

wvsom

Volume 17 Number 1

magazine

A Publication of West Virginia
School of Osteopathic Medicine



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Richard Rafes**

West Virginia School of Osteopathic Medicine



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FROM THE PRESIDENT

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ON THE COVER:
WVSOM President Richard Rafes



Hello and greetings from West Virginia School of Osteopathic Medicine.

As the newly appointed president of this outstanding, nationally recognized medical school, I have been greeted with warmth and enthusiasm by our dedicated faculty, staff, students and alumni. I have been fortunate to have the opportunity to experience wonderful schooling throughout my life, and I am committed to providing the same

type of support for our students that I received during my education.

In this issue of WVSOM Magazine, we highlight some of our outstanding faculty, including Dr. Karen Steele, who was recently chosen to deliver the prestigious Northrup Lecture at the 2008 American Osteopathic Association national convention in Las Vegas.

Also featured in this issue are reports on our recent professor emeriti celebration, Dr. Zachary Comeaux’s burgeoning career as a novelist, and a visit with alumni who attended the Mid-Winter CME which was held recently in Charleston.

We also visit with alumna Dr. Rhonda Hamm, a psychiatrist who recently went on a very interesting medical mission trip to Southeast Asia. While delving into the psyche of the native people there, Dr. Hamm not only discovered interesting things about the Vietnamese and Cambodian people, but about herself as well.

I’m also happy to report that donations to our “Five for Five” campaign continue even in these difficult economic times. The Donor Tree located in the Tech Center is filling up quickly. If it is within your means, I would encourage you to please contribute to this very worthwhile fundraising endeavor.

Rural primary care medicine has been recognized as critical components of our national healthcare system. As you will read in my feature interview within this issue, I believe WVSOM is setting the standards that others will follow.

I’m looking forward to leading this dynamic institution in the coming years. Together, I believe we can achieve great things.

Please enjoy our magazine.



FAREWELL, DR. JONES

WVSOM, Lewisburg Community Bids Goodbye to Longtime School President

The WVSOM community and people from the local community gathered together on January 8 to bid a fond farewell to longtime school president Olen E. Jones, Jr., PhD.

The reception was attended by faculty, staff, students, as well as government officials and business leaders from the local community. Although not able to attend in person, several prominent leaders in West Virginia higher education sent farewell wishes to Dr. Jones via video messages.

Brian Noland, PhD, chancellor of the Higher Education Policy Commission: Under Dr. Jones' leadership, WVSOM has been transformed. It's truly an entirely new institution from top to bottom. And every element of that transformation is a testament to Dr. Jones' leadership. If you look at the reputation of WVSOM, you have to go back to the late 1980s when Dr. Jones was stepping into leadership there. It was a college that had gone through some difficult times. There were discussions among the legislators and governor's office of possibly closing the institution or merging

WHAT REALLY ENERGIZES ME IS TO THINK I HAD SOMETHING TO DO WITH A STUDENT BECOMING A PHYSICIAN. SOMEONE WHO IS GOING TO GO OUT IN THE WORLD AND IMPROVE THE QUALITY OF LIFE FOR OTHER INDIVIDUALS. THAT IS A PHENOMENAL FEELING – TO KNOW YOU PLAYED A PART IN THAT.

it with another college. Olen took that challenge and from there, he has created a world class college of osteopathic medicine. If you travel across the country and you talk to people in the health care fields, they know about WWSOM, they're aware of the quality and the caliber of the graduates, and all of that is a direct result of the vision of Dr. Jones. His legacy will be one of caring, compassion, and commitment for students.

David Hardesty, JD, former president of West Virginia University: Olen has been the leader of a dynamic and growing institution. The number of buildings has increased, the number of students has increased, the budget has increased, giving has increased, the economic impact on the town has increased. Any fair assessment says he's been a great president. He came to the position with the challenge of helping an institution that needed the help. He had the vision and the advocacy skills, the determination and work ethic, to get the job done. I think Olen is a man of vision. I think in many respects he may have saved the college when it was under legislative scrutiny. He is an

advocate, he is a good administrator, and he's a good friend to those involved in higher education in West Virginia. I think everyone in the education community in West Virginia recognizes the distance WWSOM has traveled between the time he took over to now. He has achieved national rankings in *U.S. News and World Report* that are the envy of most of the other institutions in West Virginia.

WV Delegate Tom Campbell: WWSOM has been strong in providing excellent, high quality education. It provides high-paying quality jobs, and it has become an important economic engine for this part of the state. His leadership has resulted in very positive results for the area.

President Emeritus Roland Sharp, DO: Olen Jones has brought leadership in development of the college facilities. He has increased the buildings, laboratories, faculty, and staff. His influence in the community and his collaboration with community leaders and political leaders of our state – those things have been features of his presidency, and have elevated the institution.

Karen Steele, DO, FAAO: What Dr. Jones brought to WWSOM was a demand for quality. Every person is valued for their contribution to the institution. He had a vision, he clearly imparted that vision, and he expected everyone to support that vision and to see it accomplished. His vision is for WWSOM to be the best osteopathic medical school in the nation.

Patty Jones: Olen has the ability to be single minded. He will become totally engrossed in whatever he is doing at the time. All of his energy is devoted to that task and being the best he can be. Everything he has ever done, since he was 18, he gets hold of something and he doesn't let it go until it's done.

Following the video presentation and comments by Sharon Rowe, chair of the WWSOM Board of Governors, a portrait of Dr. Jones was unveiled which will hang in the college's alumni center. The portrait was commissioned by the Boards of Directors of the WWSOM Alumni Association, the Robert C. Byrd Clinic, and the WWSOM Foundation, Inc. The artist was Peter Schaumann. Dr. Jones recognized everyone for their support and contribution in making WWSOM the successful college it is today. "I would encourage everyone to continue supporting the school. It's very important to support the new president and continue the great work we have begun," he said.

In wrapping up his thoughts on 21 years at the helm of WWSOM, Dr. Jones shared his thoughts. "What really energizes me is to think I had something to do with a student becoming a physician. Someone who is going to go out in the world and improve the quality of life for other individuals. That is a phenomenal feeling – to know you played a part in that," he related.

"During the exit interview of our most recent accreditation site visit, the individual on the committee who met with students was asked by the chair to report how the students perceived the school. He said there's only one word they use: love."

"You talk about priceless. Because that infers that they know that we care about them, we care about each other, we've created an excellent learning environment, and they know they're getting a quality education." said Dr. Jones.



NAZAR FIRST RUNNER-UP FOR “PROFESSOR OF THE YEAR”; COMEAUX ELECTED PRESIDENT OF WORLD OSTEOPATHIC HEALTH ORGANIZATION



The Faculty Merit Foundation of West Virginia has named **Andrea Nazar, DO**, as First Runner-Up in West Virginia’s 2008 “Professor of the Year” competition.

Dr. Nazar was honored along with the four other finalists during a banquet at the state Cultural Center in Charleston on March 17.

The Faculty Merit Foundation was created in 1984 to recognize and reward outstanding innovation and creativity among the faculties of the state’s public and private colleges and universities. It is widely considered to be the state’s most prestigious faculty award.

First place went to Ruth Kershner, RN, an associate professor at the West Virginia University School of Medicine. Other finalists were John Burns, a biology professor at Bethany College; Robert Rupp, a history and political science professor at West Virginia Wesleyan College; and Mary Wimmer, a biochemistry professor at WVU.

Dr. Karen Steele of WVSOM was chosen as a finalist for the same award last year.

ZACHARY COMEAUX, DO, FAAO, Professor of Osteopathic Manipulative Medicine, published the article “United States Osteopathic Education: The Challenge of Globalization” in the September 2008 edition of *The AAO Journal* (Vol. 18, No. 3, pp.11-15). **PETER WARD, PHD**, was elected to the Educational Affairs Subcommittee for the American Association of Clinical Anatomists at that group’s most recent meeting in Toronto.

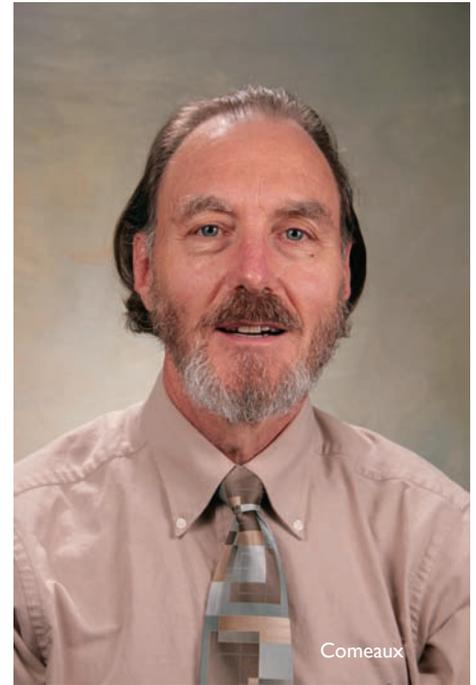
JASON DEES, DO, Class of 1999, a family physician from New Albany, Mississippi, has been elected to the board of directors of the American Academy of Family Physicians. Dr. Dees was elected to a one-year term.

Dees is responsible for representing the interests and opinions of the New Physician Constituency to the AAFP Board of Directors and Congress of Delegates. He also will advocate on behalf of family physicians and patients nationwide to inspire positive change in the U.S. health care system.

The AAFP was founded in 1947 and represents more than 93,000 physicians and medical students nationwide. It is the only medical society devoted solely to primary care.

GRETCHEN LOVETT, PHD, Clinical Psychologist/Learning Specialist in the Division of Clinical Sciences, recently lectured at the British School of Osteopathy (BSO).

Dr. Lovett delivered a talk on the topic of suicide screening in the context of osteopathic care. Suicide is the third leading cause of death in people aged 15-38 years in the United States. Women are three times more likely than men to attempt suicide, while men who attempt it are three times more likely than women to be successful.



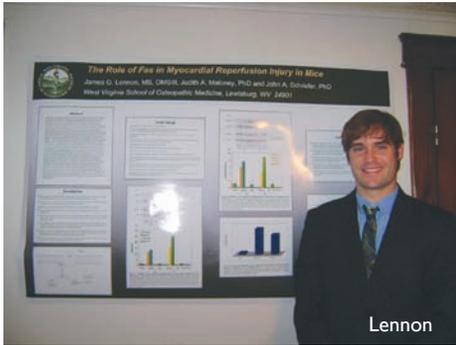
Dr. Lovett discussed what indicates a suicidal tendency in patients and how osteopaths can best recognize these traits. The lecture was attended by BSO staff, students and alumni.

ZACHARY COMEAUX, DO, FAAO, Professor of Osteopathic Manipulative Medicine, was recently elected president of the World Osteopathic Health Organization at its annual general meeting near Brisbane, Australia.

Founded in 2004, WOHO is an organization of individuals who work to support each other in extending the availability of quality osteopathic health care globally while also working toward improved standards in the diverse styles of practice and circumstances of regulation as the profession expands.

The organization has contributed significantly toward the anticipated World Health Organization on Education and Practice Guidelines. Further information can be found at WOHO.org.

WVSOM FEATURED IN US AIRWAYS MAGAZINE; LOVETT AND SWARM PUBLISH PAPER ON PHYSICIAN APOLOGIES



GRETCHEN LOVETT, PhD, AND GAIL SWARM, DO, published an article in the Medical Encounter entitled “Medication Error and Apology: A Standardized Patient Encounter for 1st Year Medical Students.”

The article describes the way our school is using standardized patients to help teach student doctors about medication errors and the appropriate use of apologies by doctors.

SEVERAL WVSOM STUDENTS AND FACULTY MEMBERS made poster presentations at the AOA National Convention this past October 2008 at the Palazzo Hotel in Las Vegas. These presentations included:

(1) “Dynamic assessment of biomechanical factors implicated in the development of Medial Tibial Stress Syndrome (MTSS)” by Dina Khateeb, OMSII, Shiney Koshy, OMSII, Hana Swain, OMSII, and Jandy Hanna, PhD.

(2) “The role of Fas in myocardial ischemia reperfusion injury in mice” by James Lennon, OMSIII, Judith Maloney, PhD, and John Schriefer, PhD.

(3) “Can a nutritional matrix be used to assess obesity?” by Donald Pyle, OMSIII, Cassandra Heller, OMSII, Ernest Vera-Vasquez, OMSII, Ellen Broudy, and Brian Griffith, PhD.

(4) “Changes in salivary alpha-amylase after OMT” by Jason Fisher, OMSII (above left), Aaron Henderson, OMSII (above right), To Shan Li, DO, and Kristie Bridges, PhD.



EMPLOYEES were recently recognized for various years of service to the college. Five and 10 year employees are Dr. Malcolm Modrzakowski, Dr. Lorenzo Pence, Marilea Butcher, Stephanie Schuler, Whitney Etten, Dr. Christine Blue, William Reinholt, Dr. Gail Swarm, and Betty Wingler. Fifteen, 20, 25, and 30 year employees include Dr. Craig Boisvert, Deborah Hughes, Dr. George Boxwell, Valeria Barfield, Sherry Phillips, Dr. Robert Fisk, and Dr. Arnold Hassen.

US AIRWAYS MAGAZINE RECENTLY PROFILED WVSOM in its November 2008 issue. The profile was part of the magazine’s business series which profiled the entire state of West Virginia as a great place to live and do business.

The magazine is part of the in-flight literature available to passengers. It has an audience of approximately 6.8 million affluent business and leisure travelers. The business issue showcased the state’s emerging technologies, key industries, health care advances, and academic institutions.

To view the pages, go to: www.wvopenforbusiness.com/pdf/USAir_WestVirginia.pdf. WVSOM is featured in a photo on page 2, an advertisement on page 12, and an article and photos on pages 13-14.



WVSOM Hosts Heart of the Holidays Celebration

WVSOM played host to 25 families during the school's annual "Heart of the Holidays" event at the Roland P. Sharp Alumni Center this past December. The event is an annual tradition when faculty, staff, and students come together to help those less fortunate in the community have a Merry Christmas. There was gift giving, a visit from Santa, cookie decorating, face painting, and fun games. The event was organized by the WVSOM chapter of Sigma Sigma Phi. Gifts were donated by WVSOM staff, faculty, and students, along with Chip Cook and Kathy Lee of North Carolina.

WVSOM student Matthew Cupido, Santa Claus (Dr. Jim Wells), and WVSOM student Carmino Domingo at a Sigma Sigma Phi event.

WVSOM Students Awarded Scholarships

Five fourth year West Virginia School of Osteopathic Medicine students have been awarded scholarships that reward medical students who will remain in West Virginia to practice rural primary care medicine after graduation. The scholarships were awarded to WVSOM students Jennifer Beverage of Marlinton, WV; Katherine Buddenberg of Fayetteville, WV; Lisa Kessler of Charmco, WV; Ashley Toler of Hanover, WV; and Caleb Workman of Crawley, WV. All five students are on schedule to graduate from WVSOM in May 2009. The Health Sciences Scholarships were awarded by the WV Higher Education Policy Commission. According to Alicia Tyler with HEPC, the Health Sciences Scholarship Program was created by the WV Legislature in 1995 to increase the number of primary care providers in the state's medically underserved areas. "Scholarship recipients make a commitment to practice primary care in rural West Virginia for a minimum of two years after completing their training and receiving their diploma to practice medicine," said Tyler.



Five WVSOM Students awarded scholarships: (l to r) Jennifer Beverage; Katherine Buddenberg; Lisa Kessler, Ashley Toler, and Caleb Workman.

WVSOM Students Learn About International Medicine

WVSOM students and a faculty member recently presented a seminar about the practice of medicine in different parts of the world. The seminar took place on December 11 at the Roland P. Sharp Alumni Conference Center on the campus of WVSOM. Those in attendance learned about the culture and practice of medicine in Vietnam, Iran and Great Britain. The seminar was sponsored by the PAX Student Diversity Organization and the WVSOM Social Justice Committee.



PAX Hosts Seminar on International Medicine: (l to r) Hesum Chegini, OMSII, Themy Ngo, OMS II, PAX president Sipa Patel, OMSII and Associate Professor Hugh Clements-Jewery, PhD.

Former WVSOM President Honored by Higher Education Policy Commission

Former WVSOM President Olen Jones, Jr., PhD, received the Vice Chancellor's Award for Outstanding Rural Health Educator from the West Virginia Higher Education Policy Commission (HEPC). The award was presented by Bob Walker, MD, HEPC Vice Chancellor of Health Sciences at the Governor's Awards Luncheon during the 2008 WV Rural Health Conference at Glade Springs Resort in Daniels, WV. Dr. Jones is the inaugural winner of the award. According to the HEPC, Jones was selected as the winner based on his extraordinary contributions to higher education in rural health. Dr. Jones stepped down from the WVSOM presidency in January 2009.



Photo: Karen Pauley, WV Division of Rural Health & Recruitment.

Dr. Bob Walker (r) presents the Rural Health Award to Dr. Olen Jones.

WVSOM Students Provide Health Services at T.O.O.T.

Several WVSOM organizations and clubs held a community service health fair at Carnegie Hall's Taste of Our Town event Saturday, Oct. 11. Both first and second year students participated in the screenings. The Undergraduate American Academy of Osteopathy (UAAO) conducted structural screenings and provided medical education to festival-goers concerning wellness, fitness and the philosophy of osteopathic medicine. WVSOM's Family Practice organization measured height, weight and blood pressure of patrons, informing them of the results and explaining the significance of the measurements. Meanwhile, the Pediatric Club showed kids that doctors aren't all bad by providing fun face painting. According to WVSOM faculty member Zach Comeaux, DO, "Our medical students appreciate the opportunity to interact with the public and provide valuable health information to them. They experience pride in their knowledge and gain personal growth through events such as this."



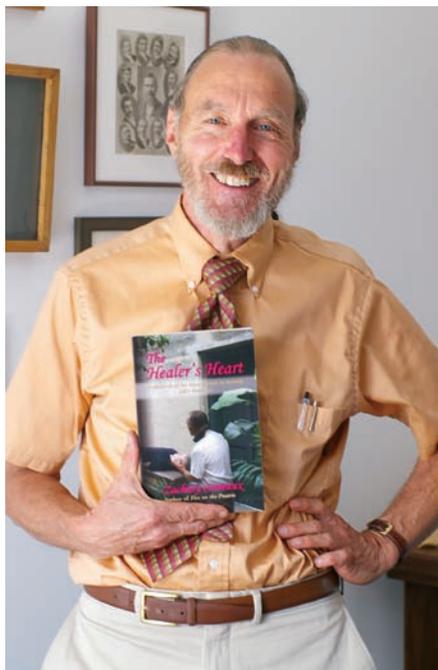
Joel Griffin, OMSII, checks the weight of Lewisburg resident Paul Greer at the annual Taste of Our Town on October 11. WVSOM students provided several valuable free health services at the event.

Sharp Holds Book Signing

WVSOM recently hosted a book signing for president emeritus Roland P. Sharp, DO, on the occasion of his 101st birthday. The book - "Roland Sharp, Country Physician: Memories of a Life Well Lived" - is available in the WVSOM Bookstore. Although retired from every day practice, Dr. Sharp is still active and lives with his wife Kit on his farm at Frost, WV in rural Pocahontas County.



Cheryl Baker, longtime WVSOM employee, has a book signed for her father by Roland P. Sharp on his 101st birthday. Baker's father was one of Sharp's former patients.



Dr. Zachary Comeaux, a faculty member at the West Virginia School of Osteopathic Medicine, recently had his second novel published. Not content with mere scholarly pursuits, Comeaux combines his love of writing and osteopathic history to write novels in his spare time.

WVSOM Faculty Member Writes Second Novel

Zachary Comeaux, DO, Associate Professor of Osteopathic Medicine at the West Virginia School of Osteopathic Medicine, has just added another contribution to the osteopathic fiction genre.

Dr. Comeaux has published a novel entitled “The Healer’s Heart.” The novel follows the adventures and challenges facing a young Brazilian discovering his destiny, a Harvard medical researcher questioning the scope of her science, and a German osteopath navigating career, romance, and personal tragedy. Details derived from personal experience and research transport the reader to the year 2032, Boston, Bavaria, and the Amazon rainforest. Current political, ecological, and social issues are seen in a light reflecting the author’s hopes for humanity’s future.

Previously, Comeaux published a historical novel entitled “Fire on the Prairie – the life and times of Andrew Taylor Still, founder of Osteopathic Medicine.” It too was a historical novel that weaved facts with a fictional tale of action, romance, and intrigue.

Comeaux notes that the novel offers some insight into Still’s background, his methods, the basis for teaching at the first osteopathic college, as well as the tensions which served both to challenge and galvanize him as he committed himself to his mission.

“My main motivation in writing is to express my own sense of the truth and see if it encourages, or resonates with anyone else,” Comeaux explains. “I use particular characters to portray different aspects of my own experience, hopes, and questions. I suppose you could say I’m living vicariously through my characters. It is amazing what you learn about yourself by writing fiction,” he says.

His teaching and administrative duties keep him very busy, so he does all his writing at home. “Writing is a way of reaching out to others and seeing if together we can make sense out of the demands and conditions of our lives.”

Asked if he thinks “author” will become his full time job title some day, he says it’s not likely. “Not unless I am willing to live on soup beans and vitamins,” he laughs. As for future novels, Dr. Comeaux says he is working on an historical reprint of two early osteopathically related booklets. “I see the writing as a retirement supplement at this point but there is no retirement date in sight. I like teaching and clinical practice too much.”

Both “The Healer’s Heart” and “Fire on the Prairie” are available in the WVSOM bookstore and online through BookLocker.com

“I USE PARTICULAR CHARACTERS TO PORTRAY DIFFERENT ASPECTS OF MY OWN EXPERIENCE, HOPES, AND QUESTIONS. I SUPPOSE YOU COULD SAY I’M LIVING VICARIOUSLY THROUGH MY CHARACTERS. IT IS AMAZING WHAT YOU LEARN ABOUT YOURSELF BY WRITING FICTION.”

AACOM President Serves as Keynote Speaker for Celebrate Osteopathic Medicine Week

The president of the American Association of Colleges of Osteopathic Medicine (AACOM) visited the campus of WVSOM to wrap up “Celebrate Osteopathic Medicine” week on the WVSOM campus. The school celebrated the week with various events, lectures, CMEs, and a “Pride/Spirit Day.”

Steve Shannon, DO, MPH, gave the keynote presentation during a luncheon at the Alumni Center on Monday, January 26. Dr. Shannon’s presentation was entitled “Osteopathic Medical Education: Growth & Change in the New Century.”

“By 2023, it is predicted the U.S. will have a shortage of 160,000 physicians due to the retirement of current physicians, and the growth of the elderly population in this country,” said Dr. Shannon. “Because of this, I believe osteopathic medicine will continue to grow both in the number of students and the number of osteopathic medical colleges.”

There are 25 private and public osteopathic medical colleges operating in the United States today. But Shannon said that number will increase. “There are three new schools set to open within the next few years in Mississippi, Missouri, and Oregon. Plus, others have been discussed as well.”

According to Shannon, “The physician produced by osteopathic medical education model is the type of physician the country needs.” He predicts that MD medical colleges will begin to adopt many of the DO models. “How much are MDs going to change to look more like osteopaths?” he asked. “That will be an interesting thing to follow in the coming years.”

Prior to taking the helm of AACOM, Dr. Shannon served as dean at the New England College of Osteopathic Medicine in Maine. As president of AACOM, Shannon interacts with all the colleges and his peers in the American Osteopathic Association to advance the profession.

Lewisburg Mayor John Manchester had previously signed a proclamation that recognized January 21-27 as Osteopathic Medicine Week in Lewisburg. “The West Virginia School of Osteopathic Medicine is a good neighbor. This proclamation recognizes the positive relationship between the school and the community,” said Manchester.

Other events held in conjunction with Celebrate Osteopathic Medicine week included a CME sponsored by Mountain State OPTI; a lecture entitled “Contemplations of the Art of OMT After Thirty Years of Practice” presented by Dr. Karen Steele (this year’s Northup Address selection); a series of lectures on the “History of Osteopathic Medicine” presented by Dr. Peter Ward, Dr. Karen Steele, and professor emeritus Dr. Mike Cope; and a percussion hammer CME presented by the WVSOM OMM Department. The winner of the Student Spirit Award was the Student Osteopathic Surgery Association.



Clockwise from top left: Proclamation signing by Mayor John Manchester (seated) standing from left to right: Meg McKeon, PhD, Associate Dean for Student Affairs; Gaurang Gujaratha, OMSII; Matt Cauchi, OMSII; Brad Eastman, OMSII; Annalies Koller, OMSII; newly appointed president Richard Rafes, PhD, JD; Emily Hall, OMSII; Michael Antolini, OMSI; Dominic King, OMSII; Karen Steele, DO, Associate Dean for Osteopathic Medical Education; and Mike Adelman, DO, JD, Vice President for Academic Affairs and Dean; Doctor Peter Ward lectures; SOSA wins Student Spirit Award for their decoration; Dr. Steve Shannon and student government leaders; Shannon presentation.

DR. STEELE CHOSEN TO DELIVER PRESTIGIOUS NORTHUP MEMORIAL ADDRESS

Contemplations on the Art of OMT After Thirty Years of Practice

For a few moments today, I would like to talk a bit about the art of osteopathic manipulative treatment, OMT, osteopathy, or traditional osteopathy, as you may call it. I have chosen to explore those attributes within ourselves which we must bring to the patient interaction when providing OMT to our patients. And I have chosen to use the metaphor of the art of pottery in this treatise, as I am a novice potter and still easily fall into the “beginners mind” of this art. Both osteopathy and pottery deal with dirt and the divine, and either can be a metaphor for the other. I learned osteopathy first and much later became a novice potter. The lessons I have learned and gifts I have received from osteopathy that I would like to ponder today are summed up by the following phrases:

1. Do not expect to be good for a really, really, long time.
2. Center yourself first.
3. When is enough, enough?
4. Do your work, and then step back.

DO NOT EXPECT TO BE GOOD FOR A REALLY, REALLY LONG TIME.

I have always felt like I was sculpting when doing OMT, starting with a vision of the underlying anatomy as I would try to gracefully, purposely, and firmly move the tissues and energies under my hands, leading the body toward a more functional balance. So it seems natural that I would eventually want to try working with clay. I had not thrown very many pots before my teacher began encouraging me to buy my own pottery wheel and kiln. I had been renting space and time in her studio, so this recommendation would not have come from a perspective of financial gain. I would throw a few tiny pots which she would include with other tiny pots into a student bisque firing. I would then apply the glazes to my tiny pots and she would put them through a second student firing. The resultant tiny pots brought me great joy.... for a while. Then I wanted to explore with other clays and other glazes. The results were less predictable, and sometimes catastrophic. I learned why she put student work in a firing separate from her



professional work – uneven pots explode in the kiln when the heat is absorbed differentially across uneven pot walls! And any pieces on that same shelf are in jeopardy of being shattered from flying shrapnel. I learned that glazes applied too thickly run and then fuse to the kiln shelf. I learned that red glazes make everything else in the kiln red, and that glazes which are not a good match for the clay pit, leaving unglazed areas which make the pot unsafe for using with food.

After I had the awful experience of a whole shelf of my work explode because I could not make the hard decision to discard a faulty piece, and went ahead and fired it with other pieces in my kiln, she said to me “Now you are truly a potter!”. After I had the soft red terra cotta clay melt and fuse to the kiln shelf because I’d fired it at Cone 6 rather than Cone 06, it altered my

respect for the characteristics of the clay body. And it reminded me of the power of logarithmic tables. Now, when I look at a pot, I “see” with more than just my eyes. I see the beauty of the clay and glazes which have been selected to form a functional and beautiful piece. I also know the strength of the clay that has been used; I see the lines of the potter’s fingertips making the swirl in the bottom of the bowl; I know if the glaze chosen was well suited to the clay body of the piece; and I appreciate the asymmetries that make this piece unique and hand-made rather than poured and casted. And I am still very much a beginner in the art of pottery.

Isn’t it the same for the practice of osteopathy, after we have been at it a while? We evaluate a patient and we can see what the end result will likely be, with and without our treatment. We don’t really know how we know, but we know there is a short leg, or emotional trauma underlying the patient’s symptom. We can sense the age of our patient when they incurred the contributing trauma or illness. Some of us can see damaged internal tissue, or sense vibration aberrations in the patient. Based on our cognitive and intuitive knowledge, we envision what we believe could be the desired end result – a child who can efficiently coordinate their suck and swallow mechanism; a teenager who can run without knee pain; better respiratory status in a midlife adult hospitalized with pneumonia; or peace in an elder facing end of life issues. We then formulate a treatment plan, knowing that we will reevaluate at every visit, and we will be willing to allow the status of the patient at follow up to alter our original plan. We learn how to “dose” our osteopathic manipulative treatments, through lessons from our teachers – those more experienced in this skill, and our

I HAVE ALWAYS FELT LIKE I WAS SCULPTING WHEN DOING OMT, STARTING WITH A VISION OF THE UNDERLYING ANATOMY AS I WOULD TRY TO GRACEFULLY, PURPOSELY, AND FIRMLY MOVE THE TISSUES AND ENERGIES UNDER MY HANDS, LEADING THE BODY TOWARD A MORE FUNCTIONAL BALANCE.

patient teachers, who are the stricter of the two. Early in my osteopathic practice, I had an elder return to me with greater pain after a vigorous treatment to a frail body. I then really knew that older bodies need gentler handling. I had over treated her and put her to bed for a few days. Fifteen years later, after many more lessons learned about dosing OMT, I discussed the manipulative prescription concept in detail in my chapter "Treatment of the Acutely Ill Hospitalized Patient" in the first edition of Foundations for Osteopathic Medicine.¹ I saw a woman in her early 40's for recurrent headaches, whose medical work up was benign. I finally thought to have her stand up and performed a postural examination. I found a significant postural strain which, when addressed, provided relief in her symptoms. Early in my career, I had children improve in their middle ear functioning after 8 or 10 treatments, for which the parents and I were delighted. Then I learned the secret of the diaphragm in children's problems, and when I began to routinely assess and treat the diaphragm, the children got better much more quickly. Now I have learned to trust my "intuition" that there is "something" at a given level of my patient's being, a problem of "mind, matter or motion."

There is a saying that smooth seas never made a great mariner. We don't become a master in traditional osteopathy from reading books, or from listening to our wise elders. We must "go to sea" and really experience the dance of healing with our patients, and then follow up and see how their body responded. It is that feedback over time from many patient interactions which hones our skills. I remember Dr. John Harakal at a Faculty Development Seminar sponsored by the Sutherland Cranial Teaching Foundation expressing alarm and distress that there were young osteopathic practitioners who were teaching cranial osteopathy with only five years of experience. He thought it was preposterous! We must have experience before we can anticipate the end. Hence my teacher's exclamation "Now you are a true potter" when all my pots on one shelf were shattered. It was more than just disappointment that I had lost a few pots. The time making those pots had not been wasted because I had increased my skill by making them. It was the visceral reaction in me because I had been told this could happen, I knew better, and I did it anyway. After that experience I really knew to carefully select which pots go on to be fired.

It takes 60 months to obtain 5 years of experience, which for most skills, is a minimum amount of time to become competent – not highly skilled, just competent. Anticipating the end is the gestalt of experience that a seasoned osteopathic practitioner brings to every patient interaction. I remember Dr. Robert Fulford remarking late in his life, that he was amazed at what he had learned in the previous few years. The better we can predict the end and the paths our patients will likely follow to get there, the more efficiently we can help guide them toward health.

CENTER YOURSELF FIRST

Karen Steele, DO, FAAO, Associate Dean for Osteopathic Medicine Education, is the author of the article "Contemplations on the Art of OMT After Thirty Years of Practice" published in the December 2008 edition of The AAO Journal 18(4): 9-11.

This article is a transcript of Dr. Steele's prestigious Northup Memorial Lecture presented at the AOA Convention in Las Vegas on October 27, 2008.

Each year, a person from the osteopathic profession is chosen to deliver the Northup Lecture, which honors Dr. Thomas L. Northup, the founder of the American Academy of Osteopathy.

Everyone knows that in the art of pottery, centering is the hardest part. Centering is at the center of pottery – and of osteopathy. But what is centering? And how do we learn to center ourselves? We learn from our wise ones, and from our patients, while we keep trying – forever. I have learned in pottery to wedge the clay well; form it into approximately the shape I want this pot to take; start the wheel; and then sit and wait. I feel the clay in my hands; watch and feel the wheel in its hypnotizing rhythm; raise my arms; and only when my whole being is focused on making the clay sit at the center of the spinning wheel do I forcefully throw the clay onto the wheel. It is the same with an interaction with a patient. We enter the room and begin interviewing the patient, at first nonverbally, and then with our questions. We decide if OMT would likely be beneficial to that patient, and if so, we obtain their consent. Then we center ourselves, and align ourselves with our patient.

When there is nothing else in our mind except that patient's body/mind/spirit, and how we will enter into a dance of healing with them, then we begin our treatment.

I learned from the potter's wheel a new found respect for the intentional decision to become focused on the task at hand, and let nothing else enter my thoughts. I learned to concentrate only on the speed of the wheel, the wetness and consistency of the clay, and the position of my hands in relation to the clay. I remember noticing the tension in my triceps muscle, as I learned to pull the clay toward me, and against the centrifugal force of the wheel. I have utilized this same concept when doing OMT, where I am not just pushing or pulling a bone or

MY POTTERY TEACHER ASKED ME “HOW LONG DOES IT TAKE TO MAKE A GOOD POT?” THE ANSWER WAS “AS LONG AS IT TAKES.” SHE THEN ASKED “WHEN IS ENOUGH, ENOUGH?” AT THAT POINT, SHE GAVE A LITTLE SHOVE AGAINST MY HAND WHICH WAS OPENING UP A POT, AND SIMPLY SMILED AND WALKED AWAY, COMMENTING THAT SHE WAS CONFIDENT I COULD STRAIGHTEN IT OUT. THESE ARE GOOD QUESTIONS TO PONDER IN THE PRACTICE OF TRADITIONAL OSTEOPATHY AS WELL.

fascial band, but balancing that body from within, allowing it to function more fully, gracefully, and comfortably. I have found this skill to be crucial in being able to treat the “rich and famous”. I remember my first time I treated my then Department Chairperson, Dr. Mike Kuchera, when I was a resident. I was so nervous that I was shaking, even though I had known him for a long time, as we had graduated only a year apart from KCOM a little more than 10 years prior, and his wife and I had been friends before I ever even met Dr. Mike. What he received was an articulatory treatment! Now I am much better able to simply interact with the center of the being on my table. I am not tied to the outcome – only to doing my best for that treatment. I can treat the wealthy, or famous, or everyday person with the same level of intent and skill. I am freed from feeling that those who travel hours or days to come to me for treatment deserve more. What they deserve is my best, which is not necessarily more. I am freed from egocentric caring what the outcome of “my” treatment will be. So I don’t feel the pressure of “proving” osteopathy to a skeptic who is giving it a try. All I have control over is what I bring to that interaction, and the patient then does with it what he or she will. It is freeing, to be centered. But it is not necessarily easy or automatic. Surely, it is much easier and automatic with practice, but I find it still requires intention on a regular basis.

And where does this centering come from? Again, taking the metaphor of throwing a clay pot, after I had learned to throw the clay into the center of the spinning wheel, then came the centering. I was using much hand strength to mould the clay, while pulling it toward me so it wouldn’t spin off the wheel. My hands got very tired, but my lumps of clay were still not centered. When I would open them, they were lopsided. They would not be pots I would put into a kiln to fire – as I learned the hard way. So, they were thrown into the clay recycling bucket, and I’d try centering another pot. I remember the “aha!” moment when I finally really understood where the strength comes from in centering. And it wasn’t that I needed more hand strength. It was strength from my core being – from my solar plexus. I learned this when my teacher put her hands over mine on my small wedge of clay, and centered my clay through my hands. She certainly had strength in her hands, but her hand muscles were gentle. Her strength was a tension in every muscle and tendon in her arms, and shoulders, and upper back, strengthened by her abdomen and lower back and the very center of her being. I got it. “What you need to do pottery is hand strength and concentration”, my teacher said when I first began pottery lessons. That was the “concentration” part she was talking about! And I use that same lesson with my patients, of centering myself before I ever begin to treat a patient, from the very center of my being, and with my whole being.

I have long felt that the reason those DOs who regularly practice “traditional osteopathy”, as the Canadians call it, are youthful in mind and spirit even into their advanced years, is because they learned the art of being in the moment, fully concentrating on the body/mind/spirit of the person on their table. I have diligently worked to achieve this skill in my osteopathic practice over the past three decades, and I still have a ways to go. Whenever my mind wanders during the treatment, my results are less optimal. Whenever my mind wanders, the child under my hands begins fussing or acting out, clearly reminding me to refocus on them. I believe the skill we develop centering ourselves, and being totally concentrated in the moment is a gift we receive from our work, and the more we are able to be totally in the moment with our patient, the more refreshed our spirit becomes. We may go home tired physically, but mentally and spiritually we have been replenished from being still and meditative with our patients throughout the day.

***Previously published by the American Academy of Osteopathy in the 2008 AOA**

WHEN IS ENOUGH, ENOUGH?

My pottery teacher asked me “How long does it take to make a good pot?” The answer was “As long as it takes.” She then asked “When is enough, enough?” At that point, she gave a little shove against my hand which was opening up a pot, and simply smiled and walked away, commenting that she was confident I could straighten it out. These are good questions to ponder in the practice of traditional osteopathy as well.

Is the end point for the treatment session when the 15, 30 or 60 minutes are up; or when we have treated from head to toe; or when the patient’s symptom is improved; or when we feel the patient has had the intervention they need for their body to work with over the next few days or weeks? Do we use the 12 or 20 treatments allowed by the patient’s insurance company as determiner of treatment end point? Or are we done when the functionality desired by the patient or parent has been achieved? I remember table training a young osteopathic physician during a seminar. He was unsuccessful in the technique he had provided to his partner. When I asked what he would do from here, he answered that he had administered the technique correctly, and there was nothing else to do. Someday, he will know that administering a technique properly and administering an effective treatment are worlds apart. But, again, that comes from years of experience.

For me, I know I am close to done for that visit or problem when I can feel the cranial rhythmic impulse (CRI) rush into the area of least vitality. I have also learned that when I do feel the CRI in that area, I am done. Or at least should be done! My toughest osteopathic teachers, my patients, have shown me that when I continue the treatment because I have more things I would like to treat; I undo much of what has just occurred in that interaction. It feels to me as if the patient’s being is pushing me away with the CRI, in essence saying “You are done; now it is my turn.”

“DO YOUR WORK, AND THEN STEP BACK.”

I have learned that I am not always aware when a healing event has occurred. I remember the first time when I became aware of the fact that I may be helping someone even when I am not feeling at my best, or have not had an awareness they were significantly changed. I was conducting a demonstration of lumbar myofascial release for a group of 3rd year osteopathic medical students soon after completion of my Neuromusculoskeletal Medicine/Osteopathic Manipulative Medicine residency. For no particular reason, which I now know was from intuitive knowledge, I placed one hand on the lumbar area and my other hand on the mid-thoracic area of the student who had volunteered to be the model, to complement the unwinding. Many months later that student told me how much that simple treatment had helped him with a chronic problem. It was my impression that nothing of significance had occurred. And so I have learned the same lesson over and over. There are days when I feel as inept as I did the first time I did an osteopathic manipulative medicine consult in the hospital, when I feel as if I have not been helpful to anyone whom I have treated that day. But I have also learned that my judgment of whether that treatment was helpful or not is not what really matters anyway. It is the patient’s opinion of that treatment which matters.

And so I continue each day, centering myself before I begin with each patient; clearing my mind so my entire being is concentrating only on that patient; knowing that I have really only begun on the path to mastery in my chosen field; letting the patient’s body tell me when enough is enough; and doing my work, then stepping back. At that moment, my job is done.

I thank you for your kind attention to my discourse on osteopathy today. I would like to thank my pottery teacher, Ms. Diana Hunt, who taught me about more than just playing in the dirt, and my patients, who have taught me everything I truly know about osteopathy.



Guy DeFeo, DO, President of the American Academy of Osteopathy with Dr. Steele.

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WANTED

Do you consider yourself the poster child for the WVSOM school mission? Are you a physician practicing primary care medicine in a rural area of West Virginia or some other state? Or do you just have an interesting story to tell about your medical practice, something you believe is extraordinary... different from the norm...unique?

If so, we want to hear from you. Send us a brief email that summarizes what makes your story interesting. You can contact Jeff Cobb, Public Relations Specialist, at jcobb@wvsom.edu.

We look forward to hearing from you!



PHIL CHUA, DO, Class of 1999
MINDY CHUA, DO, Class of 2001
 Chua Family Practice in Elkins, WV

What is the most rewarding aspect of rural practice?

Living in a community where no one is a stranger. Plus, the opportunity to raise our children on a farm close to my family.

What adjustments to living in a rural community?

We both grew up in rural areas. The Internet makes it possible to do much of what we could do in an urban area, but without all the hassles and drawbacks of living in a larger city.

What do you tell students who ask you about rural practice?

We tell them that rural practice is very challenging and very rewarding, but it is not for everyone.

How do you feel WVSOM helped prepare you for medical practice?

WVSOM is a very supportive community. We trained in rural areas and were exposed to it so we knew what to expect. During our clinical rotations, we discussed at length the pros and cons of rural practice with our preceptors. Most importantly, we learned the acceptance of culture and religious beliefs in the practice of medicine.

“THE INTERNET MAKES IT POSSIBLE TO DO MUCH OF WHAT WE COULD DO IN AN URBAN AREA, BUT WITHOUT ALL THE HASSLES AND DRAWBACKS OF LIVING IN A LARGER CITY.”



A NEW ERA: Richard Rafes

story by JEFF COBB
photos courtesy of East Central University

WVSOM is pleased to welcome Richard Rafes, JD, PhD, the fifth president of West Virginia School of Osteopathic Medicine.

Following an extensive national search, the WVSOM Board of Governors selected Dr. Rafes as the successor to Dr. Olen Jones. “We welcome Dr. Rafes to WVSOM”, said Sharon Rowe, Chair of the WVSOM Board of Governors. “We are indeed fortunate to have an individual with his credentials and experience to assume the presidency of WVSOM.”

Prior to assuming leadership at WVSOM, Dr. Rafes served as president of East Central University (ECU) in Ada, Oklahoma. ECU is a comprehensive student-centered regional public university with 69 academic program offerings and about 4,500 students.

Rafes, 57, has also served in various capacities for 26 years at the University of North Texas (UNT) and the University of North Texas System (University of North Texas, University of North Texas Health Science Center at Fort Worth and University of North Texas at Dallas). His last position at UNT was Senior Vice President for Administration. UNT is the third largest university in Texas.





Dr. Richard Rafes chats with students outside his new office.

The University of North Texas Health Science Center at Fort Worth developed from its first college, Texas College of Osteopathic Medicine (TCOM), into a comprehensive health science center. Dr. Rafes was intricately involved as general counsel in the development of the osteopathic medical school and the health science center. He served as a faculty member in the College of Education at UNT for 25 years as well as the College of Business Administration. At TCOM he taught medical jurisprudence and medical ethics to osteopathic medical students.

Dr. Rafes holds a Bachelor of Arts degree in government from Lamar University. He also earned a Doctor of Philosophy degree in higher education administration from the University of North Texas, and a Doctor of Jurisprudence degree from the University of Houston Law Center.

In accepting the appointment, Dr. Rafes said, “I am thrilled to join the outstanding team of faculty and staff at WVSOM and work to further the institution’s mission of educating primary care osteopathic physicians for rural communities.”

“My wife Tommye and I look forward to becoming active members of the Lewisburg community and are most appreciative to the Board of Governors for affording us this wonderful opportunity.”

Rafes said his wife is originally from Williamsburg, VA, and they both had an interest in coming to the East coast. The couple has three daughters. Their youngest daughter, Courtney, is a junior at Texas A&M studying physical therapy, daughter Rachelle graduated from Texas Tech and currently works as an intern for Lucent Technologies in Budapest, Hungary, while oldest daughter Megan is a second-year osteopathic medical student at Texas College of Osteopathic Medicine at the University of North Texas Health Sciences Center at Fort Worth.

Rafes takes over an award-winning medical school that is in the black. The college campus has increased from one building in 1987 to currently 13 facilities. The school has spent more than \$37 million on campus construction and renovation projects in that time. Enrollment has also increased from 200 to 700 students and is projected to reach 800 students by Fall 2009. The college has been nationally ranked by *USNews and World Report* magazine for 10 consecutive years.

“We had three wonderful candidates, but Dr. Rafes had the experience necessary and the board is convinced that he is the right person to lead this institution,” said Mrs. Rowe.

In accepting the position, Rafes said the move would fulfill a lifelong dream of becoming a medical school president. “Richard Rafes has made remarkable improvements at ECU during his presidency. Although he will be missed, the regents of the Regional University System of Oklahoma join me in wishing him well in his new position,” remarked Joe Anna Hibler, chair of the

“My wife Tommye and I look forward to becoming active members of the Lewisburg community and are most appreciative to the Board of Governors for affording us this wonderful opportunity.”

Board of Regents of the Regional University System of Oklahoma.

During his time at ECU, Rafes oversaw the expansion of academic programs, enhancement of student development and improvements in athletic facilities. The university has made important strides in community advancements including the development of the Arts District of Ada, Centennial Plaza, Centennial Fountain and the near completion of the Hallie Brown Ford Fine Arts Center.

Rafes is also known as a dynamic fundraiser. Under his guidance, ECU experienced significant growth in fundraising and grant awards. According to the Integrated Postsecondary Education Data System, ECU is one of the top recipients of grant awards for comparable universities in the nation.

WVSOM MAGAZINE SITS DOWN FOR A Q&A WITH PRESIDENT RICHARD RAFES

You have said previously that your dream has always been to lead a medical school. Can you explain why you are drawn to medicine – specifically osteopathic medicine – and why you think WVSOM is the right fit for you?

Medicine has been an intricate part of my entire life. My father was a dedicated physician for over four decades and other family members and relatives are also part of the profession. Megan, my oldest daughter, is currently a medical student at Texas College of Osteopathic Medicine (TCOM) and Courtney, my youngest daughter, is majoring in physical therapy at Texas A&M University. In 1980, after serving in the Texas Office of the Attorney General, I became General Counsel of the University of North Texas and TCOM. I worked closely with the administration, faculty, staff and students at TCOM (now a college within the University of North Texas Health Science Center at Fort Worth) for over 20 years and enjoyed being a part of its development. I also had the opportunity to teach medical jurisprudence and medical ethics at the health science center. Like TCOM, WVSOM is an outstanding medical school with significant successes and opportunities for enhancement. The opportunities for enhancement, the beautiful setting in West Virginia and the location near my wife's parents initially attracted me to the school. It was our visit to the campus and meeting with the administration, faculty, staff, students, community members and my previous meeting with the board that piqued our interest in WVSOM.

WVSOM's principal role is to address the needs of rural primary care; do you think the school's role goes beyond that?

Medical schools have numerous critical roles including advancing the science of medicine, performing research, participating in public service, educating the public in health care, continuing to educate the profession and advancing the osteopathic profession – just to name a few.

Do you have any immediate or future plans to incorporate additional allied health training programs into WVSOM's educational offerings?

The addition of new programs is contingent on numerous factors including needs within West Virginia; political, board and faculty support; adequate funding; appropriate timing and necessary staffing. Given these factors, I cannot predict when, if at all, we will add other health related programs. I would be less than candid, however, if I did not indicate that I want to explore all opportunities to advance our school including program development.



Rafes attended Culver Military Academy in Culver, Indiana, where he starred on the football team.

You are only the fifth president in WVSOM's 34-year existence. How do you feel about that stability and continuity, considering some executives don't often stay in one job for very long?

The longevity of the previous presidents is an indication of the strength of the school and its mission. I have had an opportunity to visit with President Olen Jones and was impressed with his obvious dedication and love for the school. The school has made incredible advancements under his leadership.

WVSOM has enjoyed great success in the last 10-15 years. In your opinion, what are the keys to keep the ball rolling in a positive direction?

I believe it is important to continue to support what we do best and seek ways to enhance the school as opportunities arise. The teaching and advancement of osteopathic medicine must remain prominent.

Along those same lines, what is your vision for WVSOM's future?

I would like to work with the Board, faculty, staff and students to develop a specific vision for the school. Certainly, we would want to continue our excellence in the field of osteopathic medical education and continue to expand our reputation both within West Virginia and throughout America. With those fundamental principles as our core, I can see the possibilities of expanded success in the areas of research and grants, advancement and fund raising, development of additional partnerships, program expansion and student-centered initiatives along with other possibilities.

Retention of physicians is always a challenge for rural states such as West Virginia. What sort of fresh approaches might you bring to this issue?

The factors that attract and retain physicians and other faculty to our school are likely no different than in any other educational institution and business: compensation and benefits, quality of life, working environment and the support from the administration and other colleagues. There are ways to positively affect each of these factors and we will look at fresh and new approaches to do so. In my opinion, our location in such a beautiful part of the country is an additional positive factor to attract and retain outstanding faculty.

You are coming into a unique situation because outgoing President Olen Jones is leaving WVSOM in such good shape. Do you feel this will give you an advantage early in your administration, considering so many new presidents have to come in and deal with problems and issues left over from the previous administration?

I am so grateful to President Jones for his leadership and all that the administration, faculty and staff have done to make this school so successful. It will certainly help me in all my efforts to enhance what has been accomplished.

WVSOM is currently debt free. With the present economic situation facing our nation, do you think the school will continue to operate in the black?

We must continue to present to the Board a balanced and responsible budget. Through sound financial stewardship and a conservative fiscal approach, WVSOM has been able to avoid long term debt and increase its assets. Hopefully the funding from the State and other resources will allow us to continue on that path. However, bond indebtedness, when judiciously utilized and needed to advance the institution, is not incompatible with wise fiscal management.

With a daughter in medical school, you're aware that tuition costs are high at medical schools across the country. WVSOM is no exception. Do you have some ideas that might help keep tuition costs down?

Assuming West Virginia is in a similar position as most of the rest of the country, the economic downturn will negatively affect State support and funding needs. Still, we must be mindful that tuition increases will negatively affect recruitment of students and saddle current students with additional significant debt. We must balance this concern against our desire to continue to provide an exceptional educational experience to our students by utilizing state of the art equipment and retaining quality faculty and staff. Having said that, there are certainly opportunities to increase revenue through increased grant production, fundraising, partnerships with external entities and perhaps program expansion. As I stated earlier, we will need to evaluate the opportunities and look to create others.

Concerning the institution's infrastructure and physical plant, what are your impressions? Any aspect strike you as particularly well done, or possibly lacking?

I am positively impressed with its condition. I am told that there is no deferred maintenance needs, which is quite rare for a public higher education facility. Once again this is a tribute to the previous administration's stewardship.

Since you have spent most of your life and career in Texas and Oklahoma, do you think there will be any adjustments – geographically, culturally, and professionally – to living in West Virginia?

I believe any time someone moves to another part of the country there is the likelihood that there will be a period of adjust-



Clockwise from bottom left: The Rafes girls (l to r): Megan, Courtney and Rachelle; Hangin' with the band (l to r): Tommye, Richard, Charlie Daniels, and Courtney; Old habits die hard as Dr. Rafes, a football star in his high school days, runs the bootleg option pass.



ment. My last three positions placed me in a thriving large city of Austin, Texas, a smaller community of Denton, Texas and the rural life of Ada, Oklahoma. While I am comfortable in each of these settings, Tommye and I prefer the small town rural communities so I don't anticipate any major adjustments based on location.

A related question: What kind of different challenges will come with leading a professional graduate school as opposed to an undergraduate institution such as East Central University?

Obviously, there are many similarities and differences between the two environments. My experience at the University of North Texas and the University of North Texas Health Science Center at Fort Worth, provided me the opportunity to observe the similarities and contrasts between graduate and undergraduate institutions. Perhaps the most significant difference will be the expectations of the external and internal constituencies. In a professional school, student academic success is measureable and a dominate factor. Relationships with alumni must center on the enhancements needed to continue to make the institution academically successful and to provide the best environment for learning. There is, of course, significantly less diversity in programs and activities. The educational environment is more focused and the stakes for success at the highest level.

You have a formidable track record of capital fundraising at ECU. Do you feel that is one of your strong suits, and do you see yourself continuing in that capacity at WVSOM?

In today's higher education world, fundraising, whether for capital projects or scholarships and endowments, is critical to success. While I do anticipate increased challenges due to the economic climate of the country, fundraising will need to be a top priority. As stated earlier, pursuing grants and partnerships will also need to be explored. I am hopeful our past success in fundraising will continue in the future, especially after the economy recovers.

When people think of WVSOM, what do you want to be the first thing that comes to their minds?

A nationally ranked osteopathic medical school that provides an outstanding education to its students so that they can fulfill the mission of the school to provide rural primary care. I want them to know that our institution focuses on student success and is a leader in the education of osteopathic medicine.

FINDING Vietnam

Perched at the bow of the boat, barefoot and teetering at its edge, a small-framed Vietnamese woman paddles with a slow determination deeper into the narrow, sinewy tributary of the Mekong Delta. Steadily, she and her passengers meander through one of the world's largest "rice baskets" until

they reach their destination – Unicorn Island – a place where ancestor worship is as strong as anywhere in Vietnam, many buried in centuries-old graves that press up against the homes.

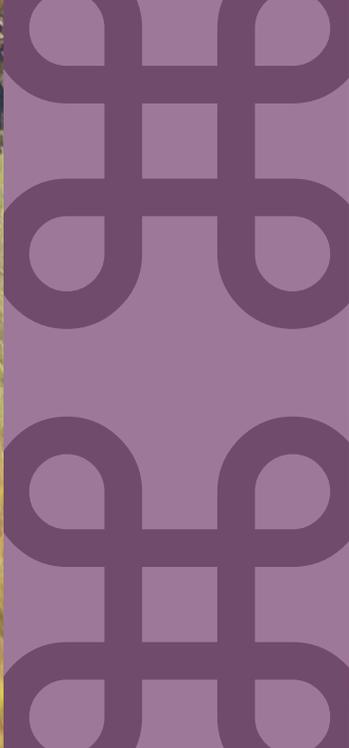
One of the lucky passengers on this voyage to the island with the fantasy-inspired moniker is WVSOM graduate Dr. Rhonda Hamm, DO, (Class of 1993), a psychiatrist with a private practice in Lewisburg,

WV. Dr. Hamm owns and operates Willow Ridge, a private mental health facility. Working with Dr. Hamm at Willow Ridge are a nurse practitioner, two psychologists, and three therapists. One therapist specializes in trauma, one in substance abuse and one who works with families and children. Started by Dr. Hamm in 2002, Willow Ridge provides psychological and counseling services to families struggling with mental illness and life crisis in the Greenbrier Valley.



story by JOSH BALDWIN | photos by RHONDA HAMM, DO





Late in 2007, Dr. Hamm received a letter in the mail from People to People Ambassador Programs, a voluntary effort of private citizens that brings distant colleagues from around the world face to face, creating a forum to share innovative ideas.

"I thought everybody got a letter," jokes Hamm, who at the time regarded the correspondence as yet another piece of profession-generated junk mail. "But a colleague from Michigan had also gotten a letter and encouraged me to go with her." In the end, Hamm's friend couldn't make it, but Hamm soon found herself half-way around the world, in a country America had been at war with only a little over a quarter century ago.

This particular People to People delegation was led by Pedro Ruiz, now the World Psychiatric Association president, and who at the time was the American Psychiatric Association president. The delegation consisted of mental health professionals from across the country, including the current APA President, Nada Scotland, as well as the first female APA President, Carol Nadelson. Hamm, the only West Virginia psychiatrist and the only DO in the group, points out that their delegation consisted of more psychiatrists than the total number practicing in Cambodia.

As a consequence, some of Vietnam's mental health practices are 20 to 30 years behind the U.S. Where in the U.S. mentally retarded patients have slowly assimilated into mainstream society and culture, Vietnam hospitalizes their patients in wards. Similarly, formularies are insufficient for the needs of the country's patients. Although Hamm points out they are comparable to that which are often used in the American penitentiary system.

"Some folks were quick to criticize the lack of a decent formulary, but I would say we shouldn't criticize too sharply when we have problems right here at home that need fixed," she says.

Hamm also observed a marked difference in the cultural approach to medicine as a whole. Home remedies were popular. People only went to the hospital for injuries, not sickness. The people ate healthy, if not abundantly.

"I didn't see any cases of obesity. High blood pressure and heart attacks are a more rare occurrence," says Hamm.

Across the border and over into Cambodia, Hamm found herself peering into a people's psyche that, like Vietnam, had been ravaged by war and violence. When asked about the psychological effects of war from the southeast Asian perspective, Hamm shifts into anecdotal mode to illustrate the polar dispositions between the East and the West regarding war.

"Everywhere I went, especially in Cambodia, the people were extremely friendly and happy, even though they were such a pained and impoverished people.

Hamm's tour guide had a mother that died in the Killing Fields under the Khmer Rouge. He didn't know where she was buried, which in Cambodia is a pretty big deal. Somewhat curious of the strength of the Cambodian spirit in the face of tragedy, Hamm inquired of her guide's optimism.

"How can your people be so happy all the time?" she asked.

"We're Buddhists," the man replied, shrugging his shoulders with an air of lightness. "Yesterday was in the womb, tomorrow is in the tomb. We live in today."

"Everything the people of Vietnam and Cambodia have been through," explains Hamm, "creates a psychological situation where their psyches are not safe enough to process the trauma in their past."

"Post-traumatic stress disorders usually develop later in a patient, after they've been removed from the event long enough to feel safe again. The people of Vietnam and Cambodia have yet to reach that point of security. Some of them are still trying to figure out where their next meal is coming from."

Reminders of the Vietnam War are widespread across the region. In fact, Vietnam itself has marketed many of the

conflict's iconic locations and structures as major tourist attractions, something known as war tourism.

"The first trip we took as a delegation," recalls Hamm, "was to Reunification Palace, which was the home and workplace of the President of South Vietnam during the war"

During the first days of the trip, Hamm also made a special visit to the Cu Chi Tunnels. These narrow, underground tunnels were used by Vietcong guerillas as hiding spots, as well as communication and supply routes, food and weapon caches, and, sometimes, living quarters. Knowing the strategic advantages of the tunnels for the Vietcong, American forces soon launched campaigns to

POST-TRAUMATIC STRESS DISORDERS USUALLY DEVELOP LATER IN A PATIENT, AFTER THEY'VE BEEN REMOVED FROM THE EVENT LONG ENOUGH TO FEEL SAFE AGAIN. THE PEOPLE OF VIETNAM AND CAMBODIA HAVE YET TO REACH THAT POINT OF SECURITY. SOME OF THEM ARE STILL TRYING TO FIGURE OUT WHERE THEIR NEXT MEAL IS COMING FROM.

locate and destroy the tunnel system. These soldiers came to be known as tunnel rats, a term Hamm knew all too well.

"I have had patients here in the U.S. that were tunnel rats. I had to go see the tunnels for myself," she says. "Vets would tell me stories of the Vietcong hanging venomous snakes from their tails throughout the tunnels so that American soldiers trying to clear the tunnels would walk into them face first."

For many soldiers, the tunnels held the unknown – a pitch-black void where the dark corners of your nightmares became ever so real.

"The tunnel rats never knew what awaited them if they had to drop into the tunnels in pursuit of the enemy," explains Hamm. "The Vietcong often deserted their dead and dying in the tunnels and veterans would describe the putrid smells they would encounter. In the brain, the sense that is directly hard wired is smell. The rest of our senses



go through the cerebrum, which means we can think before responding to the sensory input. Smell isn't like this, therefore it can stimulate flashbacks and memory better than other senses."

Hamm also wanted to visit the tunnels for their metaphoric realization of how trauma victims 'go underground.'

"Often victims of trauma will isolate themselves from other humans – they will avoid human contact. By going into the tunnels the Vietcong could live to fight another day. They could survive. This is how I see trauma victims survive.

"The tunnels were extremely small. Some exits were so tight you would have mud smeared on both shoulders after crawling out. Just absolutely frightening."

Journeying further into the heart of Cambodia, Hamm discovered a women's shelter that, for her, left a lasting effect in its earnest efforts to assist women in a patriarchal society steeped in poverty and disadvantages.

A group of Cambodian women ran the domestic abuse shelter that serviced thousands of women. The executive director, Oung Chanthol, was a recent graduate of Georgetown University in Washington, DC, and had returned to her native land to help others. The Cambodian Women's Crisis Shelter now helps to educate the women, as well as assist them in job and home hunting.

"I was proud of what they were able to do with little resources. They were probably 95% volunteer, and many of the volunteers took abused women into their own homes. At one point, the director showed me a list of all the foreign aid they had received. I was embarrassed that all of these other countries had given money to them and the U.S. wasn't even on the list." To this, Hamm points out that many of the psychiatrists in the delegation gave resources and donations to the shelter.

On the lighter side of Dr. Hamm's trip abroad was the issue of food. While Vietnamese and Cambodian diets are rooted in the simplistic, Buddha-nature of rice,

their influences range from Thai and Chinese to French. (The French, under Napoleon III, invaded Vietnam in 1858 and wielded political and cultural influence there until the Geneva Conference of 1954 ended their colonial presence.)

Most intriguing to Dr. Hamm was the mysterious and somewhat bad-boy aura that surrounded a particular fruit called *durian*. Known as the "King of Fruits" in Cambodia, the fruit is notorious for its... odor, to be polite. Its ferocious-looking, thorn-covered husk also makes it appealing to thrill seekers, as long as you're not standing under one when it falls from a tree.

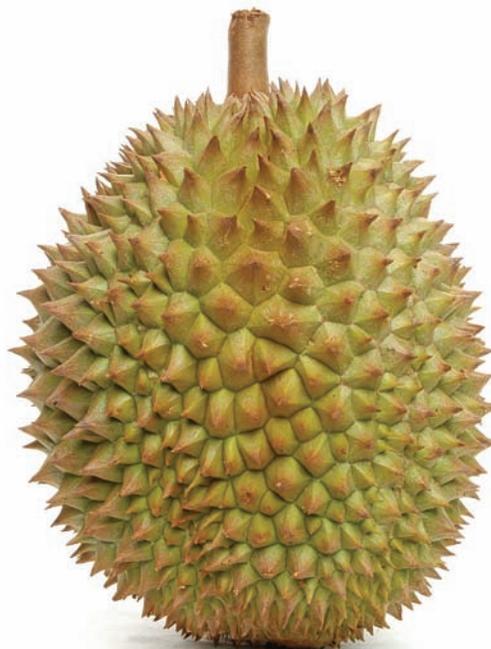
"I had heard that having durian fruit in your hotel room was a \$200 fine and that alone made me want to try one," Hamm joked.

Instead of some ceremonious event, however, Hamm found herself accidently filling her plate with what she believed to be a scoop of mango ice cream. Instead, it was the not-so-elusive durian fruit which, according to the doctor, earns every last penny of the fine attached to it.

"It was the nastiest thing I've ever tasted in my life. I couldn't get the scent of it off of my plate. I actually feel sick just talking about it."

Today, Dr. Hamm is back in her offices at Willow Ridge, free of the scent of durian but still enjoying the memories from her trip. Asked what medical insights she has brought into her own practice here, Hamm responds – "gratitude."

"On a bad day I cannot imagine what these people endure. I feel so very blessed where I can worship, think and believe as I choose. I try very hard to live as I saw these people live – not worrying about the future or dwelling on the past, but staying in this day. I try to help my patients recognize what they have. I am thankful I have medications and professionals available to help others. This isn't true everywhere. How hard it must be to try to heal others with so little to offer."



WVSOM CEREMONY HONORS PROFESSORS EMERITI



Professor emeriti (l to r): John Chambers, PhD; Mike Cope, PhD; Bill Martin, PhD; Art Mashburn, PhD; Jim Wells, PhD; Larry Davis, PhD; John Mugaas, PhD; Howard Hunt, DO; Marlene Wager, DO.

WVSOM honored 18 former faculty members during a “Professors Emeriti” ceremony on the WVSOM campus this past December.

According to faculty marshal John Schriefer, PhD, Professor of Pharmacology, the ceremony was a way for the current faculty and administration to “pay homage to those who have contributed significantly to the success of the institution and its graduates throughout the school’s history.”

School president Dr. Olen E. Jones, Jr., PhD, dedicated a plaque which will hang in the WVSOM Library bearing the name of all the WVSOM faculty members who have earned Emeritus status at WVSOM. Several of the honorees were on hand for the ceremony.

Those honored were: John Chambers, PhD; Michael Cope, PhD; Larry Davis, PhD; Paul Herr, DO; Curtis Higginbotham, PhD; Francis Higginbotham, PhD; Pat Hudgins, PhD; Art Hupka, PhD; Howard Hunt, DO; Paul Kleman, DO; Bill Martin, PhD; T.A. Mashburn, PhD; John Mugaas, PhD; Thomas Schooley, DO; Kuldeep Teja, PhD; Norma Vincent, PhD; Marlene Wager, DO; and James Wells, PhD.

Dr. Jones pointed out that WVSOM’s professor emeriti keep certain privileges at the institution even after retirement. “But you never need an invitation to come around. We appreciate all you’ve done and value your advice and expertise,” said Dr. Jones.



Dr. Hibler Receives Distinguished Alumni Reward

John Hibler, DO, from the Class of 1979 was presented with the inaugural Distinguished Alumni Award during the WVSOM Mid-Winter CME held at the Embassy Suites Hotel in Charleston, WV on February 6-8, 2009.

Dr. Hibler was chosen for the award out of the 1,899 WVSOM alumni who are practicing medicine nationwide. Shannon Warren, Director of Alumni Affairs, said: "We have so many wonderful alumni doing great things that the award was established by the WVSOM Alumni Association Board to start recognizing them."

The chosen recipient must be: a graduate of WVSOM; an active member of WVSOM Alumni Association; involved with or retired from the actual practice of medicine or retired from serving as a medical educator; committed to the concepts of osteopathic medicine; and must be an outstanding contributor to WVSOM or WVSOM Alumni Association.

The final decision is made by the WVSOM Alumni Association Board of Directors.

Dr. Hibler was chosen on the basis of his overall support and love for WVSOM. He has given to the WVSOM Foundation's "5 for 5" Campaign, the Fredric W. Smith Scholarship fund, and the Gwen Clingman Scholarship fund. He also served as a guest lecturer for the Skin System at WVSOM from 1989-2003 teaching 14 of 30 classes of WVSOM graduates, and a preceptor of WVSOM students on rotations at his practice. Dr. Hibler often lectures for the WVSOM Foundation CME



Top: WVSOM President Dr. Richard Rafes congratulates John Hibler, DO, on his Distinguished Alumni Award. Bottom: Hibler lectures at the CME.

programs and is also a past member of the Alumni Association Board of Directors.

Robert Holstein, DO, Alumni Association Board Member and classmate of Dr. Hibler, presented Dr. Hibler with a signature Blenko glass vase made here in West Virginia. It is etched with the alumni logo and the words: "Distinguished Alumni 2009." He and future recipients will also have their photographs placed "in perpetuity" on the walls of the Roland P. Sharp Alumni Center.

Dr. Hibler currently practices dermatology in Zanesville, Ohio.



Robert Holstein, DO, presents the Distinguished Alumni Award to Dr. John Hibler.

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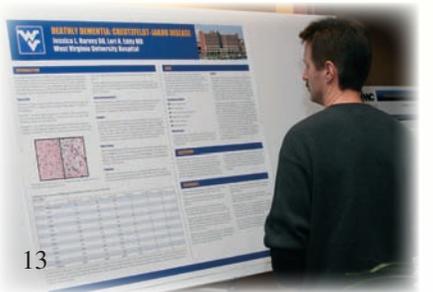
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City National Bank and Bank of Monroe Contribute to WVSOM Foundation's “5 For 5” Campaign

Congratulations to Bank of Monroe and City National Bank for becoming the newest “Community Business Leaders” in the West Virginia School of Osteopathic Medicine Foundation’s “5 for 5” capital funds campaign.

Bank of Monroe President Ralph Mann recently gave Dr. Mike Adelman and Sally Cooper, both of WVSOM, a special tour of the additions to their current facility. The additions are more than doubling the size of the bank with a spacious board room, loan offices and extended banking facilities.

WVSOM graduates have practices in 48 of our states 55 counties and locally, the Robert C. Byrd Clinic sees upwards of 50,000 patients per year. “Looking at numbers like these, it is easy to see why the Bank of Monroe sees WVSOM as a valuable resource and partner in what makes our community as special as it is,” says Sally Cooper of the WVSOM Foundation.

The Bank of Monroe is also now conveniently located in Lewisburg as well as Union.

City National Bank has a long history of partnering with WVSOM. Whether it’s bringing their ever popular ‘Money Machine’ to campus for fundraising events, participating in Orientation Week with an information booth or providing banking and loan needs of students and faculty, City National Bank has demonstrated their care and concern for the WVSOM community.

“City National Bank is proud to partner with the WVSOM Foundation to support our community. City National Bank recognizes and values WVSOM’s positive economic impact on our region and wants to support their efforts and this campaign,” said Barbara Phillips, Vice President/Retail Region Manager for City National Bank of West Virginia.

As the Class of 2012 begins their journey of becoming Osteopathic Physicians, contributions to the 5 For 5 campaign provide unrestricted dollars to WVSOM which provide resources the state can not and does not supply. Unrestricted dollars provide scholarships, state of the art technology, continuing medical education programming for physicians, research grants and faculty development.

When your business becomes a participant in the WVSOM Foundation’s 5 For 5 campaign, you become a part of a prestigious group that is securing the future of our community’s medical health needs.

For more information about how you or your business can become a part of this exciting campaign, contact Sally Cooper, 304-647-6374 or go to www.wvsomfoundation.org.



More and more members of the surrounding community are becoming 5 for 5 Community Business Leaders. Top: Barbara Phillips, Vice President for City National Bank and Dr. Mike Adelman. Bottom: Bank of Monroe President Ralph Mann with Dr. Adelman.



WVSOM 2009 SUMMER SEMINAR

KINGSTON PLANTATION
MYRTLE BEACH, SC

JUNE 17-20, 2009

Save the date June 17-20, 2009 for didactic lectures, hands-on workshop sessions, and evidence based presentations.

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Visit www.wvsomfoundation.org for program updates and to register online for early registration fees.

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Sponsored by the WVSOM Foundation, Inc. this program anticipates being approved for 20 hours of Category 1-A CME credit pending approval by the AOA CCME.

For best selection, make your reservations early as the block fills quickly. To make reservations call 800-876-0010 and use group code: *WSO*.

Plantation Villas: WVSOM has blocked one, two, and three bedroom lakeside villas for conference attendees. These units are completely furnished, including fully equipped kitchens, all linens, and washers and dryers.

1 bedroom	\$198 per night
2 bedroom	\$249 per night
3 bedroom	\$299 per night

Brighton Tower: WVSOM also has blocked some guestrooms and condos in Brighton Tower

1 oceanview king guestroom	\$174 per night
2 bedroom oceanview condo	\$299 per night
3 bedroom oceanview condo	\$429 per night

Hotel rooms are also available in the resort's oceanfront Embassy Suites Hotel. Regular seasonal rates will apply to any units not in the block. Rooms in the WVSOM block are available June 13-21, 2009.

To qualify for conference rate, reservations must be made by May 10, 2009



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