On the cover

Courtney Moore, a fourth-year medical student, helped save her father’s life when he suffered a heart attack, and turned that event into a catalyst for a book and a new organization, Health Is Where The Heart Is, to disseminate presentations on heart health, easy-to-adopt practices on improving cardiac health and free hypertension screenings.

Cover photo by David Dalton.
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A recent report commissioned by the Presidents Council, State Universities of Michigan, revealed that the state’s 15 public universities generated more than $23 billion in spending in 2012.

The study, conducted by the Anderson Economic Group, reported that the universities, including Wayne State University, are responsible for billions of dollars of spending and investment in Michigan, and combined represent a dominant economic force. The universities invested $7 billion in payroll alone for Michigan residents and another $3 billion in goods and services purchased from Michigan companies.

Those figures don’t include the money invested by students and faculty members across the state as they make personal purchases on the way to and from campus. Thousands of businesses, many of them small “mom and pop” shops, benefit from purchases that cover everything from gasoline to coffee and lunches.

To put it more simply, higher education pays off both for students and for the state.

While critical to demonstrating the economic impact of higher education, what such reports cannot delineate are important intangibles. How do you measure the impact of a physician who volunteers to perform surgeries in developing countries where even the simple act of seeing a family doctor is a rarity? What calculation can quantify the benefit to the community of medical students who create and run an organization designed to improve the health of families?

From the time our students join us in the annual White Coat Ceremony in August to Match Day in March, when they find out where they will serve their residencies, our students are immersed in their studies. They also plunge into the world around them. When they graduate and leave us, they carry with them the reputation that our school educates some of the finest, most compassionate physicians in the world.

Of course, becoming a physician requires excellent grades. Becoming a Wayne State University physician requires something more – compassion, a sense of community-mindedness, leadership. It’s that “something more” that is the hallmark character of our medical students.

Many of our students say they chose the Wayne State University School of Medicine exactly for this reason. They know from those who have gone before them that one of our missions is to provide care for the underserved and the uninsured. Our students assist in caring for those most in need and who can least afford it. That interaction makes our students better doctors, and better people. They find the desire and drive within themselves to create change for the better. And they do this while shouldering the educational load and financial debt of busy medical students.

Medicine needs physicians such as those you will meet in these pages. To paraphrase Albert Einstein, it is every person’s obligation to put back into the world at least the equivalent of what he takes out of it. Wayne State University School of Medicine graduates live up to – and in so many cases – exceed that obligation.

I hope to see you on campus soon. You are always welcome here at home.

Valerie M. Parisi, M.D., M.P.H., M.B.A.
Dean
Wayne State University
School of Medicine
School of Medicine joins Detroit Lions to improve health throughout the region

The Wayne State University School of Medicine has joined the starting lineup with the likes of Ndamukong Suh, Nick Fairley and Ezekial Ansah to put a serious hurt on poor health in southeast Michigan.

In a partnership that’s the first of its kind between a National Football League franchise and a university medical school, the Detroit Lions and the WSU School of Medicine’s Department of Family Medicine and Public Health Sciences will work with Detroit residents, especially children, to teach methods to improve health, conduct health fairs and plan other programs through the Lions’ Living for the City initiative. The philanthropic effort focuses on sustainable community health, wellness and development.
“Having a highly respected academic resource like the Wayne State University School of Medicine further validates our Living for the City health and wellness efforts,” said Tom Lewand, Detroit Lions president. “This partnership will also strengthen the impact that we both have in our community.”

Launched in 2012, Living for the City supports transformational efforts that improve the well-being of metropolitan Detroit’s underserved. The initiative supports organizations that pursue integrated approaches to physical fitness, healthy eating, housing, land use and environmental planning, public transportation and community infrastructure.

Lions representatives and Maryjean Schenk, M.D., M.P.H., M.S., vice dean of Medical Education, signed the documents at the School of Medicine in November 2013, cementing the partnership.

“Given the School of Medicine’s mission, this partnership fits right in,” said Dr. Schenk, who presented Luis Perez, the Lions’ senior vice president and chief financial officer, with a School of Medicine sweatshirt to commemorate the agreement signing. “This pairs our medical students with the youth in the community to improve health. Everybody benefits from that.”

Perez in turn presented Dr. Schenk with a personalized Lions game jersey emblazoned with her name.

Following the launch of Living for the City, Dana Rice, Dr.P.H., research associate of family medicine and public health sciences, and spouse of former Detroit Lions safety Ron Rice, began meeting with team officials to discuss ways in which the department could partner with the community program.

The school joined Living for the City as part of the federally-funded Bridges to Equity program, which is housed in the Department of Family Medicine and Public Health Sciences. Bridges to Equity develops and implements educational programming to engage medical students in inter-professional collaboration with public health students and faculty on community-based projects to reduce health disparities.

“Based on those conversations, we both felt that the relationship between our major academic medical institution and our local NFL team could only enhance both missions,” said Dr. Rice, who will take the lead on the affiliation for the WSU School of Medicine.
The Living for the City program provides WSU medical students the opportunity to teach Detroit children about healthier lifestyles.

"Having a highly respected academic resource like the Wayne State University School of Medicine further validates our Living for the City health and wellness efforts."
“This collaborative effort will provide another structured active learning approach for the students in this area as well as an opportunity for faculty and staff to share their expertise and knowledge on a variety of public health and medical issues with the Detroit Lions and their partners,” said Juliann Binienda, Ph.D., assistant professor of family medicine and public health sciences, and principal investigator of the school’s Bridges to Equity program.

Medical students volunteering for programs in conjunction with Living for the City are mostly first- and second-year students, Dr. Rice said. Another cohort of student volunteers are in the master’s of public health degree program.

Tim Jelsema, 26, in his third year of the M.D./M.P.H. program, said the connection with the team works like a magnet in attracting student volunteers.

“We have a ton of students who like to volunteer, but when I threw in the name ‘Detroit Lions’ (in an email seeking volunteers) within five minutes we had twice as many volunteers as we needed,” said Jelsema, a native of Rockford, Mich. “The events create a springboard of education for younger students.

“As a future physician, I will be called upon to educate people of all ages and from all walks of life regarding diseases that are both preventable and manageable,” said Jelsema, who plans to become a surgeon. “Living for the City allows me to raise the knowledge level of Detroiter regarding proper nutrition, hypertension and diabetes prevention/management and smoking cessation, and in turn, reduce the demand on the health care system. It is a program that benefits all involved – the public, grade-school kids, parents and graduate students from a variety of disciplines.”

Tanya Troy, a Detroit student in her final year of the master’s of public health degree program, agreed.

“This is really a great opportunity for students to get out and talk about nutrition and healthy eating,” said Troy, who plans to use her degree to address issues of racial and ethnic health and health care disparities.

“You can plan to do that all you want, but doing it is much different. We get to work with young people and get accustomed to it.”

Juliann Binienda, Ph.D., assistant professor of family medicine and public health sciences, and principal investigator of the school’s Bridges to Equity program.

To date, School of Medicine students have participated in the Detroit Lions’ 2012 Hometown Huddle, which took place at the Detroit Lions Academy, and was a major partner for the 2013 Meet Up & Eat Up at Eastern Market. The program taught children how to shop for and eat healthier foods.

Displays such as this, created by School of Medicine students, indicate the amount of sugar in various drinks, pointing out healthier alternatives.
Courtney Moore's Health Is Where The Heart Is organization is taking the message of cardiac health to the streets.
WSU medical student creates new organization to teach healthy heart habits

A Wayne State University School of Medicine student has turned a near-fatal family tragedy into a life-changing lesson for thousands.

Courtney Moore, now a fourth-year medical student, was visiting her parents at their home in Brighton, Mich., in 2011 when her father, James Moore, suffered a cardiac event that nearly killed him.

“He was in mid-sentence when he just collapsed,” Moore said. “I couldn’t find a pulse or a heartbeat. It was sudden cardiac death.”

Moore, who plans to go into internal medicine, performed chest compressions on her father until emergency medical services personnel arrived to transport him to a hospital.

For many families, that is where the story would end. For Moore, however, the incident was a catalyst for a new beginning.

The student has turned that experience into a book, a pamphlet of recommendations for improved heart health and a new organization to improve the cardiac condition of the people of southeast Michigan, one healthy habit at a time.

Health Is Where The Heart Is, the organization established by Moore, focuses on educating people about cardiac health through the dissemination of an easy-to-understand booklet containing easy-to-adopt practices. The organization, supported by a group of medical students and young professionals, also provides presentations on cardiac health and free hypertension screenings.

After her father’s ordeal, Moore wrote a book on cardiovascular care and improvement. Initially weighing in at a hefty 400 pages, the book, she soon realized, was too lengthy to convince the average person to read. She scaled it down to 75 pages filled with laymen’s explanations of cardiovascular medical jargon and simple tips readers can adopt to improve their heart health. The book is an expanded version of an 18-page pamphlet Moore’s organization distributes free.

Proceeds from book sales are used to print the free pamphlets and support the work of the organization.

“I realized that no child should ever have to do what I had to do,” Moore said. “I really wanted to do something now, so I developed this program.”

Moore and the organization have their work cut out for them. According to the Michigan Department of Community Health, cardiovascular disease is the leading cause of death in the state, and has been for more than 100 years. One in three deaths in the state is due to cardiovascular disease. In 2009, heart disease killed 23,044 Michiganders, placing the state as the ninth worst for age-adjusted mortality due to heart disease. On average, a Michigan resident dies of heart disease every 20 minutes. The cost of cardiovascular disease in Michigan, according to the MDCH, was $16.8 billion in 2010, the latest year for which such statistics are available.

One of the leading causes of cardiovascular disease is obesity, another category in which Michigan leads. It is fast becoming a problem for children as well as adults.

According to the 2009 “Overweight and Obesity in Michigan” report produced by the MDCH, nearly 29 percent of high school students in the state were either overweight or obese based on body mass index measurements taken in 2007. That same report showed that obesity in Michigan adults climbed 21.8 percent between 2001 and 2008 to a point where nearly 70 percent of adults in Michigan were considered overweight or obese. Michigan’s 30.1 percent was the eighth highest obesity rate in the United States.
We also are eating less nutritiously. The MDCH says that in 2008, 78.3 percent of adults in the state ate an inadequate amount of fruit and vegetables. It was worse for children – 83 percent consumed inadequate amounts of fruit and vegetables, and nearly 30 percent drank at least one non-diet soda or soft drink daily.

Moore’s book offers categories of activities – good, better, ideal – in areas of diet, exercise and other health living tips that readers can incorporate for improved heart health. She said she realized the need for such instruction after interacting with patients who seemed resigned to a life of poor health after receiving a diagnosis from a doctor.

“We were really setting them up for failure,” she said. “We need to encourage them to be a part of the solution for their own health. They don’t have to be perfect, but they don’t have to accept a life with high blood pressure or cardiovascular disease simply because the doctor tells them that’s what they have. It’s about patient empowerment and making incremental changes.”

James Moore, now 65, has recovered and is doing “amazingly well,” Courtney said. He received a pacemaker in 2011, and two weeks later walked his daughter down the aisle at her wedding and danced that evening with his wife, Joyce, and other daughter, Natalie. He also celebrated the birth of Courtney’s first child, Alexander James David, with her husband Ryan in August 2012.

He was treated by WSU faculty and Wayne State University Physician Group physicians Sony Jacob, M.D., assistant professor of medicine and director of the Electrophysiology Lab; Phillip Levy, M.D., M.P.H., associate professor of emergency medicine; Kim Williams, M.D., former chief of cardiology; and John Flack, M.D., chair of the Department of Internal Medicine, who Moore credits for her father’s recovery and their support of her efforts.

Moore’s determination in developing Health Is Where The Heart Is led to her nomination for the 2011 Michigan Governor’s Service Awards. She was one of five finalists for the Volunteer of the Year Award. She also presented an abstract on the organization at the Society of General Medicine’s national conference in Orlando, Fla., in May 2012, which she expects will catalyze development on the national level. Diane Levine, M.D., associate professor of internal medicine, nominated Moore for a Paul Ambrose Scholar’s Fellowship offered through the Association of Prevention Teaching and Research in Washington, D.C. Moore won the honor and received a scholarship to attend a four-day public health symposium in association with the Surgeon General and a grant to continue the organization.

“It has been an absolute and unexpected honor to act as an ambassador for the School of Medicine at the local, state and national level,” Moore said. “To represent the school in such a capacity is truly humbling, inspiring and a position in which I endeavor to do my best. The school and the Wayne State University Physician Group have given my family and me the invaluable gift of more time with my father, delivered my healthy son, and continues to provide exceptional medical educational and career opportunities, all gifts for which I am eternally grateful.”

For more information about Health Is Where The Heart Is, visit www.healthiswheretheheartis.com.
Dr. Scott Dulchavsky inducted into Space Technology Hall of Fame for ultrasound research

Wayne State University School of Medicine alumnus Scott Dulchavsky, M.D., Ph.D., has come closer to the stars than most other earthbound physicians.

The Class of 1983 graduate was inducted into the Space Foundation’s Space Technology Hall of Fame in April 2013 for his pioneering work with ultrasound technologies developed for use in manned space flights that are now adapted for practice on Earth.
The hall, established in 1988, was created to increase public awareness of the benefits that result from space exploration programs and encourage further innovation. Induction, according to the foundation, “honors world class technology and those who transform technology originally developed for space exploration into products that help improve the quality of life here on Earth.”

“It’s a great honor to receive this award on behalf of my entire team. This enabling technology development began with a space program need, was modified and improved by many astronaut and ground personnel, and finally matured into a product that benefits not only NASA, but more importantly, medical care on the planet. My introduction to the space program began with an astronaut classmate at Wayne State University, so I feel that this university shares in this award as well,” said Dr. Dulchavsky, chair of the Department of Surgery at Henry Ford Hospital and professor of surgery, molecular biology and genetics at the WSU School of Medicine.

He was inducted as the principal investigator for the Advanced Diagnostic Ultrasound in Microgravity experiment, a collaboration of Henry Ford Hospital, Johnson Space Center and Wyle Laboratories Inc. He led a team that used small, portable ultrasound devices to train astronauts aboard the International Space Station from 2003 to 2005 so they could obtain diagnostic-quality medical images transmitted by satellite to Earth, where radiologists could read them. The experiment showed the effectiveness of ultrasound as a remote diagnostic tool and now serves in place of bulky X-ray equipment difficult to accommodate on the space station.

Dr. Dulchavsky leads the ultrasound technology efforts for NASA’s space program. He is responsible for ultrasounds and ultrasound technology involving all United States astronauts, Russian cosmonauts and taikonauts of China.

He has since worked with the Detroit Red Wings to test the technology. A portable ultrasound device was placed in the team’s locker room and connected to an ultrasound workstation at Henry Ford Hospital, where a radiologist guided team trainers in performing ultrasounds and sending images for diagnosis.

His research with space explorers was modified for use on Earth, and his team now supports the onsite care of other professional sports teams and United States Olympic Committee athletes as well as at the Olympic Games. His team works with worldwide organizations, including the United Nations, to enhance...
point-of-care ultrasound in underserved areas through remote ultrasound guidance and to support maternal care. NASA also funds his work to establish micro-invasive surgical techniques in zero gravity through the National Space Biomedical Research Institute, Smart Medical Systems Team.

Thanks to Dr. Dulchavsky’s work with NASA and General Electric, the manufacturer donated 30 of its portable ultrasound devices to the Wayne State University School of Medicine in the early 2000s. Each device cost about $70,000. First-year students, starting with the Class of 2006, now have hands-on ultrasound training in how to use the devices, which look like slightly beefed-up versions of laptop computers. The School of Medicine was the first medical college in the nation to secure the technology produced by GE Healthcare and incorporate it into the first-year curriculum for 300 students.

“Because of this equipment, our students, when they get to the stage of seeing standardized patients in their third and fourth years, and residency, they are ahead of other students,” said Michelle Campbell, M.D., Class of 2013, and now chief resident of the transitional year residency program at Crittenton Hospital Medical Center in Rochester, Mich. Dr. Campbell, while a medical student, was trained as a “super user” and assisted first-year students in their ultrasound training.

“Wayne State University students have an edge because at most medical schools students don’t begin this type of experience until their third or fourth year,” Dr. Campbell said. “Dr. Dulchavsky’s teaching has been a large inspiration in my future career.” She will begin a dermatology residency in 2014, and plans to pursue research involving ultrasound of the skin, an area she was introduced to by Dr. Dulchavsky.

Dr. Dulchavsky shares his passion for ultrasound technology because the medical students will eventually face the decision of purchasing such equipment for their own practices, or will serve in decision-making positions for hospitals and surgical centers investigating ultrasound equipment.

In recent sessions, the medical students also explored the future of ultrasound science. Dr. Dulchavsky brought with him an even smaller portable version – about the size of an iPod without the wand – that the students also tested.

Like computers, ultrasound technology is getting better, smaller and less expensive. Dr. Dulchavsky is experimenting with an ultrasound device that can attach to his cell phone. He believes the use of the technology in space will one day allow physicians to diagnose and provide treatment to patients in remote locations around our home planet.
Standing like a ROCK

by Philip Van Hulle and Andrea Westfall
Photo by David Dalton
Student group looks to roll back unhealthy lifestyles through education

When a ninth-grader implores her hypertensive father to put down the salt shaker during dinner, you know you’re doing something right.

Earlier that week, the girl’s high school class had listened to a lecture on heart health from the Wayne State University School of Medicine’s Raising Our Community’s Knowledge student organization. The organization’s speakers, all students, aim to raise health awareness by educating at-risk groups in Detroit about prevalent diseases.

“The teacher told me that one of her students came up to her the day after our talk, and had discovered that both her parents had high blood pressure,” said John Purakal, a fourth-year medical student and ROCK’s director and co-founder. “She said she told them all about the talk and even stopped her dad from using the salt shaker at dinner. I loved hearing this, because part of our message to our audiences is to take ownership of your own health and help others take ownership for theirs.”

ROCK was founded in 2011 by Purakal, Joe Tsao and Jakub Sikora-Klak – both now fourth-year students – in response to the general lack of appreciation and understanding of disease processes in Detroiter. The group quickly expanded to include five board members and 20 to 25 medical and nutrition graduate students who speak at community centers, schools, churches, clinics, refugee homes, homeless shelters and military bases. Topics include hypertension, atherosclerosis, diabetes, depression, obesity, drug, and alcohol use, prevalent cancers and risk factors, vaccinations, sexually transmitted diseases and more.

ROCK co-founders John Purakal and Joe Tsao use a hands-on approach to educate a young audience member about hypertension.
The organization has reached an estimated 3,000 people so far, and Purakal expects that number to grow considerably based on the positive feedback ROCK has received from attendees at events, including high school teachers, Detroit-area students and even Wayne State University’s football coach, Paul Winters. Winters asked Purakal if ROCK would speak with his players in the wake of the 2013 death of Serxho Guraleci, a senior tackle, who died at an off-campus workout facility. A coroner determined that the 22-year-old’s cause of death was arteriosclerotic heart disease.

Said Purakal, 28, “We have gotten great feedback and are constantly trying to improve the program. It has gone remarkably well and we are hoping to gather more interest from groups that may want us to present our lectures.”

Purakal developed the idea for ROCK while collecting data for a three-country research project into hypertension in African-Americans whose roots trace back to the Caribbean and Africa. The study involved patients with hypertension in Tanzania, Jamaica and Detroit, and evaluated the potential relationships between psychosocial understanding of high blood pressure and potential risk factors, including social demographics, medication and self-reported dietary changes. The researchers assessed the relationship in potential cross-cultural differences in perceptions of hypertension, susceptibility to complications and self-management practices.

“We found that a large facet of the high prevalence can be correlated to the patients’ understanding of their own disease,” he said. “We found that there was a significant under-appreciation and misunderstanding of the disease processes here in Detroit.”

The less informed the person, the greater his likelihood of developing high blood pressure and diabetes. ROCK works to address that lack of information and understanding.

For its efforts in the community, ROCK received the 2013 Dr. Arthur L. Johnson Community Leadership Award from Wayne State’s Office of Government and Community Affairs at the university’s annual Martin Luther King Jr. Tribute. The award, named after late civil rights leader and Wayne State administrator Arthur L. Johnson, honors individuals and organizations whose contributions positively affect the community.
“I believe it is our mission – to improve disease comprehension and health beliefs to drive better health behavior – that is being recognized by the Arthur L. Johnson Community Leadership Award. The burden of preventable disease in the city of Detroit is astounding. It will require a concerted effort, with students and health care professionals alike, to make a dent in it,” said Purakal, of Grosse Pointe Shores, Mich. “For our efforts to be recognized ... was truly an honor. That being said, we understand that this is a great opportunity to grow our reach in the Detroit community and educate more people who are at-risk for preventable diseases.

“It was a great opportunity for the organization. It’s more of a launching point. Instantly, we gained so much exposure from the event itself,” added Purakal, whose work in founding ROCK also earned him inclusion in the 2013 Crain’s Detroit Business “20 in their 20s” awards. The annual awards recognize success at a young age, from enterprising entrepreneurs to young professionals making an impact at established organizations while contributing to a new energy in southeast Michigan. “I hope it makes us more recognizable and we can start some sustainable relationships with outside organizations. Moving forward, it’s going to be easier for new leadership to take it further.”

At the suggestion of Assistant Professor Jennifer Mendez, Ph.D., the School of Medicine’s director of co-curricular programs, Purakal and ROCK members are developing a model for implementing similar programs at other medical schools and to share at national conferences.

“A lot of people came up and said, ‘This is exactly what the community needs.’ They reaffirmed this is something the city needs,” Purakal said. “It’s a hole that’s there, and we need to fill it.”
Annual Golden Gala honors leaders and donors

The perfect ingredients for a night of camaraderie and celebration: several servings each of commitment to medicine, contributions to research and dedication to community, combined with a healthy dollop of philanthropy.

The Wayne State University School of Medicine’s annual Golden Gala, held Oct. 12, 2013, honored five leaders in the fields of medicine, science and the business community, and provided a platform to thank hundreds of donors for their contributions to medical student scholarships and student organizations.

“Tonight we are here to celebrate giving, to thank you for helping others to achieve their greatness,” Dean Valerie M. Parisi, M.D., M.P.H., M.B.A., told the audience of more than 500 during what is rapidly becoming one of Detroit’s premiere events.

“The reverberation of your generosity to our school and our students reaches many tens of thousands of people we will never meet. And yet, they are touched by the ripple effect that you set in motion when you write that check.”

During the gala, held at the MGM Grand Detroit Hotel, Dean Parisi announced that in the past year donors contributed more than $4.2 million to support student scholarships and the school’s more than 60 student organizations. “On behalf of the university, the School of Medicine, our faculty, and especially our students, I thank you so very much for your belief in our mission and your generosity,” she said. “You are indeed helping write the history of this generation and many more to come.”
WSU President M. Roy Wilson, M.D., noted the School of Medicine’s many contributions to Michigan, including the fact that 40 percent of doctors practicing in the state received all or part of their training at the school, and that 52.3 percent of the Class of 2013 are serving residencies in Michigan hospitals today. Those physicians are all the more essential, he noted, given that an additional 400,000 state residents are now insured under the Affordable Care Act.

The WSU Board of Governors was represented in the formal program by Vice Chair Gary Pollard, who said, “The accomplishments of our medical school alumni are a tremendous source of pride for Wayne State University. Around the world, should you need medical care and find yourself being treated by a WSU physician, you are being treated by the best.”

Longtime Detroit media icon Cynthia Canty served as emcee for the Solid Gold ’60s-themed gala, which included a plated dinner, live music and dancing, a vintage car display and a silent auction. Canty also produced a video honoring the evening’s five honorees, who received the annual Ambassador, Trailblazer and Distinguished Service Awards.

Paul Schaap, Ph.D., received the Ambassador Award for 30 years of service and philanthropic support to WSU. Dr. Schaap is a retired chemistry professor and founder of Lumigen Inc., which he established in 1987. His research focused on the study of dioxetanes – chemical compounds that produce light – and has evolved into compounds used worldwide to diagnose AIDS, cancer, hepatitis and other diseases. He remains involved with WSU as a member of the Board of Visitors of the School of Medicine and the College of Liberal Arts and Sciences. He also serves on the board of the Wayne State Foundation and the Steering Committee of the Mott Center.

“I love this institution and I love the School of Medicine,” Dr. Schaap said. “This is a wonderful community and I think I have a wonderful appreciation for it.”

Jerry Linenger, M.D., M.P.H, Ph.D., received the Trailblazer Award, a fitting tribute for the 1981 School of Medicine graduate who traveled into space as an astronaut on shuttle missions and as a member of the scientific team that lived aboard the Russia MIR space station for more than 130 days.

“Wayne State University taught me to stay calm in an emergency,” said Dr. Linenger, who insisted he was undeserving of the award. “They taught me to take your own pulse and stay calm, no matter the emergency. That experience helped me survive in space. The School of Medicine taught me not to stand by and be timid, but to be confident and competent.”

Robert Wilson, M.D., professor of surgery, also received the Trailblazer Award, in recognition of pioneering trauma and critical care medicine. Dr. Wilson was awarded the Master of Critical Care Medicine title by the Society of Critical Care Medicine and has held numerous leadership positions at WSU and the Detroit Medical Center, and with many local, state and national organizations. He was a founding member of the Society of Critical Care Medicine and has served as a governor and president of the American College of Surgeons. He continues to advance the quality of future surgeons as a dedicated educator and mentor.

The school presented Allen Silbergleit, M.D., Ph.D., with the Distinguished Service Award in recognition of the professor of surgery and physiology’s devotion to medical students and residents, his extensive knowledge in the fields of basic science, medicine and surgery, and his gift for skillful
teaching. He was a founding member of the Oakland Health Education Program, later renamed the Southeast Michigan Center for Medical Education, and served as program director of the surgical residency at St. Joseph Mercy Oakland Hospital in Pontiac for 40 years. Dr. Silbergleit, who joined the School of Medicine faculty in 1962, has developed new surgical techniques now referenced in medical textbooks, and led local, regional and national surgical and medical education organizations.

The school awarded Paul Hillegonds the Distinguished Service Award: Community – a new award this year – for his dedication to bettering the lives of Michigan residents. The senior vice president of Corporate Affairs at DTE Energy oversees the company’s governmental relations efforts, external and internal communications. He also is responsible for the company’s regulatory affairs, and environmental management and resources organizations. Hillegonds served in the Michigan House of Representatives from 1979 to 1996, and as president of Detroit Renaissance, a non-profit, civic group for economic development and public policy issues, from 1997 to 2005. He serves on several boards, including the Southeast Michigan Regional Transit Authority, Children’s Leadership Council of Michigan, Detroit Regional Chamber Foundation and the Michigan Chapter of the Nature Conservancy.

Hillegonds, who spoke about the positive impact of community service, thanked the School of Medicine “for everything you do, for your service to the community. In honoring me, you are honoring the teams at DTE and at Detroit Renaissance.”
Cardiothoracic surgeon Paul Levy, M.D., redefines the business of caring

As a young medical student observing a trauma surgery at Detroit Receiving Hospital, Paul Levy, M.D., needed only a nudge from a mentor to know where his destiny lay.

“He said, ‘Hold the heart.’ I reached in the chest and did that, and it was magic. I knew at that point this was for me,” he said. “It’s the only specialty where you can take a major organ system and have an incredibly big impact on somebody’s life once you fix it. It’s just wonderful.”

Dr. Levy graduated from the Wayne State University School of Medicine in 1988.

“(Wayne State) really made me a scrapper. I
realized it really is about you making it happen. It’s about the three As of private practice: availability, affability, then ability. Wayne really gave that to me. It also gave me the breadth of experience that was a mile deep with respect to what’s expected in clinical medicine,” he said. “You really had to work hard to be a good doctor. A lot of good learning happens at 2 and 3 in the morning. It was coming so fast and furious. There were days I never went home. I forgot where my car was parked.”

A lot has changed since then – for him and for health care.

“Medicines and preventative care really work,” he said. “People don’t have as big of heart attacks. But, because of the economy they’re letting (their) health care lapse. Patients are coming back with more extreme problems too.”

When deductibles and copays for patients increase, “they stop coming,” he added. “Health care falls to the bottom of the chain. They have a big, massive heart attack because they ignored it. We should be focusing on the preventative end of it. It has to be affordable and accessible.”

In an effort to gain a better understanding of the health care dilemma Americans face, Dr. Levy returned to school in 2009 – this time to earn a master’s of business administration degree from the University of Tennessee at Knoxville’s Physician Executive program.

“I had surgery and clinical down, and I wanted more,” he said. “I see where the value lies. It’s looking at all the metrics of the score card – quality, service, financial – that all come into play. Running a practice, you have to know the margins and know where your liabilities and assets lie.”

Dr. Levy was the busiest cardiothoracic surgeon in New Mexico, but earning his MBA has helped him better manage health care change, he said.

“He’s tremendous. When he came to our practice, his willingness to innovate was evident right away,” said Kathy Blake, M.D., M.P.H., a cardiologist and one-time partner of Dr. Levy’s at the New Mexico Heart Institute in Albuquerque. “He made a commitment where we would offer state-of-the-art mitral valve repair surgery to patients. He made that a huge commitment and delivered on it.”

Before Dr. Levy’s arrival nearly a decade ago, many prospective patients were traveling out of state for the surgery, Dr. Blake said. “He really set us on a track where we’re saying, ‘There will be protocols for patients so all the different elements are offered consistently to everything single person every single time,’” she said.

Dr. Blake is now a vice president at the American Medical Association in Chicago, where she oversees the AMA’s physician consortium performance improvement. She was his partner in 2009 when Dr. Levy designed, introduced and implemented a year-long, multi-team performance improvement program based on quality of patient care at the Heart Hospital of New Mexico as part of his MBA program requirements. The project, “Optimizing Hospital Productivity in a Health Care Culture: Can Nursing Satisfaction be the Answer?” led to several measurable outcomes. The program decreased patient length of stay by a full two days, increased patient satisfaction 21.6 percent to 83.5 percent and saved the facility $1.14 million. Nurse satisfaction also skyrocketed, Dr. Levy said.

“It’s still amazing to me, the compassion that people feel from a team,” he said. “We’re in a body shop, but with a sense of compassion, and people pick up on that.”
Dr. Blake attributes the project’s measurable success to Dr. Levy’s enthusiastic leadership. “Every single day in the hospital was meant to deliver. That’s where he was really able to work with a team” that included fellow physicians, hospital administrators, pharmacists, nurses and more, she said. “Everyone knows that if you have all on board, the patients benefit from that. He was able to tease out in the various questionnaires what stood in the way of people being passionate at work... . To enlist people at the hospital to say, ‘We’re going to get something out of this too.’”

Health policy has changed dramatically and reimbursements from insurance companies have diminished since Dr. Levy began practicing, “but the reward you get when you’re helping another human being, fixing their heart, taking care of cancer in a lung? Your bond with that patient hasn’t changed, and that’s what keeps me coming back.”

Dr. Levy, a Livonia, Mich., native, earned his undergraduate degree from Kalamazoo College. After WSU, he completed a general surgery residency at the University of Illinois’ Cook County Hospital-affiliated program in Chicago, then a fellowship in cardiothoracic surgery at Northwestern University.

In June 2013, he moved his family from Albuquerque, N.M., to Jonesboro, Ark., home of Arkansas State University and the NEA Baptist Health System. He was recruited to design and run the cardiology department for the system’s clinic, located within a new 550,000-square-foot, $400 million medical center.

He previously worked for private health care entities, he said. He served as chief of surgery at Heart Hospital of New Mexico in Albuquerque. He was named the top cardiothoracic surgeon in 2011, 2012 and 2013 in Albuquerque the Magazine’s Top Doctors edition, chosen by more than 1,000 peers.

Dr. Levy was appointed to the practice management task force for the National Society of Thoracic Surgery in 2012, which holds annual or semi-annual symposiums and regular practice management updates on “navigating the waters more wisely,” he said.

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Dr. Paul Levy, right, with help from physician’s assistant Ralph Zych, performs a minimally invasive mitral valve repair.
Brien Smith, M.D., advocates for the condition after personal history with disorder

Brien Smith’s first sign something was amiss happened during a high school football game. The future neurologist had just completed three tackles and entered the team huddle.

“Something wasn’t right in the huddle,” he said.

When the squad broke for the next play, he started walking toward the wrong end of the field.

Soon after, he began having partial seizures, described by the Epilepsy Foundation of America as an electrical disturbance to a specific area of one side of the brain.

He experienced his first major seizure in his high school’s parking lot. His mouth opened and he fell to the ground, convulsing. He was disoriented, irritable and confused in the hospital’s emergency room.
“After a seizure, you can get behavior that doesn’t look normal,” said Smith, M.D., F.A.A.N., who earned his medical degree from the Wayne State University School of Medicine in 1987. “That’s the challenge for doctors in the emergency room.”

If a patient comes in after a “grand mal seizure” – a now outdated term – doctors need to determine whether it started as partial or was immediately a larger, general seizure. The type of seizure mandates the type of anti-epileptic drug given after diagnosis. That’s just one example of basic epilepsy education for which Dr. Smith advocates on behalf of the Epilepsy Foundation. He was named chair of its national board of directors in 2011, and was the first medical doctor with a history of epilepsy to hold the position. He is now immediate past chair of the board.

Eight months into Dr. Smith’s first year in medical school, he started getting a familiar, anxious feeling during lectures. He had to walk out. His primary care physician told him it wasn’t his teenage seizures coming back, he was just nervous about medical school. The doctor sent him to a psychiatrist. The feelings dissipated, so he moved ahead. But, it became clear he needed to be realistic.

“I didn’t know what the future would hold for me,” he said.

If he had a seizure while on duty, there could be a problem. “I had to steer away from surgical specialties or things that were high-end, procedurally-based,” Dr. Smith explained.

Epilepsy refers to a large group of neurological disorders characterized by chronic, spontaneous seizures, according to the National Institute of Neurological Disorders and Stroke. Collectively, the disorder affects an estimated 2.2 million Americans, according to the Institute of Medicine’s 2012 report, “Epilepsy Across the Spectrum: Promoting Health Understanding.”

“This is a problem … that is remarkably hidden for such a visible illness,” said Harvey Fineberg, president of the IOM, at a public briefing at the National Academies Keck Center in Washington, D.C.

“Because of the way it expresses itself symptomatically, it can also provoke fear, misunderstanding, stigma, social isolation, employment difficulties and even early mortality. It’s a very serious problem that has been too long neglected as a public health concern.”

The report was the IOM’s first on epilepsy since the 1970s, Dr. Smith said. He attended the report’s release.

“This is one of those disorders people don’t talk about a lot,” he said. “It was close to nonexistent (in academic research) 10 years ago. There are a lot of areas that need a lot more development.”

The IOM named epilepsy the fourth most common neurological disorder in the United States, after migraine, stroke and Alzheimer’s disease. Its prevalence is greater than autism, cerebral palsy, multiple sclerosis and Parkinson’s disease combined.

Dr. Smith completed his residency in neurology at Henry Ford Hospital, finishing as chief resident, and served as chief of the hospital’s Division of Epilepsy until 2010.
While he still had occasional issues, two electroencephalograms done during his EEG/Epilepsy fellowship at Indiana University came back negative. As he studied neurology, he started identifying underlying problems he experienced as a child. In retrospect, he knows the little events – weird dreams, kaleidoscope-like vision and the seizures – were hints. But the real reason for it all didn’t present itself until traveling with colleagues on a bus to a hotel. He had a major seizure so severe it broke his back.

“The brain is sending a signal for all your muscles to contract, stiffen and jerk. These huge muscles that run up and down our back, they actually smash vertebrae on top of each other,” he said.

Magnetic resonance imaging revealed three compressed vertebrae. That’s when they found another problem – a benign tumor in his left temporal lobe. “I could have been born with it, and it slowly grew in size,” he said.

The tumor was located in the area of his brain that controls comprehension, which had become an increasingly challenging skill, he recalled. A friend at the Cleveland Clinic performed the surgery to remove the tumor and part of his left temporal lobe.

His seizures have been under control since 1992, but his passion to advocate for better epilepsy care, management and education has grown.

Dr. Smith is co-chair of the Department of Clinical Neuroscience and chief of the Division of Neurology at Spectrum Health Medical Group in Grand Rapids, Mich. His clinical interests include refractory epilepsy, intracranial brain stimulation, magnetoencephalography, non-epileptic seizures and therapeutic equivalence of switching among anti-epileptic drug formulations.

He co-wrote the 2001 book “Epilepsy Surgery: Case Studies and Commentaries,” and was a member of the Epilepsy Foundation’s National Professional Advisory Board. He continues to advocate in Washington, D.C., for increased public understanding and more funding for much-needed epilepsy research leading to better treatment options, new therapies and options such as brain surgery and advanced technologies for optimal seizure control.

He also believes in greater access to available treatment, focusing most recently on those who develop epilepsy as a result of traumatic brain injury while in military service. About 40 percent of seizures are psychogenic, he said.

According to the Epilepsy Foundation, his testimony before Congress helped create the Veterans Administration Epilepsy Centers of Excellence to ensure early recognition and quality treatment and support for veterans with epilepsy.

Brien Smith, M.D., is co-chair of the Department of Clinical Neuroscience and chief of the Division of Neurology at Spectrum Health Medical Group.
Welcome HOME

by Philip Van Hulle
and Andrea Westfall
New building brings psychiatry and neurosciences back to School of Medicine campus

The Wayne State University School of Medicine’s Department of Psychiatry and Behavioral Neurosciences, long a satellite distanced from the medical campus, is back and celebrating its relocation into a new office building.

Just eight months after a June 2012 ceremonial groundbreaking, the department moved into the Wayne State University Medical Office Building at Tolan Park.

“This has been a major morale enhancer for the department, with growing anticipation and excitement about moving into a new, state-of-the-art building,” said David Rosenberg, M.D., chair of the department.

The building is north of Mack Avenue, on the east side of Beaubien in Detroit, directly across the street from Children’s Hospital of Michigan. Developed by Queen Lillian LLC, a Detroit-based architectural firm, the new offices also house a portion of the School of Medicine’s Department of Internal Medicine.

The five-story structure sits on 2.7 acres adjacent to the medical area of Midtown, with close proximity to the School of Medicine campus and the hospitals of the Detroit Medical Center. The $18 million project resulted in 62,846 square feet of new office space.

Plans call for WSU to lease the building from Queen Lillian LLC for a 25-year period. At the end of that term, the university will have the option to purchase the building for $1.

“With this building, our Department of Psychiatry and Behavioral Neurosciences has a new, state-of-the-art home, with a physical presence on the campus of the medical school and on Midtown’s medical campus,” said Valerie M. Parisi, M.D., M.P.H., M.B.A., dean of the School of Medicine. “This new building will be more convenient for our patients, who often are first seen at one of the hospitals in the Detroit Medical Center system. This is a beautiful new edifice that further complements the growing Midtown area and adds to the revitalization of Detroit.”

David Rosenberg, M.D., remembers Dr. Helene Lycaki at a June 27 ceremony naming a conference room in the new offices after the longtime faculty member.

Photo by Rob Widdis
The building’s design incorporated essential considerations specific to the Department of Psychiatry and Behavioral Neurosciences, including telecommunications technology systems designed for future flexibility and expansion. Construction included methods that will allow the building to qualify for Leadership in Energy and Environmental Design certification, including initiatives to conserve natural resources, reduce operating costs and improve employee productivity and satisfaction. LEED certification is achieved by meeting specific requirements in five environmental categories — site development, water savings, energy efficiency, materials selection and indoor environmental quality.

“As modern biological psychiatry, psychology and neuroscience have advanced, this requires a state-of-the-art building for the requisite novel research, education and clinical service provided by the Department of Psychiatry and Behavioral Neurosciences,” Dr. Rosenberg said. “Therefore, we are humbled by the School of Medicine and university’s confidence in funding and supporting our move to a state-of-the-art building. The new medical building is a distinctive, modern, attractive facility that will allow the department enhanced communication with more of the department in a single location.”

In addition to providing an “ideal setting” in which to treat patients, Dr. Rosenberg said, having department faculty, staff and trainees at a single location fosters improved communication and affords greater opportunity for research collaboration.

In June, friends, colleagues and family of the late Helene Lycaki, Ph.D., gathered to remember her and celebrate the dedication of the Dr. Helene Lycaki Conference Room on the fifth floor of the building.

Dr. Lycaki’s brother, Michael Lycaki, and sister-in-law, Athina Lycaki, traveled to Detroit from Athens, Greece, to attend the event that honored the 30-year faculty member for her dedication to both WSU and the Michigan mental health community.

“It was a surprise for us that there was going to be such recognition,” Michael Lycaki said. “Nobody has forgotten her.”

Dr. Lycaki died in 2008 in an auto accident while attending a conference in Croatia.

Guests also toured the building, hearing from faculty, staff and students about the department’s groundbreaking research and its commitment to continue meeting the mental and physical health care needs of the Detroit community — a commitment many noted Dr. Lycaki would be happy to see.

“There was no greater champion and stronger advocate for ensuring equal access to mental health care and treatment for our poorest citizens.
She also advocated vigorously for equal opportunities for women in medicine, science, academia and beyond,” said Dr. Rosenberg, who was hired at WSU by Dr. Lycaki nearly two decades ago. “She was an invaluable advisor to the university’s faculty, chairs, deans, presidents and Board of Governors. She was well known, liked and respected by the legislative community in Lansing.”

Dr. Rosenberg also announced the establishment of the Lycaki-Young Fund in his remarks to the crowd, receiving audible gasps of approval. Formerly known as the Joseph Young Fund, the fund, in partnership with the state of Michigan, has helped provide vital psychiatric services to hundreds of thousands of patients in southeast Michigan during the last two decades.
Dr. Lycaki “was a giant in her field, a wonder to behold and a joy to be around,” said James Haveman, director of the Michigan Department of Community Health, who spoke at the ceremony.

After earning her master's degree from the University of Athens, Dr. Lycaki left Greece for Detroit, where she earned a doctorate degree in clinical psychology from WSU. And while a university in Texas attempted to lure her away after graduation, she stayed in Detroit “because she knew the path she would take,” Haveman said.

Dr. Lycaki served as a respected member of the School of Medicine faculty for three decades, and was named the school’s assistant dean for Health Affairs in 2001. She also played a vital role as the school's liaison for government relations in Lansing, identifying networking opportunities linking outside resources to clinical, research and educational programs within the School Medicine.

“She touched so many people on so many levels, from faculty to students to patients, that her legacy remains a living and breathing entity, even here in this building,” said Bonita Stanton, M.D., the School of Medicine’s vice dean of Research and a colleague and friend of Dr. Lycaki.

Dr. Lycaki, working alongside the university’s chief lobbyists, was the first woman to represent the School of Medicine to local, state and national governments. She met Haveman in that realm, and they quickly became friends. He spoke of her vibrant personality, tenacious spirit, keen intellect and ability to maneuver the political waters boldly but appropriately.

“She was one of those individuals who used the force of her personality as a change agent,” he said. “She did it well and she always did it respectfully.”

Dr. Rosenberg has announced plans to raise funds for the Helene Lycaki Endowed Chair in Mental Health, an endowment created to help support women pursuing careers in what he called an important, underrated and underrepresented area of medicine and psychology.

“This endowment will honor Dr. Lycaki, her rich and varied experience as an educator, clinical practitioner and scientist, and her proven leadership in medical education and administration,” he said.
DocbookMD has more than 21,000 physician users signed up in 39 states, including Michigan. It is free to those who belong to a participating state or county medical society through sponsorship by medical liability companies and hospitals.
DocbookMD app for physicians and care teams facilitates secure patient care

Orthopedic surgeon Tim Gueramy, M.D., was volunteering overseas when his Texas-based practice partner needed his consultation on a patient’s fracture. Dr. Gueramy had no access to a phone, only the hospital’s wireless Internet connection. Conventional texting and emailing violates the Health Insurance Portability and Accountability Act. But what he did next is completely legal.

The 1996 Wayne State University School of Medicine graduate used DocbookMD, a HIPAA-compliant phone and tablet application he co-created with his physician wife in 2008 – shortly after his first-anniversary dinner in Austin, Texas, was cut short for a drive to the emergency room for a routine ankle consultation. “Halfway around the world I was able to communicate with my partner, and it took seven minutes,” he said.

He and his wife, family medicine physician Tracey Haas, M.D., developed the app to give physicians the ability to serve patients better and faster while eliminating the need for unnecessary – and often costly – hospital or lab visits when an image of an electrocardiogram, X-ray or wound would work just as well. The smartphone app gives users an exclusive, HIPAA-compliant professional network to quickly communicate, collaborate and coordinate with each other.

“We’re trying to decrease cost, increase patient experience and give the doctor a good quality of life,” said Dr. Gueramy, the company’s chief executive officer. DocbookMD has more than 21,000 physician users signed up in 39 states, including Michigan. Physicians use the app 10,000 times a week, and it is free to those who belong to a participating state or county medical society through sponsorship by medical liability companies and hospitals.

“This app is a very valuable benefit for the physician members of Michigan State Medical Society,” said Steven Newman, M.D., the society’s former president. “It brings secure patient information directly to physicians wherever they may be during the course of their busy day.”

DocbookMD is available for iPhone, iPad, iPod touch and Android phones and tablets. To download the application, visit the App store on your smartphone.

In addition to text messages and photos, DocbookMD also allows physicians to assign an urgency setting to outgoing text messages and confirm receipt, search a local pharmacy directory, and search a medical society directory to locate other doctors by name, location or specialty.
Dr. Haas, DocbookMD’s chief medical officer, sent a hand X-ray to get advice and a coveted next-day appointment for a patient directly from a hand surgeon.

Dr. Gueramy said it has helped cardiologists determine in a few minutes whether an emergency room patient was having an ST segment myocardial infarction-type heart attack, which requires a catheterization in 90 minutes or less.

Patient photos and corresponding messages aren’t stored on the phone, but are instead sent encrypted through DocbookMD’s secure server.

The company introduced several new features in 2013, increasing connectivity with a program called “Care Team,” which allows health care support staff such as physician assistants, hospice workers and billers to use the app within a physician’s personal Docbook version. Docbook Enterprise, a new app designed for the needs of hospitals and groups, was launched in November 2013. Enterprise is accessible to non-physicians and non-medical society members. Open Network, a feature within Enterprise that gives users the ability to talk to other doctors throughout the country, was expected to go live in early 2014. Open Network was the company’s solution for physicians whose patients cross state borders, especially necessary in the New England region. A web version of Docbook MD also was expected to launch in early 2014.

“We want to rule the world,” Dr. Gueramy said with a laugh. “We want every physician to have access to this app. It’s about the physician and how he can utilize the technology.”

“In Michigan, the whole state can talk to each other. Somebody in northern Michigan can send an EKG (image) to a doc at the Detroit Medical Center and say, ‘What do you think about this?’” he said.
“Physicians will now be able to invite any non-physician involved in care coordination to download Docbook and communicate with them. This keeps the physician in control but allows them to organically build their care team and securely communicate via Docbook,” said Chad Shepler, director of partnerships.

Secure inbound and outbound faxing and Direct Protocol Integration (for electronic medical records) will be launched in June, offering easy ways to securely document message history in the patient record.

“Another feature we already released but is quickly gaining traction is Answering Service/Paging Integration. This allows physicians to receive their pages as a Docbook message. Not only does this eliminate an actual pager, it ensures they remain HIPAA-compliant and allows them to forward the page or make notes and send to their EMR via one of the documentation options listed above,” Shepler added.

People also are consistently engaging with the app, he said. Fifty percent of unique users log in monthly, with 25 percent logging in weekly. October and November 2013 hit new highs for app usage, he said.

Since receiving $4 million in seed funding from private investors since starting Docbook MD, including $1 million to develop Docbook Enterprise, Dr. Gueramy and Dr. Haas took a leave of absence from their practices to focus on the business and talk to other members of the medical community about using mobile technology to enhance patient care.

The initial app worked only for physicians in the Travis County Medical Society, which included Austin, Texas, the couple’s hometown. The Greater Austin Chamber of Commerce named DocbookMD one of its top startup companies of 2012. The husband-wife team received the Travis County Medical Society’s 2012 Physician Humanitarian Award that October.

Dr. Gueramy was always an early adopter of technology. In 1984, the then 16-year-old outfitted his surgeon father’s practice with an electronic records network, unheard of at the time, he said. He started computing at age 14 on an Apple IIe, and purports to own “every Apple product ever made.”

DocbookMD formed as a company in August 2008, releasing DocbookMD in the Apple App store the following April.

For Dr. Gueramy, marrying his love of technology with his passion for medicine is a nearly lifelong dream realized.

“I feel extremely lucky to come back to something I truly love, and has just been the center of who I am,” he said. “It was my passion to try to bring that to the medical community in some way.”

For more information, visit www.docbookmd.com.

DocbookMD allows physicians to assign an urgency setting to outgoing text messages and confirm receipt, search a local pharmacy directory, and search a local medical society directory to locate other doctors by name, location or specialty.
Wayne State grad piecing together the life of his medical inventor father

Detective stories often use the analogy of the loose thread: Pull the thread and the story unravels to reveal the who, what, when and why of the caper. Michael Brady, in his retirement, is playing the role of sleuth, but he is attempting to weave together a skein of threads to discover the whole story that is his father’s life.

Brady’s father, David R. Brady, died when Michael was 21. The younger Brady, who established the David R. Brady Annual Scholarship for medical students at the Wayne State University School of Medicine, is pulling together the life history of his father, an inventor who secured numerous patents and who saved thousands of lives with one of his ideas.

“This man was ahead of his time. He had a vision way beyond the 1940s and 1950s,” Michael Brady said. “His ideas really worked. He felt a need to help his fellow humans.”

These are facts of the case so far:

David Brady, born in Richmond, Ind., in 1905, received an engineering degree from the University of Indiana. In the early 1920s, he and his brother Carl, a metallurgist, moved to Detroit to seek greater opportunity. They formed the Brady Research Co., working day jobs and conducting research in the evenings.

His secured his first patent in 1935 while working part time in a shoe store to supplement his income. He designed a shoe to increase walking comfort. His work with shoe design led to a revolutionary development for baseball cleats in 1939 that drew attention from the big leagues.

The fixed steel cleats used by big leaguers of the era led to myriad leg and ankle injuries, especially during sliding into bases. David Brady designed a baseball shoe that enclosed round steel spikes in rubber. The spikes remained inside the rubber sheath until the player placed his weight on his feet, forcing the spikes into the ground. Once the weight was lifted, as in a slide into second base, the spikes retracted into their rubber coverings. The design protected both the runner, whose standard cleats of the time could stick in the dirt of the base path during a slide, resulting in a twisted ankle or worse, and the baseman, who no longer needed to worry about cleats digging into his shins or ankles.

Michael Brady has a number of newspaper clips from the time demonstrating the new shoe style and the teams and players who tried them out. In those articles, Detroit Tigers manager Mickey Cochran expresses enthusiasm about the Brady design, and Joe Gordon, the New York Yankees second baseman, provided additional headlines when he wore a pair in the 1939 World Series.

In all, three teams – the Tigers, the Philadelphia Athletics and the Yankees – used the Brady shoe in 1939. The Yankees tried the shoe specifically for Joe DiMaggio after the Yankee Clipper injured his leg in the outfield.

Michael Brady isn’t sure what became of the Brady baseball shoe after the initial interest. He has contacted the Baseball Hall of Fame in Cooperstown, N.Y., to see if there is more information available there.

“I know there was a lawsuit and that he represented himself, but he said he was dead out of the box and that stopped it,” Michael Brady said. “He couldn’t go forward. Those shoes look exactly like what the pros wear today.”
The elder Brady continued working on sports devices. He worked with Detroit Lions tackle John “Jack” Johnson in 1939 to design a more effective knee brace, ultimately called the “Johnson Knee Brace.” The brace was used by Hank Lundgren, the captain of the 1940 University of Detroit basketball team. Michael Brady has a tattered letter dated 1943 from Hugo Goldsmith, president of Sports Products Inc. and MacGregor Sporting Goods, expressing “deep interest” in the new brace. Goldsmith himself held a number of patents, from football pants to catcher’s masks.

Next came a new football helmet designed to supplant the version recently introduced by Riddell. Football players were suffering serious head injuries, and in some cases, deaths due to the lack of head protection, even with leather helmets. Riddell, in 1939, produced a plastic helmet containing a belt inside to accommodate head sizes. Brady introduced his improved helmet, with sponge rubber protection to cushion the head, in 1940. Alas, Riddell had something Brady didn’t – the support of Chicago Bears coach and owner George Halas. Riddell was a Chicago-based company at that time and the pioneer of the National Football League preferred to back a home team in helmet design.

“Dad was always a tinkerer. The smells that came out of our basement were unlike anything anybody else had or knew of,” Michael Brady said. “This chemical and that chemical. It put food on the table. Sometimes he’d have something big. He loved the ‘aha moment,’ but they never did well in the commercial end. He never received the financial reward of the things he developed. That was always the piece of the puzzle that wasn’t there – someone to invest to make the volume and take it wide.”

With the attack on Pearl Harbor and the subsequent declaration of war with Japan, Germany and Italy, the country needed men for the frontlines, but it also needed men with brains and ingenuity. David Brady joined the Medical Research Department of Wayne College (the forerunner of Wayne State University) in Detroit in 1941. He remained with the department through the war, working on a number of inventions to improve the lives of combat soldiers.

While working at Wayne College, David Brady developed a number of ideas, many of them patented, to support the U.S. military during World War II. These included a special shoe with a ripple sole designed to soften the shock for paratroopers landing on the ground after a jump, and a helmet for tank crews designed to reduce head injuries when traversing rough terrain.

Perhaps his greatest invention wasn’t to be used in battle, but afterward to deal with the horrors of war. During World War II, servicemen who survived large-scale burns to the body during combat were treated and kept alive, but thousands later succumbed to infection. Many medical experts attribute those infections to the fibers from the bandages and sheets used to wrap the wounds. The loose fibrous materials in the bandages melded to the wound, causing infection, and later, death. Even if infection
didn’t occur, changing the bandages became a torturous ordeal for the wounded when the fibers were pulled from the wound.

In 1944, David Brady filed an application with the U.S. Patent Office for a non-sticking surgical bandage devised of non-absorbent, non-toxic materials, in effect, a bandage that wouldn’t stick to wounds or leave behind detritus in burns when changed. The patent was finally granted July 26, 1949, and applications indicate that David Brady assigned U.S. Patent Number 2,477,403 to a company that later produced the product. Michael Brady believes this invention was the one of which his father would have been most proud, and saved countless lives.

“That was his life’s proudest achievement,” said Michael Brady, a graduate of the WSU School of Business Administration.

After the war, David Brady left the university and established Brands Research, a company that he continued until his death from emphysema in 1966. At the time of his death, Michael Brady said, his father was still at work on several projects, including designing methods for real wood dashboards in automobiles and improved insulation for railway cars.

After graduating from WSU in 1970, Michael Brady went on to build a successful career as a stockbroker. Today, he and his wife, Patricia, also a WSU graduate, live in Rochester, Mich. Before he retired, Brady taught at the very school from which he graduated, from 1984 to 2006. He still bumps into former students.

“When I’m downtown, people come up to me and ask, ‘ Didn’t you teach at WSU?’ I tell them that I did, and ask them how I did. They always tell me that I gave them the real world in my teaching,” he said. “For every class, I started with a Wall Street Journal article that related to what we were talking about. They tell me that it brought the lessons alive for them.”

Why create a scholarship named for his father for students at the School of Medicine? “This is where my father flourished,” Michael Brady said. “He came up with 52 patents while at Wayne State University. This is where he was his happiest. He could meet with research staff and collaborate. He had more freewheeling ideas here and wasn’t compartmentalized. I want to be part of WSU going forward.”

He said he would like to sit down with students who benefit from the David R. Brady Annual Scholarship to tell them about the man who was once named one of the top 10 best dressed men in Detroit and his accomplishments. “That’s the price you’re going to pay for the scholarship,” he joked.

David Brady has created a website about his father – davidralphbrady.com. He welcomes anyone who knew or worked with his father and has more information to contact him via the website.
Student ‘Movember’ White Coat Mustache Challenge raises thousands for men’s health

They’re kings of the moustaches.

In 2013, Team WSUSOMoustaches remained champion of the White Coat Mustache Challenge, created by Wayne State University School of Medicine medical students three years ago to up the ante (and the subsequent amount raised) for Movember, the international annual campaign that unites men and women in a month-long charity effort to benefit men’s health initiatives. The White Coat Mustache Challenge has raised more than $45,000 in three years.

WSU medical student Arjun Gowda captained this year’s Movember fundraising team. The third-year student co-founded the challenge with 2013 School of Medicine graduate Andrew Vollman, M.D., and fourth-year medical student Adam Russman, who has been involved with Movember since starting at the School of Medicine in 2010. Men are encouraged to shave Nov. 1, then grow moustaches for the rest of the month.

No goatees or beards are allowed, but competitors are encouraged to style their ‘stache any way they like, curling, waxing or twirling it all in the name of men’s cancer awareness, Vollman said. “At first it’s a funny thing. Then it becomes a walking billboard or a conversation starter,” said Vollman, whose father, Dennis, was diagnosed with prostate cancer six years ago.

Vollman brought the project to WSU in 2009. In 2011, Vollman and classmates challenged medical students at Michigan State University and the University of Michigan in a friendly fundraising contest. Since then, participating medical schools have included University of California at Irvine, Duke University School of Medicine, Thomas Jefferson University Jefferson Medical College, University of Illinois Urbana-Champaign College of Medicine and others.

“Movember definitely plays an important role in raising money to help fund research in men’s health, but for me it has always been a fun way to spread awareness about men’s-related illnesses like prostate cancer by making yourself look like a goofball. I’m just happy that there are other med students out there who feel the same way,” Gowda said.
Wayne State green runs in the blood of the Sprague family

The excellence of a university can be measured in many ways: student enrollment, the percentage of those who complete their degree programs and the number of graduates who go on to get jobs in their fields, to name a few. One of the most telling is whether the children of its alumni become students, too, and Wayne State University has a growing number of these legacy families.

One of them is the Sprague family. Both Carolyn, M.D., Class of 1984, and Kevin Sprague, M.D., Class of 1980, earned degrees from the Wayne State School of Medicine. Two of their children have followed suit.

The family history with the School of Medicine carries on with son Kevin, M.D., Class of 2010, and now in the emergency medicine residency program at the Detroit Medical Center, and daughter Jennifer, who is slated to earn her medical degree in 2014. It was none too surprising when the Sprague children decided to attend the WSU School of Medicine, because in a sense, neither Carolyn nor Kevin ever really left the school. Both were active in the School of Medicine as students, and after graduating remained involved by working with the school’s Executive Committee to help raise funds for the Richard J. Mazurek, M.D., Medical Education Commons, a 53,000-square-foot building complete with a student center and state-of-the-art classrooms and labs. That was just the start of the Sprages’ ongoing relationship with the school.

Although both were busy with their family and their careers – Carolyn is an anesthesiologist at Henry Ford West Bloomfield Hospital and Kevin is an orthopaedic surgeon at Oakwood Southshore Medical Center and Henry Ford Wyandotte Hospital – they felt an obligation to the university.

“Every year, the School of Medicine sends out a request to alumni asking if they would like to be considered for its Alumni Board of Governors. I just thought it sounded like a good opportunity to give back to the university for everything they gave me: the education, the instructors that we had and our experiences with the clinicians in the hospitals that we rotated through,” Carolyn said. She answered the school’s call, and in 1989 became a member of the board. A little more than a decade later, Kevin did the same and took a seat on the Alumni Board of Governors in 2002. Both also were presidents of the Alumni Board: Carolyn in 1993-94 and Kevin in 2006-07.
“Serving on the board is a way to support the university in a meaningful way,” Carolyn said. “We give our time to help repay all of the time that everybody gave us.”

In addition, Carolyn is a past member and Kevin is a current member of the School of Medicine Board of Visitors.

The Spragues are connected to the university in many other ways. They attend performances at the Hilberry Theatre, visit campus for events like MovingMedia, WSU’s annual student film festival, and participate in a variety of alumni-related activities, such as a specialty night that brings together School of Medicine alumni and current students, or a similar American Medical Women’s Association program for female students and alumnae-physicians.

“We have multiple opportunities to engage with students, and it’s very enriching and rewarding,” Carolyn said. “We get a kind of re-enthusiasm when we see the energy of the younger crowd going through.”

Over the years, the Spragues have formed connections that have stood the test of time, Kevin said. “The relationships that started in med school during our residencies – with our classmates, colleagues, peers and teaching staff – have remained now for 30 years.”

That tie to Wayne State rubbed off on their children.

“Many of the alumni activities are family-oriented. For instance, astronaut Jerry Linenger (M.D., Class of 1981) gave a talk at an alumni reunion day. So we brought the children to that talk and other events,” Kevin said. “They have been exposed to Wayne State and activities on campus since they were probably 8, 10 and 12.”

Young Kevin and Jennifer didn’t need much of a push to attend their parents’ alma mater.

“Wayne State is a great choice, because it’s a solid, long-standing institution that has done well and has been keeping up with the changes in education and technology,” Carolyn said. “At the medical school, medical students get exposed to really solid clinical rotations in addition to the basic academics.”

Kevin agrees the School of Medicine offers students a first-rate program.

“Simply put, the medical students who graduate out of Wayne don’t have any difficulty getting their residencies,” he said. “Wayne State has a well-known reputation for producing high-quality students, so they are ahead of a lot of other students from other institutions and organizations.”

Like their mother and father did before them, Jennifer and Kevin are reaping the rewards of a Wayne State education, Carolyn said. “Both of our children are happy they made the choice to go to Wayne. Very happy,” she said.
New multidisciplinary research center will create cross-beneficial science teams

Work continues on what will soon become the northern gateway to Wayne State University and a new era in trans-disciplinary research that will lead to improved health in Michigan and around the world.

Construction crews are about one year away from completing Wayne State University’s new Multidisciplinary Biomedical Research Building. The facility will become the university’s hub of collaboration between researchers of all stripes.
One of those researchers is Sylvie Naar-King, Ph.D., professor of pediatrics and director of the Interdisciplinary Program in Obesity Research and Education at the WSU School of Medicine. Her studies, funded by the National Institutes of Health, center on behavior modification and intervention to achieve improved health outcomes, particularly in children, teens and young adults in the areas of obesity, diabetes, asthma and HIV. She has been selected as one the researchers who will move into the MBRB because of the possibilities her studies offer for collaboration with researchers across the university.

Research in the MBRB will focus on team science and be arranged into thematic areas such as cardiovascular disease; metabolic disorders such as diabetes, hypertension and obesity; systems biology; biomedical engineering; bioinformatics and computational biology; and translational behavioral science.

Floor plans call for an open atmosphere, both physically and in a philosophical approach to research, something Dr. Naar-King said should increase the university’s opportunities to seek grants that require a cross-disciplinary approach.

“I truly believe when you bring people together in that sort of university-without-walls concept you are going to have an increase – and I think we should measure it – in interdisciplinary proposals and projects,” she said. “The National Institutes of Health has made it clear that that is the only way that we are going to move science forward, by looking across disciplinary types of projects. And you know, right now it’s very different to try to schedule an appointment with a researcher in the metabolic group that is over in the Lande building, and we meet for a half an hour and try to come up with something, than it is to be all together in the new building and say, ‘Look, this announcement came out
An example of cross-disciplinary work in the MBRB, Dr. Naar-King said, could utilize biomedical advances and combine them with the behavioral interventions she researches to improve the health of children or to improve health overall.

“It could be new technologies to look at outcomes. So, for example, if there is a new technology to measure cholesterol levels that we can collect and get results, that would be part of the outcomes of our interventions,” she said. “It could be to integrate with medical treatments. It could be new ways at looking at getting medical outcomes. There is going to be, I know, a fair amount of wireless technology work going on there so we’re looking at ways to integrate, developing new methodologies to measure physical activity for example, or a wireless device that allows you to track food intake and monitor food. Those are some of the things that we see happening.”

In her obesity intervention studies, researchers are measuring leptin levels, and metabolic researchers “are really interested because we’re going to have blood samples of 200 kids with obesity. And the metabolic folks are like, ‘You’ve got blood samples!’ We can do genetic testing to see if there are genetic components that affect whether or not they respond to weight loss treatment. We know how to recruit patients, but we don’t know how to take the blood into the lab and do genetic testing. That would be an example of something that could happen that probably wouldn’t happen because of the science of organizations.”

Another plus, she said, will come from improved infrastructure within the building to manage research data. A bioinformatics division within the building will have the capacity to store data and provide data management for research teams. Dr. Naar-King’s division now pays for external servers to house and manage data related to her research.

The $93 million building is under construction at the corner of Woodward Avenue and Amsterdam in Detroit. It will provide nearly 200,000 square feet and become home to about 70 principal investigators and 500 researchers and staff members.

The project involves the remodeling and repurposing of the Dalgleish Cadillac Building, built in 1927, on Cass Avenue. The building, designed by renowned architect Albert Kahn, will be flanked by another 70,000-square-foot addition. When completed, the building will provide offices for principal investigators and research faculty, post-graduate fellows and students. The laboratory core will offer labs designed for state-of-the-art science, and clinical space will allow researchers to interact with patients enrolled in studies.

Wayne State is employing a combination of state funding, bonding and private investment for the project. The state of Michigan has committed $30 million to the construction. The building is scheduled to open to researchers in early 2015.

The new facility offers another benefit to the university and to those who will benefit from the new devices, therapies and cures that will be developed there. The offices should provide space, now lacking, to work with and train graduate students, Dr. Naar-King said. “One of the things to promote interdisciplinary science is to start from the bottom up. So you could have undergraduate research assistantships that are in multiple disciplines, which you couldn’t really do before. They could spend five hours a week in my lab and five hours a week in metabolic disorders and then really get exposure. If you want to think about promoting a future generation of interdisciplinary scientists, this will create an opportunity to do that.”
A determined will
by Andrea Westfall

Despite almost a lifetime spent toiling in science labs in one of the nation’s largest metropolises, Kouichi Tanaka, M.D., is a country boy at heart.

Dr. Tanaka, 87, is a second-generation Japanese-American who grew up on his family’s 40-acre grape farm in Fresno, Calif. He lived there until his family was forced to move to a 5,000-member internment camp in Poston, Ariz., in July 1942. Poston II was the largest of the three camps established in Arizona for Japanese-Americans living on the west coast, a movement ordered by the United States government shortly after Japan’s attack on Pearl Harbor. He was 15 years old.

“We had more notice than others that had (only) 24 hours’ notice. We were among the very last to be removed,” he said.

The nearest town to camp was 20 miles away. He lived in one small room with his parents and three siblings. His father was paid $16 a month to work in the camp.

“It was quite an experience. Being a teenager, you take things in stride, in a sense,” he said.

The heat and dust bothered him the most. The land, an Indian reservation, had never been used, and their homes were simple military-built barracks. “When the winds came, every day, we’d have a dust storm. It was dry, and hot. We made do with what was there, and I know initially there was no privacy, no bathroom privacy, one large room for women and men. For the older women, that was the most shocking thing. To be thrown into it, no privacy at all,” he remembered.

He graduated from the camp’s high school on a Friday, and on Monday, boarded a train for Detroit. The then-17-year-old stood for the two-day journey. Because it was war time, he said, there were no seats, and he had no money for a sleeping cabin.

“But I got there,” he said. “You were lucky to just be squeezed into the train to travel.”
Detroit was more than a place to escape the internment camps. It was where his childhood dream of becoming a doctor would come true.

“As long as I can remember, 7 or 10 years old, there was no other goal. I knew I was going into medicine,” he said.

He traveled to Detroit on the heels of his oldest sister, who moved there six months earlier because a family friend of the Tanakas knew another family in Detroit willing to sponsor them. A Japanese-American doctor, who was sent to Poston II after graduating from the University of California at San Francisco, had also moved to Detroit a year earlier. Those were the only ties, he said, but it was enough to comfort his parents. He joined the U.S. Army in 1946, the same year his parents were released from the camp.

While many Japanese-Americans returned to rebuild their former lives, his parents’ farm, and all of their stored belongings, had been destroyed by a fire in their absence. “I’m quite certain we know what happened, but there was no recourse in those days,” he said.

He earned his bachelor’s of science degree in 1949, and a medical degree in 1952, from what was then the Wayne University College of Medicine.

“I was able to go east. That’s how I wound up in Detroit. Wayne was friendlier to Japanese-Americans at that time than many other schools,” he said. “Wayne would take them as transfer students and others wouldn’t.”

He moved back to California in 1952, completed a one-year internship at Los Angeles County General Hospital, then returned to Detroit for a fellowship in pathology at what is now Detroit Receiving Hospital. He was a U.S. Public Health Service Research Fellow in hematology at the hospital from 1954 to 1956 and a medicine resident from 1956 to 1957.

While at WSU, he was president of the Alpha Omega Alpha Honor Medical Society and later was awarded the school’s Distinguished Alumni Award, in 1981.

“I always wanted to do what in those days was called the triple threat – good clinician, teacher and researcher, the three main areas. That’s what I hoped to do, and that was my goal, to be in academic medicine,” he said.
Dr. Tanaka began his academic career at the UCLA School of Medicine in 1957 and joined the faculty at Harbor-UCLA Medical Center in 1961 as chief of the Division of Hematology, where he saw patients in the county’s health system, taught medical students and set up the hematology research program.

Dr. Tanaka, who lives in Ranchos Palos Verdes, Calif., and married his wife, Grace, in 1965, only briefly gave up the farm life. About 15 years after moving back to California, he and a friend, a fellow blood diseases specialist, bought adjacent property in the California countryside. He still grows oranges, apples, pears and commercial avocados in a 20-acre grove.

At UCLA, he served as associate chair of the Department of Medicine, acting chair of the Department of Medicine, director of the Hematology Research Laboratory, professor of medicine and played a key role in training more than 450 internal medicine physicians. He is now a professor emeritus of medicine at the UCLA David Geffen School of Medicine, and is certified in internal medicine and hematology by the American Board of Internal Medicine.

On April 26, 2007, the U.S. Congress recognized him for his important contributions to the field of medicine and medical education. According to the testimony of former U.S. Rep. Jane Harman of California’s District 36, he is the first Japanese-American elected to the American Society for Clinical Investigation and the Association of American Physicians. “He has written nearly 300 research publications, leading to important contributions in the study of erythrocyte metabolism and to the understanding of hemolytic disorders,” she said.

Dr. Tanaka has received the Sherman M. Mellinkoff Faculty Award at UCLA, named for the school’s second dean and the longest-serving dean in the U.S.; the Laureate Award of the American College of Physicians Southern California Region One; and was the first recipient of UCLA’s Kouichi R. Tanaka, M.D., Distinguished Teaching Award in 1997 and the UCLA Medical Alumni Association Distinguished Service Award in 1999. In 2004, he was selected to the inaugural class of “LA BioMed Legends.”

“I feel that I’ve achieved what I wanted to achieve, so I’m very satisfied in that sense. As a physician, I knew I wanted to be in academic medicine if I could make it. Things worked out, fortunately. My father was the one who was the proudest of my achievements. In the old-fashioned Japanese (culture), fathers are the predominant person in family, and he was proud of my accomplishments,” he said.
Dr. Tanaka, a member of WSU’s Anthony Wayne Society for donors, traveled to Detroit in 2012 for WSU’s Medical Alumni Reunion Day, a program that highlights reuniting classes in five-year increments. Tanaka and 11 classmates were recognized at an evening dinner. He has been to nearly every five-year reunion, “which is unusual I think,” he said.

At WSU, Room 310 of the Richard J. Mazurek Medical Education Commons is named in his honor.

The trips also give him the opportunity to visit a woman he and his sister stayed with in Detroit in the 1940s. She celebrated her 102nd birthday in 2012. The same year, he watched his friend and fellow hematologist, WSU Distinguished Professor of Medicine Ananda Prasad, M.D., Ph.D., receive the medical school alumni association’s Lawrence M. Weiner Award.

Dr. Prasad is founding editor of the American Journal of Hematology.

“I recruited him as an associate editor, so he worked with me from 1976 until 2005. I've known him as a hematologist, I've known him as a scientist and as a friend,” Dr. Prasad said. “He helped with the journal tremendously.”

The National Institutes of Health funded Dr. Tanaka’s metabolic and biochemical studies of blood cells for 28 years, from 1963 to 1992.

In 1961, “we described a new kind of disease, a hereditary form of anemia, defined due to an enzyme deficiency in the red cells,” he said. “That is when the deficiency was discovered. Now, we are aware of mutations, but then, nothing was known about it. It turned out to be the most common of these enzyme problems.”

At 87, with more than 50 years in medicine, Dr. Tanaka still goes into the office at least three days a week, to read the latest academic journals and to listen, comment on and review cases with residents and fellows at two weekly meetings, which he originated in the 1960s.

He was governor for the American College of Physicians Southern California Region One, and was awarded mastership by the ACP in 1998. Fewer than 1,000 of the 120,000 members have achieved the honor.
Physician LaQuandra Nesbitt, M.D., directs the public health rebirth of Kentucky’s largest city

From her hometown of Flint, Mich., to college towns like Ann Arbor, Mich., and Cambridge, Mass., big cities like Cleveland, Baltimore, Washington, D.C., and now Louisville, Ky., LaQuandra Nesbitt, M.D., M.P.H., has been around the block and back again, all in the name of health. And she wouldn’t have it any other way.

“What I learned was to not be so wedded to a particular career track and to follow opportunities in the way they are presented to you and in what feels good at that time,” she said.

Dr. Nesbitt, a graduate of the Wayne State University School of Medicine’s Class of 2003, has been the director of the Louisville, Ky., Metro Department for Public Health and Wellness since July 2011. With 741,000 residents to account for after a city-county merger in 2010, Louisville – home to the famed Kentucky Derby and the Louisville Slugger bat brand – is the state’s only city with a population of more than 100,000.
LaQuandra Nesbitt, M.D., M.P.H., is a 2003 graduate of the WSU School of Medicine.

She oversees 300 employees and a more than $20 million budget in a health department that has a growing national reputation for successful programs that target obesity, nutrition and active living. In 2010, the department was selected by the U.S. Centers for Disease Control and Prevention to receive a $7.9 million Communities Putting Prevention to Work grant, used to engage community organizations in initiatives for improving access to nutritional food and awareness of healthier eating, encouraging exercise and fitness, and reducing health risks such as smoking and obesity. It ranks 10th among 15 peer cities in health outcomes, per the 2013 “Building a Healthier Louisville” report, behind Kansas City, Mo., Cincinnati, Nashville, Tenn., and others. One in three Louisville adults is considered obese and one in five smoke, figures that put them behind 13 of their peer cities in the same report.

“I keep ending up in these places where the root causes of the problem are the same. They include lack of access to quality primary care and social determinants such as transportation, education, income and environment,” she said.

She came to Kentucky from Washington, D.C., where she served as deputy director of community health administration for the District of Columbia Department of Health. Her mission was to improve health outcomes for targeted populations by promoting coordination within the health care system, enhancing access to prevention, medical care and support services, and fostering public participation in the design and implementation of programs for area families.

She grew up in Flint, received her bachelor’s degree in biochemistry from the University of Michigan and a master’s of public health degree in Health Care Management and Policy from the Harvard School of Public Health. She completed her family medicine residency in the University of Maryland’s Department of Family Medicine, where she served as chief resident, and completed fellowship training with the Commonwealth Fund Harvard University Fellowship in Minority Health Policy.

Before joining the District of Columbia Department of Health, Dr. Nesbitt was assistant professor in the Department of Family and Community Medicine and the senior coordinator for Health Disparities and Policy Research Initiatives in the Office of Policy and Planning at the University of Maryland School of Medicine. Her responsibilities included providing primary care services to patients in inner-city Baltimore, encompassing adolescent health services, preventive medicine services and chronic disease management, with an emphasis on hypertension and diabetes care.

“She is really about getting the work done, the business of it, the details,” said Sadiqa Reynolds, chief for Community Building in the Louisville Mayor’s Office.

Dr. Nesbitt engages with what she calls atypical partners – people from the government’s parks and recreation department, schools, transportation authorities, planning and design, and economic development.
Reynolds has witnessed her ability to build partnerships that work. “She pushes people to get out of our silos,” she said. “She can trace back everything to public health. And I think she sees the big picture. She is not limited to seeing what’s in front of her, but sees what could be in the future, and finds out how we move the needle for the people. I think it’s really refreshing.”

In a Nov. 20, 2013, post to the Greater Louisville Project blog, Dr. Nesbitt chronicled her department’s ongoing efforts to build the city’s capacity for health, including restructuring Mayor Greg Fischer’s Healthy Hometown Movement to creating a coalition to provide input for a community-wide, community-led plan for improving Louisville’s health outcomes; implementing voluntary smoke-free playgrounds; repurposing vacant and abandoned properties for use as community gardens; committing funds for 28 new miles of bike lanes in the city’s core; extending the network of bike lanes to encourage more biking for transportation as well as recreation; launching an aggressive employee wellness program for city employees, including a surcharge for smokers; implementing “Healthy Corner Stores” in partnership with the YMCA to improve access to fresh, healthy food; and launching the Healing Futures Fellowship, a six-week summer program that brings together youth ages 15 to 18 from all areas of Louisville to work together and explore differing views of race, class, culture, gender and equity as lenses for understanding and identifying solutions to prevention of injury and violence as a public health issue.

“People want to partner with you to solve those problems,” Dr. Nesbitt said. “Louisville has a community energized around addressing equity health issues and a private sector committed to helping solve public problems. The more people you have on the team rowing the boat in the right direction, the further you’ll go.”

As part of her Louisville appointment, Dr. Nesbitt also is an associate professor of health management and systems sciences at the University of Louisville School of Public Health. Her academic interests include racial and ethnic disparities in health outcomes and health care services, workforce diversity, and improving access to care for the uninsured and underinsured through policy and health services research.

Dr. Nesbitt discovered the need for better primary care in underserved communities while at WSU, where she spent time working at the community level while in medical school and participated in an HIV/sexually transmitted diseases-awareness program for Detroit-area schools in her fourth year as a medical student. She also was a member of the Aesculapians, the School of Medicine’s honorary service organization.

After graduation, Dr. Nesbitt began a family medicine residency that included master’s of public health degree classes at Case Western University in Cleveland. She transferred to the University of Maryland soon after, giving up her public health degree option at Case Western. The move was one of the best decisions she ever made, she said. In Baltimore, Dr. Nesbitt’s focus changed from epidemiology and research to health policy and health systems management, specifically after serving low-income patients in the city.

When she went into the program, she intended to stay in clinical practice. But she was overwhelmed with the opportunity and need for good clinicians in public space. She answered that as her calling, and managed to still find time to see patients at an urgent care practice. The board-certified physician still occasionally sees patients in the department’s tuberculosis clinic.
“You see the same thing in Detroit, Baltimore, D.C., Louisville, Memphis. You see the same things in these communities that have diverse populations. Many of those commonalities are related to health inequities, poor access to education, inadequate transportation and overall underinvestment in those communities,” she said.

She gives a diabetes diagnosis as an example. Patients are told to eat healthier and lose weight. Once they leave the doctor’s office, what are the issues they face that will help or hurt that patient’s success? “How can we change the treatment plan?” she asked.

“If you live in a community with no full-scale grocery stores, where it’s more difficult to eat healthy, or with high crime, having your physician tell you to walk around your neighborhood after dinner? It’s probably not going to happen,” she said.

Awareness of health disparities and major infrastructure issues in diverse communities has increased exponentially since she earned her medical degree, she said, and there’s a commitment to better track health outcomes.

Dr. Nesbitt talks about “working herself out of a job,” Reynolds added. “It would be nice if we didn’t even have to think about our health. Everyone’s just healthy — it’s a dream.”
Army veteran James Andre, M.D., has dedicated his life to helping others.

From tutoring struggling classmates to developing programs he hoped would change the type of psychiatric care provided to the rising number of Native Americans struggling with mental illness and substance abuse, Wayne State University alumnus and retired United States Public Health Service Commissioned Corps Capt. James Andre, M.D., M.P.H., has dedicated his life to helping those who needed it.

Dr. Andre, 81, joined the United States Army in 1947 at age 14, with nothing more than an eighth-grade education and a desire to leave the swamp country of Louisiana. Following three years in the Army Air Force, Dr. Andre, then a known minor told to keep his age quiet, joined the newly-formed U.S. Air Force, and was assigned to Selfridge Air National Guard Base near Mount Clemens, Mich.

The military released him in 1950, the same year he married his wife, Doris, but recalled him to active duty for the Korean War 10 months later, serving stateside in North Dakota. “I decided then to stay with the military, since they liked me and I liked it,” he said.

Except for four years off to attend WSU’s then-College of Medicine, he served in the military for nearly 30 years, including with the Indian Health Service, the federal health program for Native Americans and Native Alaskans.

Dr. Andre earned his GED certificate in 1947 at the suggestion of his superiors, a move that later allowed him to “beg my way into (WSU),” he said, as a trial student at first.

Following his stateside tour, he began night classes in 1953 while still in active reserve and working full-time at Selfridge during the day. “I did that every day of the week...”
until 1960,” he said. “They then let me matriculate as a pre-med student, although with much concern, because I didn’t know what the chemical symbol for water was or any other chemical symbol, for that matter. I was so lucky to get a tremendous amount of encouragement from some great professors to take the MCAT and apply to medical school.”

He earned his bachelor’s degree in 1961, a year after starting at the College of Medicine, from which he graduated in 1964, with distinction. He joined the PHSCC after graduation as a psychiatrist and was recruited by the National Institute of Mental Health as a career development officer, the first from within the PHSCC. He chose to work for the IHS in honor of his stepfather, a Choctaw Native American.

When the new IHS director asked him to earn a master of public health degree, he completed the two-year program at the University of Michigan in only eight months. He was then appointed senior clinician in charge of developing programs to combat the rising rates of suicide and alcohol and drug abuse in the Native American community, including training nurses, doctors, tribal leaders and other community health representatives on various mental health initiatives. His duties included a presentation for U.S. Sen. Edward Kennedy in Washington, D.C., on the need for more jobs on reservations.

“What knowledge in public health I had helped me see ways to change things somewhat. I then asked our physicians and nurses to listen to their patients to find ways to help them, rather than giving them more psychiatric medicines. I developed many papers on all kinds of mental health problems and how to best treat them and presented them to various groups on as many reservations I could reach, anywhere I could. After a few years of doing what I could, I was no longer treating patients of my own but rather their communities,” he said. “I could only hope that what we had started, in trying to improve mental health on reservations, would continue.”

In early 1979, he was asked to take over as regional health service director for the Department of Health and Human Services in Dallas, but was forced to retire in 1980 due to ongoing heart problems. He planned to relax, hunt and fish. The Joint Commission on Accreditation of Hospitals asked him to work as a part-time consultant in its mental health division, and he spent 15 years evaluating how nearly 500 hospitals complied with JCAH standards. He retired, this time for good, in 1995.

“Who knows what else he could have done. He could have just rested on his laurels and taken his disability, but he still continued,” said Andre’s medical school classmate, Mark Cohen, M.D., Class of 1964.
Dr. Andre was six years older than most of his classmates and happy to lead study groups for those struggling with subjects. More than 40 years later, Dr. Cohen, a retired ophthalmologist, thought of the influence Dr. Andre had on their medical class. In June 2011, he made a gift to WSU in his classmate’s name.

“People went to him for advice,” Dr. Cohen said. “He put things in perspective and he was a person to look up to and respect when I was feeling discouraged. He was a person who helped build confidence.”

“If people looked up to me for that, I was just doing the appropriate thing. People helped me, so I helped them,” Dr. Andre said. “I will forever be grateful to Wayne State and also to all those at Wayne School of Medicine who gave me a chance to go for it.”

Dr. Andre now lives in Albuquerque, N.M., but will never forget his time at WSU, or the opportunities administrators and faculty gave to him.

“He has given back generously to support students here who otherwise might not have the opportunity to go to college and pursue their dreams,” said David Rosenberg, M.D., professor and chair of the Department of Psychiatry and Behavioral Neurosciences. “He honors and exemplifies the very finest in what Wayne State University can do, making opportunities available to students who otherwise might not have these opportunities. He has accomplished so much and his legacy has and will continue to motivate and inspire the students of today and tomorrow.”
Wayne State University School of Medicine alumni have many important roles... as volunteer faculty, mentors and advocates for the school. Many also have made generous gifts through their estate plans. Establish your legacy today. Make a bequest. It’s a simple designation in your will or trust. We can help you set up your estate gift.

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