesdale.

CLASS OF 1996

Gregory W. Coppola, DO, Erie, PA, is a sports and integrative medicine specialist with Medical Associates of Erie. He also serves as clinical professor of sports medicine at the Lake Erie College of Osteopathic Medicine.

Theresa White McHugh, DO, Plymouth Meeting, PA, was appointed medical director of the Cancer Risk Assessment and Genetics Program at Main Line Health. Dr. McHugh is the principal investigator for several cancer genetics-related projects at Main Line Health.

CLASS OF 1997

Scott H. Culp, DO, Conshohocken, PA, joined the medical staff at North Wales Family Medicine.

Stacey L. Fitch, DO, Limerick, PA, had her article "It's Never Too Early: Arthritis Can Strike at Any Age" published in the November 2011, issue of *Mercury*. Dr. Fitch is in practice with Pottstown Medical Specialists and is an independent member of the medical staff at Pottstown Memorial Medical Center.

James W. Mansberger, DO, Huntingdon, PA, was elected vice chief of staff at JC Blair Memorial Hospital.

CLASS OF 1998

Brian A. Clements, DO, Wilton, ME, joined the medical staff at Franklin Health Medicine in Farmington.

Stephen Evans, DO, Mountain Top, PA, is the director of the osteopathic family residency program at Geisinger Health Systems.

Jonathan M. Gusdorff, DO, Bryn Mawr, PA, and his wife, Jaime, opened a new Care STAT Urgent Care walk-in medical facility in Havertown. Its purpose is to offer non-critical medical care to patients as an alternative to long waits in the emergency room or when they cannot reach their primary physician.

Joseph M. Laureti, DO, Pen Argyl, PA, joined Alliance Medical Group and the medical staff at the Hazleton Health & Wellness Center.

Bradley J. Miller, DO, Northumberland, PA, was appointed director of the family medicine program at Williamsport Regional Medical Center in affiliation with Susquehanna Health.

James A. Tricarico, DO, Pittston, PA, has joined Geisinger Health Systems. Dr. Tricarico's practice has been renamed Geisinger-Pittston North Main.

CLASS OF 1999

Stacy L. Generalovich, DO, Newbury, OH, joined the medical staff at Akron Children's Hospital Pediatrics in Boardman. Dr. Generalovich and her husband, **Brock Generalovich, DO '98**, have two children, Luke and Sophia.

CLASS OF 2000

Todd D. Applegate, DO, Madison, CT, joined the medical staff at the Hospital of Central Connecticut. Dr. Applegate maintains his practice, Applegate Orthopedic Spine Center, in Essex.

Louis J. Bevilacqua, Jr., PsyD, Downingtown, PA, released his latest book, *When You Can't Snap Out of It: Finding Your Way Through Depression*, published by Tate

Publishing & Enterprises (September 2011). Dr. Bevilacqua is vice president at Life Management Inc. He is a clinical psychologist specializing in cognitive behavioral therapy.

Obinna U. Chukwuocha, DO, Decatur, TX, joined the medical staff at My Bariatric Solutions. Dr. Chukwuocha will head My Bariatric Solutions' aftercare program and assist patients during their pre-surgery diet requirements for Lap Band, gastric sleeve and gastric bypass procedures.

Matthew M. Collins, DO, Glenside, PA, was granted medical staff privileges at Grandview Hospital. Dr. Collins is an associate at Buxmont Cardiology Associates in Sellersville.

CLASS OF 2001

Michael G. Benninghoff, DO, Coatesville, PA, was named medical director of Wilmington Hospital's Intensive Care Unit, Christiana Care Health Systems.

Jeffrey K. Kingsley, DO, Ellerslie, GA, has been elected a member of the board of trustees of the Association of Clinical Research Professionals.

CLASS OF 2002

Steven R. Blasi, DO, Easton, PA, has joined St. Luke's Hospital in Bethlehem as a geriatrician.

Laura Garawski Forlano, DO, Richmond, VA, was appointed deputy state epidemiologist for the Virginia Department of Health (June 2011). As of November 2011, Dr. Forlano is serving as acting director of the Office of Epidemiology and acting state epidemiologist for the Virginia Department of Health.

Terry L. Pummer, DO, Grenada, MS, joined the medical staff at Grenada Lake Medical Center.

CLASS OF 2003

Thea Cooper Barton, DO, West Chester, PA, had her article "Give Your Baby a Healthy Start to Life with Good Prenatal Care" published in the November 14, 2011, issue of *Mercury*. Dr. Barton is a member of the Department of Obstetrics and Gynecology at Pottstown Memorial Medical Center.

Donald C. Campbell, DO, Sewickley, PA, was appointed medical director of the University of Pittsburgh Medical Center's Northwest Sports Medicine Program.

Joseph H. Kim, DO, Seaford, DE, was elected president of the medical staff at Nanticoke Health System. Dr. Kim is president-elect of the Delaware Academy of Family Physicians.

CLASS OF 2004

Matthew J. Espenshade, DO, Harrisburg, PA, joined Fulton County Medical Center Special

Certificates of Merit

Alvin D. Durbin, DO '56, Cherry Hill, NJ, was a recipient of the American Osteopathic Association's highest honor, the Distinguished Service Certificate.

Mark S. Finkelstein, DO '80, Aston, PA, was the recipient of the Dr. Floyd J. Trenery Medal presented by the American Osteopathic College of Radiology.

John A. Harrison, DO '00, Nokesville, VA, was inducted as a fellow of the American College of Surgeons.

John P. Kearney, member, PCOM Board of Trustees, Moosic, PA, was a recipient of the Chapel of Four Chaplains' highest honor, the Bronze Medal, presented at their Awards Presentation on November 10, 2011. The Chapel and its awards were established in memory of four military chaplains who served on the *U.S.A.T. Dorchester* during World War II.

Janice A. Knebl, DO '82, Fort Worth, TX, was installed as the new chair of the board of directors of the National Board of Osteopathic Medical Examiners.

David M. Masiak, DO '77, Gwynedd, PA, was inducted as a fellow of the American College of Physicians.

James E. McHugh, DO '68, Strafford, PA, was honored by Crozer-Keystone Health System for his many years of faithful service.

Mark A. Monaco, DO '89, was installed as president of the Pennsylvania Osteopathic Medical Association.

Pamela Quinn Taffera, DO '07, Phoenixville, PA, was a recipient of the Humanitarian Award presented by the Chapel of Four Chaplains at their Awards Presentation on November 10, 2011. The Chapel and its awards were established in memory of four military chaplains who served on the *U.S.A.T. Dorchester* during World War II.

Services Department in McConnellsburg. Dr. Espenshade is on the medical staff at Arlington Orthopedics in Harrisburg.

Kelly M. Kopkowski, DO, Erie, PA, joined the medical staff at Saint Vincent Health Center. Dr. Kopkowski will serve as the hospital's medical director of rehabilitation/physical medicine.

Heather A. Olex, DO, Media, PA, was profiled in the December 1, 2011, issue of *Main Line Today*. Her practice, Osteopathic Medical Associates, PLLC, specializes in osteopathic manipulative treatment.

Kerry Anne Whitelock, DO, Port Matilda, PA, joined the medical staff at Mount Nittany Physician Group.

CLASS OF 2005

Anel M. Abreu, DO, Watertown, NY, joined the medical staff at the North Country Orthopaedic Group.

Dennis R. Given, PsyD, Downingtown, PA, has his own group practice, Psychology Associates of Chester County, Inc. He works with PCOM alumni **Eileen Lightner, PsyD '10**, and **George Villarose, PsyD '06**. Dr. Given provides onsite mental health services at Brandywine Village Family Medicine, a practice run by PCOM alumni **Francis W. Brennan, DO '93**, and **Laurie Ann Gallagher, DO '97**.

Demetrios Menegos, DO, Philadelphia, PA, joined the medical staff at Main Line Health Care Orthopaedics and Neurosciences.

Sarah M. Miller, DO, Natrona Heights, PA, joined the medical staff at West Penn Allegheny Oncology Network at Allegheny Valley Hospital.

James Nace, DO, Cockeysville, MD, joined the Rubin Institute for Advanced Orthopedics at Sinai Hospital. Dr. Nace is the academic director of the Institute's Center for Joint Preservation and Joint Replacement.

Kevin D. Richardson, DO, San Antonio, TX, joined the medical staff at Nix Orthopaedic Center.

Brian A. Spencer, DO, State College, PA, joined **Paul A. Suhey, DO '84**, at Martin & Suhey Orthopedics. Dr. Spencer will practice general orthopedics with specialty emphasis in shoulder surgery and sports medicine.

CLASS OF 2006

Nicole L. Balchune, DO, Kingston, PA, joined the medical staff at Geisinger Medical Group – Kingston.

Shaun R. Black, DO, Conneaut Lake, PA, joined the medical staff at Meadville Hospital and Meadville Emergency Physicians PC.

LT. JASON DUFF, PsyD '08 In a Fight Against Wartime Stress

The stress of war isn't felt only on the battlefield. This is something Lt. Duff knows well. A clinical psychologist who is also a psychiatric nurse practitioner, Lt. Duff recently spent eight months caring for military personnel at the naval base and detention operation at Guantanamo Bay (GTMO) as part of a Joint Stress Mitigation and Restoration Team. "Deployment at GTMO can be overlooked, but it's extremely stressful," he says. "The troops are away from home for up to a year. It's physically dangerous and they are dealing with a high level of scrutiny and psychological warfare." In addition to deployment-related mental health issues that may include sleep and adjustment issues, depression, suicidal thoughts and post-traumatic stress syndrome, the team sees mood disorders unrelated to deployment.

"A lot of times people who are suffering won't seek help, so we have to be creative in our approach to identifying individuals who could use some assistance," explains Lt. Duff. Some measures include bringing coffee to troops at midnight during a 12-hour day and asking service members to watch for symptoms of distress in one another. Lt. Duff even started a two-hour mental health radio show. In addition to music and interviews, he answered email and live, call-in questions. "It was fun, challenging and actually proved to be a very successful educational tool."

Currently stationed in Okinawa, Japan, Lt. Duff continues to provide care for military personnel through individual and group counseling and outreach. "I have a strong background in cognitive behavior therapy from PCOM," he explains. "It's that theoretical concept that drives everything I do."

Not only does Lt. Duff help the troops deal with the stress of deployment and all that it entails, he also helps prepare them to go home. "There's a saying, 'no man walks through the river and doesn't get wet.' No one doesn't come out of this changed. My goal is to normalize the experience, let people know it's OK to feel what they're feeling.

"Every time I sit down with these men and women they have my respect. It's an honor to work with them," he says. "It's exhausting, but it's always rewarding."



Brian S. Galler, DO, Brownstown, MI, will be starting an interventional cardiology fellowship at Winthrop University Hospital in Mineola, New York, in July 2012.

Melissa L. Ozga, DO, New York, NY, joined the Department of Psychiatry and Behavioral Sciences at Memorial Sloan-Kettering Cancer Center as the psychiatric liaison to the gynecological-oncology disease management team. Dr. Ozga was appointed instructor at both Memorial Sloan-Kettering Cancer Center and New York Presbyterian/Weill Cornell Medical College.

Daniel R. Pascucci, DO, Berlin, MD, received his board certification in sports medicine from the American Osteopathic

Association. Dr. Pascucci is on the medical staff at Atlantic Orthopaedics.

Dennis C. Slagle, II, DO, Fairmount City, PA, is in his third year of a neonatology fellowship at Children's Hospital of Pittsburgh and Magee Women's Hospital, both part of UPMC.

CLASS OF 2007

Bryan R. Barrett, DO, Toms River, NJ, joined the medical staff at Orthopaedic Institute of Central Jersey with offices in Wall, Toms River, Freehold and Red Bank. He treats non-operative acute and chronic orthopedic conditions and sports-related concussive injuries.



MATTHEW MEEKER, DO '10 Sometimes a Little Means a Lot

No one ever said medical residency was easy. But Dr. Meeker wasn't looking for easy when he participated in a rotation at a Tibetan

community in Mundgod, India. "It was the furthest from my comfort zone I've ever been," he admits. Dr. Meeker, a second-year resident at Susquehanna Health's Williamsport Family Medicine Residency Program, traveled with a team of nine medical professionals to the Loseling Clinic, run by the charitable medical organization Loseling Altruistic Medical Association, an extension of the Drepung Loseling Monastery. The clinic provides free medical care to the Tibetan monks at the monastery and the nuns and laypeople in the surrounding refugee camps.

Dr. Meeker treated 40 to 60 people daily; together, the team treated 1,200 individuals during the week they were in India. Treatment included a lot of fungal and skin irritations and musculoskeletal issues that Dr. Meeker treated with OMM. The team brought both prescription and over-the-counter medical supplies and 2,000 pairs of reading and sunglasses (the latter proved to be one of the patients' most requested items).

Despite the medical team's best intentions, providing good medical care was challenging. "People were disappointed if they didn't get different medications. I gave one woman Tylenol and Children's Tylenol for her child. She came back because she thought she should have two different medicines. I would see people outside the clinic swapping pills so everyone would have a little of each medicine."

Nonetheless, the medical team had the opportunity to benefit the community. "Preventative issues were the most prevalent. We saw a lot of malnutrition and were able to provide nutritional advice in addition to vitamins," notes Dr. Meeker.

International medicine has been a passion of Dr. Meeker's since he participated in a medical mission to Ecuador as a fourth-year medical student. "It's a great way to experience other cultures," he asserts.

Dennis A. Burachinsky, DO, Florham Park, NJ, joined the medical staff at ENT and Allergy Associates LLP in Somerville.

Sarah A. Pillus, DO, Conneaut Lake, PA, joined the medical staff at Meadville Hospital and Meadville Obstetrics and Gynecology Associates.

CLASS OF 2008

Sharon E. Ferguson, DO, Keene, NH, joined the Family Medicine Department at Cheshire Medical Center/Dartmouth-Hitchcock Keene.

David T. Steves, DO, Benton City, WA, joined the medical staff at Cowlitz Family Health Center.

CLASS OF 2010

Chadd K. Kraus, DO, Mechanicsburg, PA, was elected to the board of directors of the Emergency Medicine Residents' Association during the American College of Emergency Physicians Scientific Assembly in San Francisco. Dr. Kraus is an emergency medicine resident at Lehigh Valley Health Network.

CLASS OF 2011

Matthew G. McClellan, DO, Camp Hill, PA, is completing a one-year research fellowship in emergency medicine at Penn State University College of Medicine, Milton S. Hershey Medical Center.

Top Doc Awards

The following PCOM alumni were recognized by *Main Line Today* (December 2011) as "Top Doctors" in their respective fields:

Michael D. Arbuckle, DO '98, Douglassville, PA – Family Practice

Renee M. Bender, DO '94, West Chester, PA – Obstetrics & Gynecology

Catherine E. Bernardini, DO '96, Narberth, PA – Obstetrics & Gynecology

Trina Bradburd, DO '86, Bryn Mawr, PA – Family Practice

Christopher P. Bruno, DO '04, West Chester, PA – Endocrinology

Maria C. Bucco, DO '88, Media, PA – Internal Medicine

Robert J. Bulgarelli, DO '90, Glen Mills, PA – Cardiology

Norman M. Callahan, III, DO '91, Berwyn, PA – Gastroenterology

Michael F. Carnuccio, DO '95, West Chester, PA – Family Practice

Marylou Checchia-Romano, DO '95, Boothwyn, PA – Family Practice

Jeffrey J. Citara, DO '04, Exton, PA – Orthopedics

Brian C. Copeland, DO '02, Wallingford, PA – Gastroenterology

Anthony J. DeSalvo, DO '84, Broomall, PA – Family Practice

John W. Fornace, DO '81, Royersford, PA – Cardiology

Brian G. Friedrich, DO '87, Drexel Hill, PA – Family Practice

Laurie A. Gallagher, DO '97 – Downingtown, PA – Family Practice

Carl A. Giombetti, DO '69, Haverford, PA – Pediatrics

Robert W. Hindman, DO '96, Downingtown, PA – Internal Medicine

Stephen M. Humbert, DO '89, Havertown, PA – Internal Medicine

David R. Kalodner, DO '82, Rose Valley, PA – Internal Medicine

Jack E. Kazanjian, DO '98, Broomall, PA – Orthopedics

Daniel C. Lazowick, DO '93, Glen Mills, PA – Internal Medicine

Norman Leopold, DO '68, Chester, PA – Neurology

Matthew P. Lewullis, DO '03, Collegeville, PA – Orthopedics

Susan M. Magargee, DO '86, Bryn Mawr, PA – Pediatrics

Antoninus J. Manos, DO '86, West Chester, PA – Family Practice

Robert D. McGarrigle, DO '83, Media, PA – General Surgery

On a Personal Note



Baby Blasi

Baby Bower

Baby Hempel

Baby Sensenig

Baby Sirchio

Baby Slagle

Nicole M. Benson, MS/FM '10, Nanticoke, PA, married Ryan M. Lewis on October 15, 2011. The couple honeymooned in Riviera Maya, Mexico.

Steven R. Blasi, DO '02, Easton, PA, and his wife, Jessica, are the proud parents of Aaron, born on November 8, 2011.

Nicholas S. Bower, DO '05, York, PA, and his wife, Elizabeth, are the proud parents of Louis David, born on January 17, 2011.

Katherine D. Chilek, DO '08, and **Barry A. Marks, II, DO '08**, Pittsburgh, PA, wed on October 8, 2011, in Pittsburgh—with many PCOM friends in attendance. The couple honeymooned in the Dominican Republic.

Brian S. Galler, DO '06, Brownstown, MI, and his wife, Marissa, are the proud parents of Jacob Benjamin, born on January 3, 2012.

Carrie Samiec Hempel, DO '02, Perry Hall, MD, and her husband, James, are the proud parents of Nathan, born on September 23, 2011.

Nicole K. Luetke, DO '02, Lansdale, PA, and her husband, Jeffrey, are the proud parents of Isabella Katherine, born on January 22, 2012.

Jeff T. Sensenig, DO '05, and **Rebekah (Vreeland) Sensenig, DO '05**, Las Vegas, NV, are the proud parents of Nathan William, born on December 22, 2011. Nathan joins big brother Luke Robert in the growing Sensenig family.

Nicole H. Sirchio, DO '02, MBA, Land O' Lakes, FL, is proud to announce the birth of her daughter, Lily, on October 5, 2012.

Dennis C. Slagle, II, DO '06, Fairmount City, PA, and his wife, Stacey, are the proud parents of their first child, Noah Robert, born on November 3, 2011, at Magee Women's Hospital of the University of Pittsburgh Medical Center.

Erin Schnepf Morris, DO '03,
Conshohocken, PA – Pediatrics

Shripali Patel, DO '06, West Chester, PA –
Internal Medicine

Brian D. Rosenthal, DO '98, Blue Bell,
PA – Urology

Carl W. Sharer, DO '78, Phoenixville, PA –
Obstetrics & Gynecology

Kelly Anne Spratt, DO '87, Ambler, PA –
Cardiology

David A. Thomas, DO '78, Media, PA –
Neurology

Michael A. Waronker, DO '94,
Glenmoore, PA – Gastroenterology

John C. Carlson, DO '72, West Chester, PA, was named “Top Doctor in Obstetric Surgery” by *Delaware Today* (September 2011).

James C. Ferraro, DO '81, Phoenix, AZ, was named “Top Doctor in Nephrology and Hypertension” by *Phoenix Magazine* (April 2011).

Richard G. Tucker, DO '74, Mount Laurel, NJ, was named “Top Doc in Obstetrics & Gynecology” by *SJ Magazine* (September 2011), and “Top Physician in Obstetrics & Gynecology” by *South Jersey Magazine* (August 2011).

In Memoriam

Frederick J. Bainhauer, Jr., DO '63,
Allentown, PA, December 5, 2011.

Richard K. Chambers, Jr., DO '54,
Lancaster, PA, December 5, 2011.

Rodney Hayes Chase, DO '34,
Sun City, FL, January 24, 2012.

James J. Costello, DO '52, Clermont,
FL, January 11, 2012.

John M. Doherty, DO '66, Glen Mills,
PA, February 6, 2012.

Floyd E. Dunn, DO '36, Gravois Mills,
MO, December 20, 2011.

Richard B. Greenberg, DO '52, Prince
George, VA, May 22, 2011.

James L. Harris, DO '68, Fort Myers,
FL, October 19, 2011.

Martin K. Heine, DO '81, Fayetteville,
PA, November 18, 2011.

John J. Heiser, DO '57, Fort Lauderdale,
FL, February 6, 2012.

George P. Jaeger, DO '65, Clarion, PA,
November 15, 2011.

Erwin H. Kliger, DO '57, Imperial
Beach, CA, November 6, 2011.

Louise R. Leach, RN '51, Saint Charles,
MO, February 18, 2012.

John C. Longacre, DO '53, Portland,
TX, March 4, 2012.

Edward J. Miskiel, Jr., DO '72,
Langhorne, PA, November 24, 2011.

Robert D. Pelicata, DO '77, Bala
Cynwyd, PA, February 21, 2012.

John A. Pettineo, DO '63, Upper
Chichester, PA, February 15, 2012.

Lewis M. Pincus, DO '75, DeSoto, TX,
November 22, 2011.

Herbert Spellman, DO '59, Cherry Hill,
NJ, January 26, 2012.

Anthony P. Trebino, DO '88, Port
Republic, NJ, January 18, 2012.

Richman G. Weaver, DO '54, York, PA,
March 29, 2012.

Images of Healing by Daniel F. Battafarano, DO '83

One Sunday morning, I had just completed ward rounds. I heard a page overhead that chapel services would begin in less than 5 minutes. My to-do list was short, so I decided to attend. The chapel at Brooke Army Medical Center is simple, with 10 rows of chairs fanning out on either side and a row along the back wall. When I arrived, the congregation was singing the opening hymn to organ music, and the chaplain was at the altar. Because there were no open seats, I stood by the back entrance. My thoughts were still focused on medical problems and many unanswered questions. As the prayer service began, I looked up toward the altar. Until then, I had not noticed the three young men in wheelchairs along the center aisle.

Our medical center is a busy place, providing routine and trauma care for active duty and retired military and their dependents. Brooke has been supporting the wounded through all of our great wars. During the Vietnam War, our hospital became famous for its burn treatment center and more recently had become an amputee center of excellence for troops coming home from Afghanistan and Iraq. Every day I saw disfigured warriors with severe burns wrapped in neoprene masks and bandages and others with well-healed stumps after amputation. Some wounded warriors motor around in state-of-the-art wheelchairs; others rehab on prosthetic legs or circular frame external fixators. These images had become a large part of my hospital culture.

These images often brought me back to middle school in Philadelphia. I had often seen many men in uniform riding in wheelchairs or walking with crutches at shopping centers, on the train, and even in Valley Forge Park. Our black-and-white TV sets highlighted the Vietnam War every night at dinner, showing gunfire from helicopters or body bags or antiwar protesters. The war on television had been going on since I was in the second grade. My friends and I played all kinds of combat scenarios in the neighborhood that imitated the shows “Combat” and “The Gallant Men.”

Vietnam was a place far from where we lived. None of my friends knew much about the war. But seeing these college-aged soldiers without limbs made me feel so uneasy that I could not look at the amputees for very long. My games of playing soldier became a frightening reality of war when seeing these men.

But these soldiers had lost more than a limb. Those boyhood images never left my subconscious.

My personal intentions for attending chapel services that morning were rooted in a


dedicated time for spiritual reflection; however, I became emotionally focused on the three wounded warriors. I assessed their disabilities from the back of the chapel. The wheelchair-bound Hispanic soldier closest to me was an average-sized guy in his early 20s. He was reciting prayers with his friends. Although he appeared normal, it was obvious that his legs were paralyzed.

The second wounded warrior had an above-knee right leg amputation. He was staring straight ahead with his left foot rhythmically rocking his infant son asleep in a car seat. This 30-something-year-old father had well-healed burns of the scalp, ears, and face, with extensive white-pink scarring melted like wax around his bony, bald cranium. To his immediate left, his wife smiled as she held their three-year-old daughter and proudly wore a bold red lanyard around her neck emblazoned with the letters “U.S.M.C.”

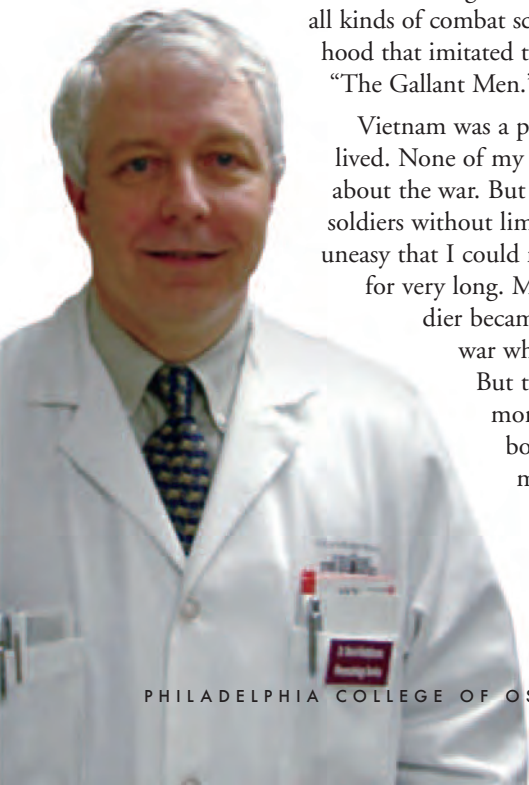
The chaplain then asked the congregation if they had any special prayer requests. By this time, my thoughts were consumed with empathy for these disabled warriors. The third soldier sitting near the left front row raised his hand. He called out the names of his two buddies who had died in combat when he was injured and asked us to pray for them and their families.

The third wounded warrior, in his late 20s, was built like a linebacker with broad shoulders. He sat at attention. A deltoid sported a tattoo depicting a waving U.S. flag. His left leg was elevated in a long leg cast with a 101st Airborne baseball cap resting on top of his forefoot. His right leg was amputated below the knee. He looked content. His mother sat next to her son, and his father quietly wept throughout the entire chapel service.

These soldiers in the chapel unlocked the disturbing memories of Philadelphia long ago. Their physical wounds were healing, but life as they knew it would never be the same. Their lives had been redefined by life-altering injuries. What had they witnessed in the theater of war? Could they ever reconcile their wounds, pain, fears, and nightmares? Would they ever feel whole again?

My thoughts were interrupted as the congregation began to pray. The chaplain asked us to exchange a sign of peace with a handshake or an expression of love with a family member. At that moment, the three young men wheeled directly toward me to shake my hand. The macho linebacker soldier gave me a firm handshake and said, “Thanks, Doc, for taking care of soldiers.” I sat down overwhelmed. I had never felt so vulnerable. I couldn’t do more than sit there and cry. 

Dr. Battafarano (daniel.battafarano@amedd.army.mil) serves as chief, rheumatology service, Brooke Army Medical Center, and clinical professor of medicine, University of Texas Health Science Center – San Antonio.



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