We would like to acknowledge the support and contribution of Dr. and Mrs. Philip Pumerantz, Debra Nelson, Graphic Designer, WesternU Communications/Publications Department & all creative individuals who submitted artwork & poetry. Without them, this issue would not have been possible.

Cover photos by Anna Cao, DO ‘09 and Vincent Wu, DO ‘10
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Greetings to all. As editors working together to compile this year’s Humanism Magazine, we have had a challenging yet meaningful experience. This year’s edition includes works of writing, poetry, and art from a diverse group of students, faculty and staff. The theme of this year’s journal focuses on the idea of “where we’ve been, where we’re going.” As the university undergoes changes in its physical and educational makeup, we found this theme to be most appropriate. Many students on campus have had unique experiences that they have generously shared with the campus community in this journal. We all realize that the journey towards becoming competent and compassionate health care professionals is not always a smooth one but remaining positive and strong during the process increases one’s chances at achieving success. Each of us has experienced special and unique moments that individualize our personalities and give character to our identities. Western University of Health Sciences welcomes this diversity and by sharing our experiences and thoughts of “where we’ve been, where we’re going,” we contribute to the rich diversity on campus. As the university continues to grow, each one of us also grows in one way or another on a daily basis, even if we do not realize it. We appreciate the contributions we have received for this journal and urge the campus community to read and to enjoy the creativity and insight found inside this magazine.

Behnaz Esther Behmanesh, DO ’10 and Sadia Ghaffar, DO ’10, Co-Editors
Each of us has our own unique journey in life and we create change by joining our paths with those of others. Our community at Western University of Health Sciences is enriched by every one of us who joins in its collective mission. This edition of the Humanism Journal celebrates our accomplishments and future together.

To progress, each of us must question what is. We need to be present and alert, identifying things we can do to make the world a better place. We should act and be involved. Individually we might drive a car that uses less gas, perform medical services for people or animals in need, or work through legislation to improve conditions. Imagine what is possible when we act collectively!

As compassionate and thoughtful professionals, we recognize that the future of the health professions is the unifying concept of “One Medicine.” The connectivity between human, animal and environmental health is demanding our attention. To meet that need, we are beginning a journey where students from all programs practice collaborative problem solving and case management. Our diverse university community is strategically positioned to prepare our students for the real needs of tomorrow’s world.

As we strengthen ourselves, we strengthen our community. As Gandhi said, “We must be the change we wish to see in the world.” We learn from the past, live in the present, and plan for the future. This is where we have been and where we are going.

Beth Boynton, DVM and Heather Nevill, DVM, Advisors
Western University of Health Sciences was founded as the College of Osteopathic Medicine of the Pacific (COMP) with the matriculation of scarcely more than 30 students. Thirty years later, the university has grown to encompass five colleges with more than 2,000 students and more than 200 full-time faculty.

Throughout this growth, WesternU has maintained the same core values—caring, compassion and humanism. These basic tenets continue to enhance the ongoing expansion into additional health care disciplines.

The five colleges—COMP, the College of Allied Health Professions, the College of Pharmacy, the College of Graduate Nursing, and the College of Veterinary Medicine—will be joined by four new colleges as part of the university’s Strategic Plan. The College of Dental Medicine, the College of Optometry, the College of Podiatric Medicine and the Graduate College of Biomedical Sciences will be housed in a four-story academic building to be constructed at the east end of campus, and in an adjacent clinical building just west of Towne Avenue.
The new deans are already on board with a commitment to help create a new model that builds partnerships among all health professionals. Our new colleagues, along with our present deans, give us a critical mass of talent, experience, brainpower, creativity, and collegiality all in one place. This is a veritable unity of disciplines that can be described as a rich symphony of education.

The centerpiece of our Strategic Plan is the establishment of a unique, interprofessional curriculum that will truly make WesternU a pioneer among health care educators. This unity of professions reflects the notion of “one-health; one-medicine; one-vision.” We anticipate that the curriculum we will produce will revolutionize medical education in this country and break down the silos that characterize so many health professions campuses today. In this curriculum, students from many disciplines will learn together in the classroom, in small group venues, and in clinical experiences with patients.

The Strategic Plan that a couple of years ago may have seemed nearly impossible, today is a reality. With the enthusiastic support of the Trustees, we are designing the greatest asset of our university—its future. While the Strategic Plan is filled with the excitement of an adventure, it also is infused with the confidence that it can be done because of our track record of accomplishments.

When all of the new classes are enrolled, Western University will have more than 2,600 students and more than 300 full-time faculty. It will rank among the most comprehensive health science universities in the United States. But we will not stop there. Our plans call for adding a College of Public Health before 2012. At that point, we will have ten colleges on campus, almost 4,000 students, and more than 400 full-time faculty.

Where we’ve been: a dynamic college with a singular vision and mission that has grown into a successful, vibrant, thriving, and growing university.

Where we’re going: a university that is poised to grow even more dramatically in the next 30 years, and one that is ready to provide unprecedented contributions to the health and welfare to all of the beings of our planet.

And the guiding principle unifying this growth is one-health; one-medicine; one-vision.
By S. Evadney Hamilton, Executive Relations Associate, Academic Affairs

Ask anyone hired by the Provost and Chief Operating Officer, Benjamin L. Cohen, DO, and they will share with you his favorite interview question: “If we were toasting your finest accomplishment 10 years from now, what would it be?” A 10-year span is Dr. Cohen’s concept of time; he lives, breathes, eats and sleeps around the Strategic Plan and its components. Why does the Strategic Plan have so much significance to Dr. Cohen? Dr. Cohen will tell you that “the Strategic Plan is the blueprint of WesternU’s future; it is the DNA of WesternU’s students, alumni, faculty and staff; and lastly, it is the nucleus of WesternU’s organizational structure.” Thus, the Office of Academic Affairs, under the guidance and leadership of Dr. Cohen, is charged with the development, implementation and pre- and post-assessment of the components outlined in the Strategic Plan.

How did the Strategic Plan begin? In 2004, Dr. Cohen spearheaded the initiation of a Ten-Year Strategic Plan (Strategic Plan). WesternU’s Board of Trustees and President, Philip Pumerantz, PhD, had the foresight to approve the Strategic Plan in December 2005 and issue a resolution in May 2006 to begin implementation of the Strategic Plan. The objectives of the Strategic Plan consist of: 1) expanding the campus via renovation and/or new construction projects; 2) adding five new colleges: dental medicine, graduate biomedical sciences, optometry, podiatric medicine, and public health; 3) increasing research and evidence-based medicine practices; 4) enhancing the five existing programs: osteopathic medicine, allied health professions, graduate nursing, pharmacy, and veterinary medicine; and 5) addressing the projected health care work force shortages and responding to the Institute of Medicine’s recommendation to remove the individual silos that exist in health professions education.

How was the Strategic Plan launched? Championed by President Philip Pumerantz, the renovation of the Campus Esplanade (Esplanade) began in June 2006. Why launch the Strategic Plan with the modification of the Esplanade? The Esplanade is the hub and the heartbeat of WesternU. Like arteries and veins flowing from and to the human heart, the Esplanade flows seamlessly to and from each University building that houses WesternU’s health science programs, Research Center and University Student Affairs, and unites the University’s administration offices to WesternU’s students, faculty and staff.

Adjacent to Dr. Cohen’s office doorway, hangs a picture of the Esplanade with an encapsulation, crafted by Dr. Cohen, Walkway to the Future. When visitors see this framed image and read its title, they clearly understand that the Esplanade is more than a path through WesternU’s campus. The gates of some century-old academic institutions are etched with inscriptions that echo exhortations of greatness to entering students and departing alumni. In contrast, as Dr. Cohen proudly notes, “WesternU, in its thirty years of existence, has developed a culture that is founded on the principles of osteopathic medicine and steeped in the values of ‘humanism, care, and compassion’ that underline WesternU’s mission statement.” The Esplanade is a symbol of WesternU’s cultural journey, and as the surrounding buildings are built or renovated, the University’s mission evolves as a legacy for its students and alumni. WesternU students need no inscribed prediction of the caliber of their educational experience. Every day, as WesternU students walk along the Esplanade or engage in dialogue with each other on the Esplanade, they embrace their future – fully-prepared to contribute to the diverse lives of the families and communities that they will serve as an osteopathic physician, physician assistant, physical therapist, nurse, pharmacist, veterinarian, dentist, optometrist, podiatrist, researcher, faculty member, or public health/health science administrator.

What has the Strategic Plan accomplished to date? Soon following the completion of the Esplanade, the founding deans for the three new colleges in dental medicine, optometry and podiatric medicine arrived on WesternU’s campus. These founding
deans—with countless Esplanade pilgrimages—have made considerable strides relative to recruitment, professional accreditation, and substantive change proposals to the Western Association of Schools and Colleges (WASC). To date, the College of Optometry (CO) and the College of Podiatric Medicine (CPM) have received initial acceptance of their professional accreditation applications. The College of Dental Medicine (CDM) will soon submit its application to the American Dental Education Association. The opening of the Graduate College of Biomedical Sciences (GCBS) is planned for 2010. Subsequently in mid to late 2009, intermediate plans will begin for the Department of Public Health, which will ultimately evolve into the College of Public Health in 2012.

At the southeast region of the Esplanade, the WesternU campus community can see evidence of new construction. The completion of the Banfield Veterinary Clinical Center is anticipated for sometime in April 2008. Construction will soon begin for the two new buildings that will feature state-of-the-art equipment and technology. The Health Education Center will house the College of Osteopathic Medicine of the Pacific (COMP), CDM, GCBS, CO and CPM and the Patient Care Center will house the medical, dental, optometry and podiatry clinics, a pharmacy, and an interprofessional diagnostic area.

Following the philosophy of President Philip Pumerantz—whose definition of WesternU reaches far beyond the campus’ physical structures—the Health Education Center and Patient Care Center are more than new buildings that house academic or clinical programs; these buildings mirror a unique piece of time that functions jointly as the future of health care delivery within the health professions and as the foundation for the historical precedence that WesternU will establish and other academic health science centers will follow. The fact that the Esplanade converges and culminates near the Health Education Center and Patient Care Center is purposeful rather than coincidental.

Perhaps the most unique and innovative component of the Strategic Plan is WesternU’s Interprofessional Education Initiative (IPE). The IPE is led by Vice Provost, Sheree Aston, OD, MA, PhD and the Director of Interprofessional Clinic Services, Joan Sandell, DMD. The IPE will combine didactic curriculum with clinical experience in a problem-based setting that focuses on chronic diseases (e.g., diabetes, obesity) within the chronological span of life. On March 3, 2008, an IPE Pilot Case Study was implemented and volunteer faculty and students began the molding of the skeleton on which the body of the IPE will be formed. As Israel Zangwill, an influential writer and humorist remarked, “...the past is for inspiration, not imitation, for continuation, not repetition.” The IPE exemplifies the sentiment of this quote, as it draws on WesternU’s pioneer past while placing the University on a new frontier that promises, as President Philip Pumerantz frequently comments, “audacious” achievements in health science education and research.

Reflecting on the Strategic Plan: On July 17, 2007, Dr. Cohen hosted a Search for Champions Retreat with WesternU’s Board of Trustees and senior administration. To observe WesternU’s progress during the day-long retreat, Dr. Cohen formulated seven questions:

1. What are we striving to do?
2. What will our graduates look like?
3. What will the University be known for?
4. What benefit will this be to our community, the state, the nation?
5. Can we list desirable outcomes?
6. Can we measure these outcomes?
7. Do we go for the Brass Ring?

The Search for Champions Retreat led to several town hall sessions for faculty and staff and a Provost’s Lunch series for first-year students to examine as a community “how to go from ‘good to great’ and ‘adequate to outstanding’ in WesternU’s shared health care professions.”

What does the future hold? An excerpt from a paper presented by President Philip Pumerantz during his address to the California State Assembly Committee on Health on May 15, 2007 foretold that “…all of WesternU’s colleges will engage in an interprofessional and integrated curriculum, whose multidisciplinary approach will enhance the University’s focus to produce a new breed of health care professionals who understand the need for a full and comprehensive approach to health care.”

Franklin D. Roosevelt once said that “the only limit to our realization of tomorrow will be our doubts of today.” It is this ideology that permeates WesternU’s campus. WesternU’s Strategic Plan focuses on “what can be done” rather than “what if.”

Fulfillment of the Strategic Plan will secure WesternU’s place as a unique academic health science center that infuses the fundamental principles of scientific reasoning—hypothesis and discovery—into every aspect of its integrated and interprofessional didactic, clinical, and research programs. The present day Esplanade—the Walkway to the Future—is where WesternU’s collective and ever forward journey to greatness commences.
After I examined the 5-year-old patient’s swollen ankle, the mother asked me through the translator, “What happened to my son’s foot?” I answered, “He mildly sprained his ankle, don’t worry, he will get better with ice patches on his ankle and taking some vitamins.” I grabbed a bag full of candy vitamins and gave it to the mother and reminded her to ice her son’s ankle. She said very gratefully, “Thank you, doctor.” I was surprised by her comment and replied, “I’m just a student learning to become a doctor.”

The trip to Bolivia in August 2007 was my first international medical relief work with the International Buddhist humanitarian organization Tzu Chi. It has broadened my perspectives in many ways. As a typical second-year medical student in the U.S., I hardly thought of anything else outside of school, including the suffering of people outside of the U.S. I thought I was too busy for medical relief work. But as I was accompanied with doctors from Tzu Chi during the trip, they touched me greatly with their
compassionate attitude towards the people in Bolivia. They were well-established doctors in their specialties, yet they gladly volunteered their time in Bolivia to treat hundreds of patients. I really felt how much they cared about medical relief as I shadowed them throughout the trip. They reminded me that, as a doctor, I need to be compassionate toward medical needs around the world, and this would help me contribute back to the world with what I have learned and benefited from.

I was joyful to see how much our efforts helped these people in Bolivia. I remembered one of the surgeons extracted a tumor from the patient’s index finger that bothered him for more than 10 years. He was too poor to receive adequate treatments for his finger. In addition to providing medical care, we also passed out supplies of daily resources to the local people of Santa Cruz and nearby counties. People drove and carpooled from miles together to receive our gifts of donations. The local people we treated really appreciated our time there. I recalled, as we finished our last day of patient visits, that all of the staff and patients in the hospital gave us a standing ovation for our efforts before we left. I was exhausted at the end of each day throughout the trip, but I knew that our efforts there were not in vain — we had touched the local people deep down in their hearts.

In the end, I was grateful to participate in this trip. The medical relief team and the local people taught me many lessons I will never forget. I am honored to witness how compassion can touch other people’s hearts in many ways. I am looking forward to participating again in international medical relief in the near future, and I also encourage other students to consider participating as well.

Opposite page: local Bolivians waiting to receive medical treatments.
Inset opposite page: Vincent Wu, DO ’10 is taking a medical history from a patient.
This page: the doctors from Tzu Chi passing out relief supplies to the local people in Bolivia.
Inset this page: the Tzu Chi medical relief team.
JACE ALLBRIGHT, DPT ’10
TITLE OF PIECE: “CONNECTION”
LOCATION: RIVERSIDE, CALIF.
MEDIA: PHOTOGRAPHY
Title of Piece (above): “Forgotten Highway”
Location: Kaneohe, Oahu, Hawaii
Media: Photography

Title of Piece (below): “Unlimited”
Location: Honolulu, Oahu, Hawaii
Media: Photography

Title of Piece (above): “Looking Back”
Location: Ho Chi Minh City, Vietnam
Media: Photography
“Where we’ve been, and where we’re going” is the theme for this year’s Humanism in Medicine. Where have you been? Where are you going in your life or career? Everyone is starting on a journey. For some, the journey toward the medical professional began while they were young; for others it may have been a career change. At Western University, everyone began somewhere and sacrificed a lot to take part in a journey to become the best health care professionals.

As for myself, where have I been? Well, since joining Western University two years ago, I have had the opportunity to become the Clinical Performance Evaluation Coordinator and now the Essentials of Clinical Medicine III and IV Course Coordinator. I have become more involved in second-year osteopathic medicine teaching and attempted to empower these students with self-motivated learning skills. All these students came from different walks of life two years ago and are now ready for the next phase of their lives: clinical rotations. During this transitional period in their career, I encourage them to self-reflect. Self-reflection is vital for progression because it allows you to learn from your past and make plans for the future. It helps to direct you to a meaningful and goal-oriented life. Take time to reread your personal statements and write a life’s mission statement if needed. Use this as a chance to make sure you are heading toward the right direction. Throughout this process, remember the many people who helped you along your journey and take time to express your appreciation.

As life progresses, it will only get busier and there will be more hardships to overcome. As an instructor, I hope to inspire these students to maintain a balance by challenging them without overwhelming them.

Still, adversities will continue to arise as their career advances. The key is to gain from these experiences by learning from them and appreciating feedback, whether good or bad. Do not become resentful when events do not go as planned. Rather, perceive your view or opinion as a “preference.” For instance, you may feel angry when someone cuts you off while driving. You are angry because you believe that people “must not” cut you off because that is your right. However, if you make that thought a “preference” instead of a “must” in that you “prefer people not to cut you off,” it will help diffuse the situation. Likewise, everyone will inevitably fall short of expectations or be criticized at one time or another. The best thing to do in these circumstances is to not absorb it personally, instead reassess the situations and learn from them.

Through life’s ups and downs, continue to self-reflect and reassess your priorities and commitments. Learn from your shortcomings and don’t forget to maintain a balance by bringing those close to you along for the ride. Remember, life, although short in letters has infinite possibilities. As the semester concludes, the OMS II students look forward to their rotations where they will see real patients who will depend on them for advice and treatment. Just like them, you have infinite possibilities in creating your legacy in what you decide to do each day regardless of your health profession. Wherever you are going, you are all moving forward to become future health care professionals. You have one shot in life, make it count, make it happen, and seize the day! Congratulations for making it this far in your professional career!
The emergence of zoonotic diseases threatens not only animals and their production, but humans as well, both medicinally and economically. The threats are ominous and imminent; there is, for instance, the threat of an influenza pandemic to humans forcing the deaths of millions of birds around the world, the slaughter of millions of animals as a result of human deaths caused by BSE, and the growing problem of trypanosomiasis in Africa. These crises continue to remind us that human and animal health is intimately linked.

At last, we are beginning to consider the broad relationships between human and animal health, albeit at the heels of some of the world’s most economically destructive diseases. So is it true that, in addition to animal health, the welfare of everyone could be advanced by bringing veterinary and human medical faculty into closer relationships? A wider understanding of health and disease calls for a cooperation achievable through congruence of human, wildlife and domestic animal health. In particular, it requires an interdisciplinary approach. The one medicine establishment is beginning to emerge, though not necessarily as a new concept.

The amalgamation of human and veterinary medicine was conveyed in 1807 by physician and signer of The Declaration of Independence, Benjamin Rush. Forthcoming in 1884, Rush advocated for the financial support necessary to establish a veterinary school at the same location as a medical school. His chief argument in favor of building the schools in the same vicinity was the then recent demonstration of the human benefits resulting from Pasteur's work with anthrax and rabies—each of which continues to be a serious concern to both humans and animals around our world today.

Enthusiasm over such enterprises in Rush’s particular neighborhood was understandably ambivalent, but the veterinary school was eventually established as the first of its kind in a medical center.

Approximately 120 years later, we see the same establishments being founded, Western University as a prime example, driven by a similar inspiration with five interprofessional programs on campus and more to succeed. In the future, classes may perhaps collaborate together to consider initiatives to improve surveillance and to identify and assess the risks of new diseases as they emerge. Institutions similar to WesternU are the opening step toward an integrated approach on zoonotic diseases touching first on the local, national and, ultimately, international levels.

Our era should see the medical and veterinary professions begin to work more intimately for the benefit of patients of all species and with the hopes of promoting a one health approach to surveillance and control of diseases, thus bringing the vision between human and animal medicine sharply into focus.
LIVIYA THORESON, DO ’10

TITLE OF PIECE: “RECOMPOSITION AFTER RAIN”
MEDIA: OIL ON CANVAS

TITLE OF PIECE (RIGHT): "ELENOR'S TREE"
MEDIA: OIL ON CANVAS
**Title of Piece (Top):** "Leila Ponders Through the Imminence"
**Media:** Oil on Wood Panel

**Title of Piece (Bottom):** "Portland Head Lighthouse, Maine: August 2007"
**Location:** Fort Williams State Park, Maine
**Media:** Photography
Being of Pakistani and Indian origin, I have heard many stories from my parents of their experiences growing up in South Asia. I learned of the struggles their families encountered in the face of economic hardships. Although I can only relate to that part of the world in terms of stories from others and from ethnic films, I feel that actually visiting these places is in itself an extremely valuable opportunity to get a glimpse into another world, so different from our own. Now that I have been there, I would like to relate an experience I had while visiting Hyderabad, India this past summer of 2007. As an aspiring health professional, gaining a knowledge of the world around us is just as crucial as learning the science and practice of medicine, because in the end, it comes down to interpersonal relationships and how we carry out with our patients and colleagues. Spending time in India helped me become aware of the world that exists beyond our borders.

My sister and I visited an all-girls’ orphanage in the Tolichowki district of Hyderabad, and we talked extensively with the director, Mrs. Khan, there. The orphanage facility consisted of two stories with six rooms. Although the cemented rooms had bare walls, it was the presence of the energetic young girls that enlightened the place. The largest hall was set aside for teaching sessions, meals and prayers. Each of the smaller rooms served dual purposes of becoming sleeping quarters at night and classrooms or play rooms during the daytime. Teachers came...
from various parts of the city to educate the girls in subjects such as mathematics, language arts, writing, etc. Meals were provided three times a day, and the budget of the facility greatly depended on donations from community members and from those abroad. The girls represented a diversity of ages and backgrounds. They were very delighted to see us, as we were one of the few visitors that ever came to their facility. With eager looks on their faces, they were very willing to share their stories and experiences with us. They also felt comfortable with us, as we spoke the language and we were also dressed in traditional Indian attire. Some of the girls were from the city itself, and some were from neighboring villages. Some came from single parent homes, where their single parents could not fully care for their needs. We talked to one of the girls, Azra, and she talked of how her father had passed away, and her mother was having a very difficult time managing the household on her sparse income alone with five other young children. This orphanage provided a good opportunity for her to get away from stresses at home and be able to at least pursue some education, eat some warm meals, and experience life amongst girls her age. Azra’s mother was happy that she was in a safe place.

Another girl, Rubina, talked of how she was the youngest of six girls in her family. She said most of her sisters were married and that some of them still lived with her single mother, along with their husbands and children. Unfortunately, most of the sisters’ husbands were unemployed. It was getting very difficult for Rubina and her mother to manage the expenses of keeping so many people in the home. Thus, for Rubina, the orphanage was sought as a refuge. Some girls had lost both parents due to illnesses or accidents, and relatives could no longer provide for them.

One girl mentioned how this home was truly a blessing. Mrs. Khan mentioned how there are many such children all over India who desperately needed such housing. Many of the girls had been living there for quite some years now, and would continue living there until they could find a means to support themselves financially. The facility even assisted the girls in finding employment and also helped in finding prospective suitors for marriage for them once they reached appropriate ages. My sister and I, with the help of our cousin, were able to arrange a nice, warm ethnic meal to be served for dinner to the girls. We also arranged for such a dinner to be served at the nearby boys’ orphanage as well. We chose specific authentic dishes, and it really touched me to see the bright-eyed looks of appreciation and smiles on the girls’ faces. In our language, Urdu, we relayed to them a message of motivation and inspiration to further their education and learning by working hard and working together in their facility. We told them about our educational goals and we encouraged them to pursue further studies. When it was time for us to leave, they were urging us to stay longer with them. Saddened to say goodbye, I knew that, in my heart, the memory of this visit would remain with me forever. My journey abroad helped to broaden my perspectives, and thus, I can better serve as an osteopathic physician in the immense diversity of today’s patient population.
Sadia Ghaffar, DO ’10
Title of Piece: “Two Monkeys in Exotic India”
Location: Hyderabad, India
Media: Photography
Title of Piece (Above): “Local Life”
Location: Hyderabad, India
Media: Photography

Title of Piece (Below):
“Traversing Through Flood”
Location: Hyderabad, India
Media: Photography

Title of Piece (Above): “Ancient Hospital From Rooftops”
Location: Hyderabad, India
Media: Photography

Title of Piece (Below): “Skyline View of Mosque”
Location: Hyderabad, India
Media: Photography
On Saturday Nov. 3, 2007, three MSN-E nursing students from Western University of Health Sciences embarked on an unforgettable trip to a small, impoverished town two hours southeast of Ensenada, Mexico. After a brief rendezvous with members and volunteers of a humanitarian organization named the Flying Samaritans, the adventure began. After three hours of caravanning, we arrived at a small “clinic” in Chipultepec, Mexico; there was already a large crowd of mostly women and children at the entrance to the building, awaiting medical services. Our team consisted mainly of several pre-med undergraduate students from another university, one licensed physician, and three nursing students (us). Upon arriving and surveying the scene and set-up, we realized that an effective organized process was needed in order to assess, triage and treat the individuals and families that had come for medical attention. The pre-med undergraduate students were limited in their experience and their expertise in health care matters, and it was in this arena that we felt we made the greatest impact. While two of us conducted crash-course training for the pre-med students in vital sign assessment (blood pressure, pulse, respiratory rate and temperature measurement), another classmate helped to clean and organize donated pharmaceuticals in the small on-site pharmacy located in a nearby storage closet. We also trained the students in how to take a health and physical history as well as blood glucose levels. There was a steady stream of patients, young and old, male and female, arriving with various medical concerns. These patients were quickly triaged, their vital signs obtained, and then directed to a designated waiting area to see the physician (who was located in his own private room).

There was no shortage of patients in need of medical attention: patients with blood glucose readings over 300; a child with a serious upper respiratory infection; a woman reporting a strange rash over her body; a man with dangerously high blood pressure; a woman with chronic headaches—the list was endless. A particular case which is worth exemplifying was a pregnant woman of eight months arriving with severe swelling of the legs, arms, hands and face. She was perspiring and appeared slightly distressed when she arrived, and was complaining of mild abdominal pain. My classmate and I immediately noticed the swelling and proceeded to take the woman’s blood pressure, which came out to be 160/90. Luckily, it had only been three months since our obstetrics course and the textbook warning signs of pre-eclampsia suddenly surfaced from the recesses of our minds. We quickly tried to notify the physician, who was busy seeing another patient. While we were waiting for him, and amidst the chaos of the room, the patient just got up and left the clinic! Once we noticed that she had exited the building, which thankfully was not long, my classmate quickly dashed outside and found the woman walking on the street. She was brought back to the clinic and the physician immediately assessed her and diagnosed her with pre-eclampsia. He explained to her in Spanish that she needed to go straight to the hospital and receive emergency care. Although the woman was visibly shaken by the incident, she nodded and complied with the physician’s order. The physician then praised us for saving the woman and her baby’s life by using our nursing knowledge and assessment skills. We felt relieved and blessed to be able to be at the right place, at the right time in order to make a difference in someone’s life.
Sinaloa, Mexico

I woke before dawn, slightly disoriented.
The rooster's call joined with the hum of people speaking softly outside.
I peeked out the window to see a long line of patients in front of the clinic.
The crowd projected quiet dignity and hope.
Dressing quickly, I went downstairs to the waiting area.
In the careworn faces of these hard working people there was
no annoyance
no irritation with the long delays.
Each person gave a smile as I passed.

Poem and photo below by Victoria Graham, PT, DPT, OCS
Assistant Professor of Physical Therapy Education, College of Allied Health Professions

After four hours at the clinic we packed up our equipment, said goodbye to the remaining students and the physician, grabbed some delicious street tacos, and started the long trip home. We were filled with a deep sense of fulfillment and gratitude to have been able to participate in such an amazing mission together. We were struck with the fact of how incredibly simple and easy it is to get involved and serve the underserved. Mexico is in our backyard and only several hours away, and one does not need to fly across a distant sea. There are hurting and vulnerable people there that have no access to adequate health care or education—all it takes is a willing heart to go and give. Above all, we all realized the profound reason why we were all drawn into the medical field, especially the field of nursing: caring for those who need it the most and making a difference in their lives—there’s nothing that can beat that!
Such a simple phrase elicits endless possibilities. The beauty of medicine is that it is limitless, borderless, and fearless. DO, MD, RN, PA VDM, PT, PharmD, etcetera are acronyms that translate to potential - a passport to healing throughout the world. While languages, faith, colors, ceremonies, and culture vary widely and define diversity, we are connected by the most basic human rights of dignity, prosperity, health, and well-being. Such critical simplicities make up the basic tenets of the human experience.

Upon finishing my undergraduate education, I began working with several local and international nonprofit medical organizations. I traveled and witnessed first hand countless medical triumphs and tribulations in settings as varied as an AIDS hospice in Santa Barbara, Calif., to the oxygen-deprived and crime-infested Andes of South America, to rural health centers providing remedial health care in the Kalahari Desert in Africa.

Throughout these experiences, I found increasing respect for the beauty and uniqueness of the physician-patient relationship. Even in the United States where health care is more perturbed by insurance companies, administrators, lawyers, and HMO’s, the fundamental nature of medicine continues to be so pure… a person in need of care and another human being eager to provide it. Such subtle acts such as a calming smile or holding a patient’s hand spark a human connection that transcends the cultural and linguistic barriers to ease discomforts associated with medical treatment. I discovered in these moments that just as important as the advances in technology were the simple and compassionate moments of humanity.

May we call upon each other to give service in the spirit of humanity, whether that means giving up a night of studying to volunteer at a retirement home, or sacrificing thousands of dollars and precious personal time to volunteer in a developing country where the conditions are arduous, the supplies scarce, the pathology extreme, and the need is utterly inconceivable. Whatever the case, no sacrifice is too great and each opportunity is a gift that will bring you purpose and fulfillment.

So, when we reflect upon our lives and how we got to this point, we may ask ourselves, where have we been? And then we realize, the past is the past and as exciting or as disappointing as it may be, more importantly we wonder, where are we going from here?
Clockwise from top: Monika Mehrens entertains young Peruvian children with a balloon, Iquitos, Peru, August 2002.
Monika supplies food to an elderly woman, Bushmanland, Namibia, August 2004.
Monika with three girls in Cacha, Ecuador, December 2005.
Photo of baby, Cacha, Ecuador, December 2005.
Monika with surgical staff, Iquitos, Peru, August 2002.
Where have you been and where are you going?

By: Behnaz Esther Behmanesh, DO ’10

The theme of this year’s magazine relates to WesternU “the school” and WesternU “the student body.” WesternU students walk the hallways of the Health Professions Center, climb the stairways of the Health Sciences Center, and study at the desks of the library. What are their stories? What brought each one of these individuals to WesternU? What are their plans for the future? Basically, where have they been and where are they going? Here, various students answer this question and provide a glimpse into the type of students and individuals found at Western University of Health Sciences.

Benjamin Yerushalmi, PA ’09
I was born and raised in Long Beach, Calif. and am a graduate of California State University, Long Beach (CSULB) where I studied Biological Sciences with an emphasis in Physiology. I really knew I wanted to attend Western University as a Physician Assistant student when I visited the campus last winter and was given the opportunity to sit in on a Physical Assessment lecture. I had the chance to interact with students and faculty members and saw first-hand what it would be like to be a PA student at WesternU. I’m currently in my second semester and am amazed with the amount of material I have learned and the skills I have gained in just a matter of months. I am greatly looking forward to starting my rotations in the fall as it will be a time when I can apply the knowledge acquired from my classes to the real world. When I graduate from WesternU, I would like to work in Primary Care, but am also interested in learning about Orthopedics and General Surgery. Down the line, I would like to also have a role as an educator in the health sciences and perhaps even return to WesternU as an instructor one day!

Timothy Lin, DO ’10
After attending UCLA (Geology/Psychology, 2000), I wanted to pursue a career that would enable me to make a meaningful difference to the community. I became a volunteer at Huntington Hospital in Pasadena to pursue this idea. Volunteering later led to my employment there as an EKG and EEG technician, and I had the opportunity to interact with doctors more closely from almost every department in the hospital. Dr. Yafa Minazad, a neurologist who graduated from WesternU, was one doctor I was able to observe and work closely with. Her dedication and commitment to her patients not only moved me, but inspired me to apply to the program at WesternU. Although I’m looking forward to the next few years to help me make the final decision on the type of medicine I want to go into, I know that I want to devote a substantial amount of my career by working in and bringing awareness to international medicine.
Behnaz Esther Behmanesh, DO ’10

I attended UCLA as an undergraduate student and majored in biology. In the midst of my studies there I cultivated a fascination with medicine and a dedication to the pursuit of a medical career. My decision to attend WesternU was an important step in this pursuit and my experiences here have provided me with exceptional educational, social and cultural opportunities. I have been able to participate in research and volunteer activities that have enriched my medical education in a unique way, allowing me to learn lessons beyond the four walls of the classroom. These experiences have had a profound impact on me as a human being, and I will take these lessons on with me in the future. I plan to continue my work with underserved populations, and the many possibilities and questions associated with the world of research spark my curiosity and interest. In the end, I would like to use the skills that I will gain as a physician to help as many individuals as possible, as, I am confident, the majority of my peers plan to do.

Molood Hadi, DO ’10

Having migrated to the United States with a high school diploma, I completed my undergraduate studies at UC Irvine, planning all the while to attend medical school. I always wanted to have a role in providing health services to the community and improving individuals’ health, and I realized that I could express that passion in the best way by practicing medicine. I am very happy with my decision to attend WesternU, as I have had the advantage of learning the osteopathic principles and will be able to use them in my future clinical services to patients. I am not sure what field of medicine I will venture into, but I do know that I will be dedicated to my profession and to the osteopathic ideals that I have learned at WesternU.
I follow the morning crowd, hop over puddles and arrive at the Ushrika Clinic in Kibera. A thick cloud of fried fish, trash and animal feces fills the air. Kibera, in Nairobi, Kenya, is one of the largest slums in Africa — one million people living on over 600 acres of mud and filth inhabit this forgotten city. I arrive with hope, wanting to provide aid to residents who suffer from infectious diseases and who lack access to health services.

My role as a health care provider at Ushrika Clinic turned out to be quite a challenge. I spent the majority of my time assisting in a routine surgical procedure — male circumcision. I had seen and assisted in this procedure during my pediatric rotation in the States, however circumcisions in Africa are significantly different than those performed in the U.S. Teenagers, wrapped in sheets for quick access, were dragged to the clinic the morning of the procedure. The surgical table was the examination bed. No overhead lights, minimal equipment consisting of scissors, a blade, and sutures were all that were required. Local anesthesia was injected and within seconds the physician began to cut the foreskin. Many of the boys screamed, pleading to stop the procedure, as they constantly shook their legs to let the pain loose. After the quick 10-minute surgery the boys were able to head home with the realization that they had decreased their chances of contracting and spreading HIV.
Global commitment to control the HIV/AIDS epidemic has increased in recent years; sub-Saharan Africa remains the region most affected by this epidemic. Various randomized controlled trials have indicated that circumcision conferred a 61 percent protection against HIV acquisition. These statistics were used to educate and inform the Kibera community about the importance of a proactive way of life and, in particular, the significant amount of HIV protection provided by male circumcision.

Many patients who visited the clinic — which was open for the convenience of the village seven days a week, 24 hours a day — were individuals suffering from opportunistic infections secondary to an HIV/AIDS infection. The majority of HIV-positive individuals in Kibera lack access to the appropriate pharmaceutical drugs and, thus, continue to die in alarming numbers as a result of complications from an HIV/AIDS infection. Unfortunately the stigma attached to adults with HIV/AIDS is passed on to their children, making their survival even more precarious. In accordance with the taboos attached to the disease, many African newspapers do not mention HIV/AIDS in obituary columns. As a result of this prevalent stigma associated with HIV-infected individuals, I spent a portion of my time working with physicians to campaign for further HIV/AIDS education which could help to alleviate the negative stereotypes associated with the disease.

The need for urgent international attention and involvement in alleviating the AIDS crisis in Africa cannot be underestimated. I had the privilege to volunteer in such an environment during my vacation block as a medical student. I hope to continue to use the education and tools that I gained to give back to those in other parts of the world who are in dire need of my services.

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**i cannot work miracles**

i cannot work miracles, but i know who can.
i cannot give life, but i know who does.
and when i look at you, i see Him too,
and a life of eternal value.

in these few minutes, i pray you see
the love of Jesus Christ in me.
and receive not only

medicine

but a patient ear,
a loving hand,
a sincere smile.
that you may understand
you have great value,
you are loved.
and may what i give be enough:
to treat the physical state i see,
to resolve the questions brought to me,
and though the third of these three
may my priority always be,
to touch one life eternally.

"The photo was taken this past fall while I was serving as a volunteer missionary in Bata, Equatorial Guinea, Africa. The picture is of myself with a young boy with malaria that I met at a local school."

*Photo and poem by Joshua Opperman, MSPA ’07*
Art Gallery

DANIEL ANANYEV, DO ’11
TITLE OF PIECE: “MY GREEN BODHI”
LOCATION: SAN FRANCISCO, CALIF.
MEDIA: PHOTOGRAPHY

TITLE OF PIECE: “GRAND CROW”
LOCATION: GRAND CANYON, ARIZONA
MEDIA: PHOTOGRAPHY
Title of Piece: “Bad Hair Day”  
Location: San Francisco, Calif.  
Media: Photography

Title of Piece: “Support”  
Location: San Francisco, Calif.  
Media: Photography
The balustraded staircase spilled down from the second floor to the marbled lobby of the old Dazian Pavilion. With the gilded opulence and grace that characterized so much of early 20th-Century Manhattan architecture, the steps swept towards both the east and west in a wide cascade that slowed the frenetic pulse within the heart of a restless city. Maybe it wasn’t real gold-plating (though I’d like to think it was) that adorned the building’s grand entrance across the street from Stuyvesant Park, but those who sprinted up from the sidewalk and burst into the lobby through revolving doors were captured by this sight and imperceptibly paused to take it all in. Only from the lobby floor could one fully appreciate the dedication carved into the marble wall that opened between the cascading steps that read: “Man’s humanity to man.”
It was Saturday morning, July 1, 1989, and I was at the beginning of a three-year internal medicine residency in one of the busiest and most prestigious medical centers in the city. I remembered standing there in awe many months earlier as a reverence descended upon me. During my interview at Beth Israel, the Chairman of Medicine spoke to us of a special humanism, and his words resonated with me: “Here, in the same room, you may find yourselves taking care of a state senator as well as a man who’s just crawled out from a cardboard box under the FDR Drive.” I was mesmerized. Being midway through an osteopathic rotating internship in a small community hospital outside Philadelphia, I realized at that moment that there was no other place in the world I would rather be. But on this early summer day, the Dazian lobby stood as a metaphor for the enormity of what was to come.

As the only medical intern with a year of experience after graduation, I was naturally put on-call for that overnight. From the din of the echoing lobby, glass and steel doors led into a Dantesque circle that was the emergency department. There were gurneys stacked three to four deep up against peeling and mold-stained walls on which every speakable (and unspeakable) description of humanity suffered in their own private hell. The room probably had more people in it than was acceptable by fire-code standards let alone with any consideration for control of the potential spread of contagious disease. Indeed, every young physician was keenly aware of the escalating epidemic of HIV as well as the resurgence of tuberculosis that was still years away from reaching its zenith. There was no ventilation or barrier between our own mortality and the throng of humanity that poured off the unforgiving streets that traversed through and around the park, Union Square, and the East Village. The scene was on a scale not unlike rush-hour in Penn Station as tired, frustrated commuters await their nightly exodus on filthy trains. But for Beth Israel's tortured souls, there was no earthly escape.

Agonizingly, day became night as oppressive heat and humidity added to the building drama. A tropical front had moved into lower Manhattan bringing intense thunderstorms that hour by hour increasingly stirred an anxiety bordering on sheer terror. Any remaining confidence that I had mustered in my excited anticipation of this day had begun to shake. I had always considered myself philosophically a humanist, but how can one even remain “human” under such horrifying conditions?

Oddly, I have no recollection of how that night played out or how I felt as the sun rose over the East River on Sunday morning. I do know that everything that I thought I knew about medicine and being a doctor changed at that moment. The intensity and stark cruelty of human suffering that came through those doors taught me a lesson about humanism that could not have been learned in any other way. 

“I had always considered myself philosophically a humanist, but how can one even remain “human” under such horrifying conditions?”
There are many reasons why I prefer to stay away from the Doctor these days. Office visits just aren’t the way I choose to remember them. The good ones are hard to find: promoting food pyramids with baskets of orchard apples and savoring life with panoramas that challenge us with words like Success, Attitude or Journey. Nowadays I am told to wait — told to be patient until I can wait no more, in some dimly lit office where I am another name on a clipboard. Nowadays I find myself encouraged to push through the eight glasses-a-day rule with jugs and Styrofoam cups. I cannot avoid the voice of sickness, the stench of disease, or the discoloration of my eyes as the years pass through me.

The hazy orange desk lamps against the booger green walls remind me of just how necessary artificial lighting is in the working world. The office furniture consists of an island of cushions linked together by metal tubing, riddled carpeting, and knee high woodwork covered by a fanned display of monthly subscriptions. While the nurse retrieves my chart, I get to read the latest edition of *Time* magazine and the latest attempt to relax the public with some miracle discovery, miracle pill or miracle worker. All of this is enough to disinterest the clientele from the four hundredth “Best of Edition” of *Highlights* now being torn to shreds by some toddler with a snotty nose.

Strangely, the place that used to be somewhat of a sanctuary from the malignant outdoors is now a support group to viral hosts. Finding myself on track with my weekly blood work, the Doctor’s office now is a place of contemplation of how things once were. The smells are not mysterious anymore and the people behind the counter are just your average antisocial blue collar on a Wednesday afternoon. The clicks of the typist’s notes and the whizzing of carbon copies become the breaths of this office time machine. Still along for the ride, each wheezing grandparent, aching taxpayer, and sniffling child collide in freeze frames to the elevator music overhead. Before I check in again, all that matters today is if my insurance information is correct so that the fate of my prescription doesn’t stumble at the cash register.

It didn’t always used to be this way. My best impression of the office came when I came in at a little under 3 feet tall. I was used to waiting on *Highlights* whenever I visited the office since the world behind these pages made more sense. In a world of rockets, dragons and stick figures, the color green was the color of sick. When I entered the office, there were plenty of these kinds of people, and the green wall didn’t look that bad. The noises were the kinds of noises you hear when you go to sleep for a long time with your mouth open. On the wall were the biggest pictures I had ever seen made in black and white — like windows sucking me into a world where green had not yet been invented.
“It is more important to know what sort of person has a disease than to know what sort of disease a person has.”

– Hippocrates, 460-377 B.C.

Behind the counter was a circus of cartoon ladies wearing oversized pajamas. They were always dancing. If they weren’t wiping down the counters, they were polishing the basket of apples or passing their hands through a machine with a green laser beam. It was magic. It made zipping noises and then shot out pieces of paper whenever I wasn’t looking. Every time a name was called, that was when I would hear a gurgle from the water dispenser and a flush from the bathroom next door. At the office, I stepped into the commotion of things. It was unlike anything I had ever seen before. It had rhythm, smell of empty plastics and empty boxes, and never looked better under dim orange light. There were no fingerprints to be found. Mother never believed me when I told her this — but the room really did smell like the color white.

Behind the bigger office, there were hallways of smaller offices that were like secret hiding spots for each of the green people. My first test to entering the world of greens had to do with me standing on a shaky platform that made me feel skinny. The nice lady in the pajamas would mess up my hair with a piece of metal that she clamped down on my head like an arm. It was like the machine was her robot friend that she didn’t want me to be afraid of. She would then spit out numbers that kept getting bigger every time I went back for a visit. Two-seven, two-eight, forty-five, forty-eight...I stopped listening. She always had on big smile and a head full of sprayed out hair. She smelt of fresh cut flowers. After dodging several push carts, she would lead me to my room where I would wait until I could hear nothing but quiet laughter — where the wall was covered in another black and white landscape into a green-less world.

As I would wait, I would trip myself up in the large circle on the wall full of little numbers. My inner machine, as the man dressed in white would call it, was always getting louder whenever I was waiting. I could not control it they said. It was known as a reflex — something I now related to my legs kicking up whenever the man in white found the magic spot to tap with his rubber hammer. When the room would get quiet enough, it made ticking noises that I would begin to swing my legs to. Over the edge of the table, and the sticky diaper paper beneath my legs, there was strangely nothing to be afraid of. The large window of the office would let in
sunlight and stretch shadows across the floor, making Mother smile. Outside there was laughter cutting through the hugs of afternoon clouds and the arms of spring trees. I couldn’t wait to step up to the window. It had been a while since I had last been outside.

In front of me were four jars, kind of like the ones I saw in candy shops full of gumballs, gummy bears, jelly beans, and chocolate whoppers. It had also been a while since I last had candy. Instead I found them filled with collections of dry snowballs, Popsicle sticks, little squares, and little pegs that made for nice stick figures. In the corner of the room, there was always a special bin that they didn’t want the little people going through. The workers liked to say DON’T TOUCH! I couldn’t touch anything red, kind of like how I was forbidden to share tissues, or pick up anything off the ground — even if it was shiny and good enough for gumball machines. At the thought of this, I still could hear laughter outside, although it was a little fainter this time around.

The helper was usually the nicer one. She usually had a bigger smile and warmer hands. She liked to keep a stash of stickers in her front pocket of cartoon characters being brave. That day there was something different about her, like she was keeping a secret. She quietly hummed to herself as she begun to wrap a giant rubber band around my arm. That day she reached into one of the candy jars for a square, opened it, and painted my arm with wet stuff in circles. It made my nose feel directly connected to my head — so I coughed. She told me to make a muscle. My face was locked on the black and white picture on the wall as she did this. This made her laugh. This was followed by a little poke — and that was when the laughing stopped. I was hoping not to turn green as she did this.

I couldn’t look. She told me to quickly open my hand to let some air in. I felt different and didn’t know if I would be able to get up to look out the window. My arm felt heavy. I watched as the wrinkles in my hand became a field of running red Indians again. At that point, I was spinning over the sight of red stuff swimming into a
tube. The helper kept telling me that it was almost over and that she was filling the tube with love.

The smell of love, the afterburn from the mean square, and the cold air made me want Mother. The helper tried to make things better by saying sorry. She told me that I was the bravest one that day. I still didn’t know what it meant to be brave even when I got a sticker out of it. The laughter was still there, but I didn’t know what to think about my visit being almost all done, because the round thing on the wall looked like it was taking a vacation. She reached for a dry snowball and held it in place on the little bit of love still leaking. She made another smile, reached for some sticky stuff, and smacked it on the snow. To protect it she said, when you do go outside. This was where the big guy in the white coat knocked on the door, making me forget about all that had happened.

I was used to the man in white pointing at his instruments. He liked making gestures back and forth to tell me that none of it was alive. He always had on a fancy necklace that I’ve never seen Mother wear. To show it off, he would connect it to my ears and tap into the part that dangled away from my chest like an elephant trunk. TaP TaP, MooooOOO! I couldn’t help but smile at the feeling it gave my ears. The noise sometimes crawled its way down my throat when ever he did it loud enough. Mother told me to call him Doctor. Doctor was the only man I knew who looked like a wizard at work, who got away with blowing into rubber gloves and making balloon faces, who always had on cold hands, shiny black shoes, and wet hair every hour of every day — far away from Sunday. He seemed to be the tallest man I knew, with a big face, owl eyes, football shoulders, and the loudest footsteps in any room.

It looks like a fun day outside. Doctor tells me this with a white smile. He promises that it’ll be done quickly. He walks me through an exam, squeezing my arm in some balloon until I can’t feel my fingers, and then tapping my knees with the nose of a rubber hammer to make my legs feel detached. Once again, it’s magic. I breathe in and out like some broken car, and get to look past the brightest but smallest light I’ve ever seen until I begin to see invisible fireflies. Then I use my hands to cover my eyes one at a time — reading code letters in the distance. He wants me to say aaaah over and over while trying not to swallow a Popsicle stick. It makes me feel special. The whole time I wonder how the Popsicle factory messed up on so many Popsicles. I just laugh at the thought of all of it, thinking that maybe someday I will understand.

Everything seems simple and I feel like I have it all figured out. Soon enough I think that I will be outside with all of the laughter and the sunlight. He tells Mother that I’m looking better. I wonder what he means by this, since I am not feeling a second older.

One more thing he says and then I’m done. Suddenly, I am looking at everything upside down. My inner machine begins to race against me again. It gets louder and louder in the small room, until there is no more laughter coming from outside. The round thing begins to spin faster on the wall, with everything becoming new again: the laughter, the cold hands, the nice helper lady cheering my name, the dancing cartoon ladies, the black and white pictures that lead to nowhere, and the maze of the infinite green wall around me. After some screaming, I find myself face down on the table ready for another poke. I don’t see this one coming. This time they are going to put stuff into me. I knew I must be here for a reason. For that one moment, all that I see and feel is green. SHO T!!!!!!! It is not until I quiet down in Mother’s arms, that I realize that I am here for a reason. I am green just like the rest of them visiting Doctor that day.

Today, when I finally get to look outside, I am stuck on the idea that nothing has changed. I am still on this trek through panoramas of black and white where sickness is just an afterthought. Green or not green, the subtle laughter can still be heard, the way it always has been in the Doctor’s office. I can’t help but think that the man in white is scared of telling his patients that they are sick, whether curable or incurable. Those doctors – who have the chance to deal with a child’s first look at sickness – who begin to speak like laughter – who share childlike wisdom well into adulthood – are those who strangely make the reality of sickness a little more bearable, walking me through green walls on a Wednesday afternoon.
LIFE
SHORT WORD.
INFINITE POSSIBILITIES.

Poem by Rubin Lin, DO

RUBIN LIN, DO
ASSISTANT PROFESSOR, DEPARTMENT OF FAMILY MEDICINE
COLLEGE OF OSTEOPATHIC MEDICINE OF THE PACIFIC
TITLE OF PIECE: “RELAXING”
LOCATION: MORaine LAKE, BanFF NATIONAL PARK, CANADA
MEDIA: PHOTOGRAPHY
Title of Piece (Above): “Yellow Flower”
Title of Piece (Right): “Sunset Plane”

Title of Piece (Below): “Lake Louise”
Location: Banff National Park, Canada
04 Dec 07 Tuesday, Lewis County Floods...

Current mood: tired

If you’ve been watching the news, you’ll be well aware that every county in Western Washington is at Flood alert and the Governor has declared a statewide emergency. I was sent home early from the Clinic yesterday because the local rivers were rising and overflowing onto various local roadways. After I got to my hotel, I was watching on the news that much of I-5 had closed in Lewis County.

This morning at around 0400, I awoke in a sea of darkness and to the surprising sounds of silence. The power was out at my hotel. I decided to get up and get dressed, knowing that waters were rising the night before. Good for me, I changed into PT gear and went to the local gym to begin half-marathon training. My lifted Liberty made it through the 3 feet of water blocking the only road to my hotel…kind of a scary thing. After reaching the gym and seeing that it was closed, I returned to my hotel (again, through the 3 feet of water) and decided I’d just run up and down the road for training today, which I succeeded in doing.

Upon return to my hotel and a quick, very cold shower (remember…no power) I resolved to go home and called Mom to ask her if I-5 was open. Turns out it was closed south of Olympia, so no go with the bug-out.

With no power or hot water, floodwaters rising and no way to get to the Clinic or home, I packed up all my valuables, grabbed my bug-out gear, threw it all in the car, and decided I ought to go to the local shelter at Centralia Middle School to volunteer my time until power was restored.

I looked at the TV at the shelter and saw this picture taken near the clinic at which I’m currently doing Pediatrics.

After arriving, I soon realized that the shelter had been operating since late that evening, with about 50 occupants haphazardly accounted for on yellow notepads, NO medical, NO food and NO supplies…not even a damn first aid kit (which I promptly brought in from my car). I set down my bag and asked for who was in charge, and was directed to a tired lady who offered me a chair and eagerly accepted any assistance I could give. I provided my credentials which she was ecstatic to see, and I started getting to work.

I looked around again and saw no one even remotely medical but me. Fortunately, I have
an EMT certification and competencies through the Navy, so I had at least SOME official scope of practice.

First, an elderly man who lived all alone had evacuated and lost all his medications, to include insulin...but he doesn't remember the name of his pills or the types or doses of his insulin. 20 phone calls and a Red Cross voucher later, we got a glucometer, strips and the meds.

(Please don't laugh at me when I say that I poked myself with the lancet apparatus as I was trying to assemble it.)

Next problem was a lady who was bitten by her cat and now had a raging erythematous infection...and spreading.

Twenty phone calls later, a few favors from physicians whom I've never met, and a VERY brave driver to the pharmacy and she has a new prescription of antibiotics in hand.

The rest of the evening was filled with hypertensives who needed meds, a few scrapes and bruises, a handful of trapped schoolkids with sniffles, a guy on O2 threatening to run out, a kid needing nebulizer tubing for a breathing treatment, and a pleasantly psychotic elderly lady that was anxious because she thought there was "too much going on." (Lady, walk a mile in my shoes...)

A little while later, things calmed down long enough for me to sort out the random medical contributions that good-hearted people had brought down from local free clinics and their garages, and I set up my own little clinic:

I worked as an SUV (Spontaneous Unaffiliated Volunteer) and became the Senior Medical Representative for the entire Red Cross shelter. I'm pooped (and Mom thinks I'm dying because of my nasty, persistent cough).

I was walking through the shelter and a little old lady in a wheelchair looked up at me and said "God Bless You." I nearly broke a tear.

Before I left, I made rounds with my relief (a 17 y/o CNA) and introduced her to all the "high maintenance" patients.

I'm back in my room for the night, but I left my pager and phone numbers...and am on call as THE "doc" for the shelter. Time for a little shut-eye before people start pouring in again.
Samantha, the little Chihuahua
found on Valentine’s Day

So tiny, so weak, someone left her in the street
Tail wagging, eyes sad, but still eager to meet
She will love you and trust you until she is dead
How could you just throw her out on her head?

Alone in an alley on cold winter night
Just a towel no heat coming from the street light
She shivers; she’s cold waiting for your return
Little did she know you left her to burn

Running the streets not knowing what to do
But she was lucky because she found you
You hold her so tight her bones showing through
She licks your face and cuddles up in your shoe

You cry and you think that what they did wasn’t right
To be left out in the cold on that strange winter night
What were they thinking to do such a thing
To this sweet little dog who just needed some wings

She is safe now with you and will live out her life
In a warm cozy house where she’ll be treated right.
A bed of her own and lots of food in her dish
You answered her prayer and granted her wish!

Photo and poem by Angelina Beeks, DVM ’10

Evaluating Humanism

Mining data, gathering evidence,
Demonstrating our effectiveness,

Accreditation efforts all around,
Many recommendations are found,

Later we get the chance to say,
On three glorious site visit days,

How well do we do,
When the self study is through?

Where should we head,
After all is done and said?

Do our WASC panels cite,
Strengths that we might,

Have with caring values,
Or methods we could use,

To show patients we care,
For their health without err,

And tend to their well being,
And are our students seeing,

The whole patient’s needs,
With a humanistic creed?

Do we do this well?
How can we tell,

If graduates’ fruition,
Show WesternU’s mission?

Do our faculty share,
A consistent creed of care?

And teach it without fail,
Blazing a humanistic trail.

Questions will be answered,
To ensure we are centered.

— Anonymous

Background photo by Darlene O. Sanchez: “Kentucky Sky”
Dr. Armour
Our Only Hope

It was December 2005 when we entered
Little did we know we would have to surrender?
Patients everywhere — who to treat first?
Where’s the doctor? My father is very sick.
Hurry that I’m scared, two nurses paired.
In critical condition he entered ICU.
Was it his last breath?
He’s a step away from death the specialist said.
What is it? He can’t die! He’s only 55.
It’s my dad! What are we going to do?
Dr. Armour please do something help him too!
Family arriving with hopes yet feared the worst.
Day by day watching him lie there unable to talk or move —
How frustrating we felt with our hands tied
we couldn’t do anything to help him survive.
Dr. Armour walks in and said “Hold on – Your father is strong!”
I won’t let him die! He will survive.
But Dr. Armour, the specialist say time is running out!
We’re not done he exclaims! So Dad please reach out!
We prayed for miracles yet had many doubts.
Lord, help my father please don’t take him yet
There’s things unsettled please make him wake.
Morning and Night Dr. Armour you arrived and brought us our light.
Full of confusion and fear Dr. Armour you were the one who made it all disappear.
You never gave up! Your Faith our only Hope and
your dedication as a Health Care Provider —
Thank You! Dr. Armour for making the difference in our lives.
You’ve set the example, always hold on to our hopes and dreams.
Miracles do exist. We witnessed one and now he’s home at peace.

God Bless You!

— The Gabaldon Family
RICH REEVES, DVM ’08
TITLE OF PIECE: “OLDTIMER”
MEDIA: PHOTOGRAPHY
As a student, it is difficult to make a decent income while attending school full-time. As a consequence, many of us are forced to take out student loans, which after several years accumulate and cause us to graduate with major financial debt. While in undergrad, there is a sufficient availability of free financial resources by the government and by the schools. Thus, even though there is a general lack of income on the students’ part, many people are easily capable of getting through the first four years of college debt free. However, students that used to qualify for free government financial aid, no longer qualify once they become a graduate student. Consequently, they are even more financially constrained than they were as undergrads.

There are many organizations that are aware of this issue, and who choose to financially help students get by their years in college via scholarships. A scholarship is basically free money that an organization gives you to help get you through college. They are usually in the amount of $500 to $2,500, but can range to any amount. They will almost always involve some sort of application process, but nevertheless they are incredibly easy to obtain. Yet, it amazes me to see how many students do not apply for scholarships. It is an opportunity like no other. Some people struggle to work during summer vacation and part-time or even full-time while in school in an effort to bring in a sufficient income to get them through the year. This results in a general lack of downtime from school, which results in increased stress and inefficiency when studying. Grades and performance in school will tend to suffer greatly, and could result in students that graduate at less than their potential. Most students do not realize that you could easily make much more money by applying for scholarships each year, than by working full-time during the summers and part-time during the school year. If you don’t believe me, than I want you to take my challenge and try my tips. I make over $11,000 each year simply by applying for scholarships. I also choose to work full-time each summer, yet I only make slightly over $3,000 annually by doing so. While in undergrad, all of the scholarship money was sent in a check to me to spend as I please. Why? Because in undergrad, the government and my colleges would pay for my tuition. All the private scholarships that were awarded to me created “left over” financial aid, which was sent to me in a check or deposited directly into my bank account. Now that I am in graduate school and have to pay for tuition myself using loans, all the scholarship money I get goes toward these costs, resulting in less loans for me to pay back. Assuming I am awarded $11,000 in scholarships each year, over my four years of graduate studies, I will reduce my debt by $44,000, plus the cost of interest (which would be over $3,000 per year assuming a 7 percent annual interest rate).

Many people I have come across claim that they do not have enough money for college. Perhaps, it is this belief that results in the general lack of higher education in the United States. I, being an ethnic minority, with English as my second language, immigrant parents and a very, very low income, understand why many people make this claim. Were it not for financial aid, I could have never made it to where I am today. However, many people are not aware of these opportunities. They do not realize that scholarships and other financial aid create a win-win opportunity for students who attend college. At least in undergrad, they provide you with both a steady annual source of income as well as a chance for a higher education. Essentially, going to undergraduate school is like having a paying job, only better. As a result, scholarships and other financial aid are a great way to motivate any person to continue their education. Thus, I want to share my knowledge on how to obtain scholarships with you, in hopes that I can provide you with the help you might need to get you to where you want to go.
TIPS FOR LOOKING FOR SCHOLARSHIPS:

There are a very large number of scholarships available to students; and although you will not qualify for every scholarship you come across, there will always be many that you do in fact qualify for. Do not think that scholarships are only available to financially needy people and to students with good grades. Although these factors do indeed help, this simply is not the case. There are scholarships available for everyone. Because there are so many scholarships available, it is helpful to focus on your specific qualities and interests. Although there are several scholarships available that are open to all students, these tend to be somewhat more difficult to obtain because of the large number of applicants. What I usually do is try to apply to the most specific scholarships I can. For example, in my case, I would be more likely to spend my time filling out an application for a scholarship for equine-oriented veterinary students, over a scholarship for veterinary students in general, over a scholarship for animal science students, over a scholarship for agricultural or science students, over a scholarship open to all students. The reason is because I know that I will always have greater odds of getting a more specific scholarship than a general scholarship. Nevertheless, I do in fact apply to scholarships at all these levels. Consider all of your qualities and interests when you look for specific scholarships. Specific scholarships are available for all types of subsets of people, and can be based on age, sex, sexual orientation, ethnicity, educational major, hobbies, your occupation or your parents’ occupation, disability, general interests, income, and the list goes on and on.

To find these scholarships use a variety of techniques and resources. Your school’s financial aid office as well as the financial aid offices of the undergraduate schools or community colleges you have attended are an excellent place to start. You can even visit the financial aid office of other local colleges or universities to check for the scholarship applications they have available (you can always ask for permission first if you feel uncomfortable doing so). The reason I recommend this is because after attending four colleges, I have come to learn that the quality of the financial aid office and their resources will vary greatly. While at your own school’s financial aid office, find out who is the person in charge of finding scholarship opportunities for students. There is almost always someone designated to do so. Encourage him or her to e-mail you the information anytime a new scholarship becomes available and ask to see if he or she can help you look for the specific scholarships you are looking for. The other major source of scholarships is the Internet. Scholarship search engines such as www.fastweb.com are great because they will take the personal information you input and show you all of the scholarships in their database that you qualify for. Of course, these databases are in no way all inclusive, so it is essential you do some of your own searches. General search engines such as www.google.com are other great places to look for scholarships. Search for organizations that share you same qualities and interests. In my case, this would include various types of veterinary organizations, business organizations, women organizations, Hispanic organizations, etc. Do a quick search on each site to see if they have an education or student section in which they may be offering a scholarship. Many professional organizations do. Apply for scholarships even if you think you are not the best candidate. On many occasions, I have received scholarships that I am sure I was not the best candidate for. However, this probably occurred simply because the best candidates never bothered applying for the scholarship. Had they applied for the scholarship, those better qualified students would have received it; so never feel like you are taking away a scholarship from a better qualified student. In fact, this should hopefully teach you an important lesson. No matter how qualified and how wonderful of a student you are, you will never get a scholarship if you do not apply.
TIPS FOR APPLYING FOR SCHOLARSHIPS:

Always apply for as many scholarships as you can. One statistic I read several years ago says that you will usually receive 10 percent of the scholarships you apply for. This, of course, will vary based on a huge number of factors. My personal experience the past few years has been to receive about 25 percent of the scholarships I apply for. Thus, for every 24 scholarships I apply for, I am generally awarded about six. However, I should state that I put a lot of effort in looking for the right scholarships to apply for as well as a lot of effort in completing my scholarship essays and applications. If you decide you will have to limit your efforts to a certain number of scholarship applications, always choose the most specific ones to increase your chances.

Look for scholarships well ahead of time. This provides you with the opportunity to fill out the scholarship applications during your time off (i.e. during your breaks in the spring, summer, winter and over the Thanksgiving holiday). This way you cannot use the excuse that I hear way too often, “I don’t have time to apply for scholarships.” Spending a couple of weeks searching and applying for scholarships in the summer, and maybe a couple of days during each of your short school breaks, can easily result in more annual income than if you worked full-time all summer long (as mentioned before).

When filling out your scholarship application forms and writing your essays, be as professional and as informative as possible. I would say that a typewriter is essential. There is no comparison between the professionalism of a typed application and a handwritten application. A typewriter can be purchased incredibly inexpensively, considering that they are considered old technology. The one I have is an old, decrepit typewriter that I bought at a yard sale for about $5; yet it does its job beautifully. If you cannot get one, ask your financial aid office if they know of one available to use on campus. In my opinion, every financial aid office should have available a typewriter for student use. When typing up your essays on a Word document, always remember to use grammar and spell check. In addition, have someone other than yourself proofread them for you. When writing your essays, be as informative as possible. Remember that the person reading your application knows nothing about you. Tell them about you, your history, why you have chosen your desired career pathway, your academic honors or achievements, what extracurricular and volunteer activities you have been a part of, what leadership positions you have held and always mention your financial need. Be specific if you can, and say something like, “Without help, my debt will be well over $200,000 by the time I graduate. My total fees, tuition, and other school costs add up to over $50,000 each year!!!” By the way, that is an excerpt taken directly from the general scholarship essay I always use. In addition, make sure to explain to them why you are unique and why you believe you should receive a scholarship. I feel that it is the uniqueness of a person that stands out to the scholarship committee. Make sure that they see this side of you. Tell them those things about yourself that you feel many other people have probably not accomplished. For example, I always mention the fact that I am an Hispanic woman that got married and had my first child in high school, and that I am the first person in my family to have ever attended college. How many people that you know have ever accomplished this? Probably none. This is why this type of information is essential for your scholarship essays.

Lastly, when filling out scholarship applications, make sure to always observe deadlines. If possible, complete all scholarship applications during the school break before they are due. If this is not possible, try to submit them at least a week before they are due. Take note that some organizations will state that applications should be postmarked by the deadline; others will state that they must be received by the deadline. Although postmark deadlines allow more time for procrastination, try to avoid putting it off until the last day. Some scholarships will require that forms be filled out by someone at your school, or will require other materials, such as official transcripts and letters of recommendations; these may take you a while to obtain. If the application does not specify whether the deadline is a postmark deadline or a receive deadline, always assume the latter.

KEEPING A PORTFOLIO:

Keeping track of all your scholarship efforts and material is essential if you want to minimize the time spent filling out applications. Save a copy of all of the essays you write to your computer and label them appropriately to make it easy to retrieve later, for example, “East West Scholarship – Community Service Based (Jan. 2008).” A document title such as this makes it very easy to retrieve this essay to use as a template or as a starting point for the next community service based scholarship you apply for and also if you choose to reapply for this same scholarship again next year. I have
found that it also helps to file your scholarship essays by year. For your portfolio, make sure you keep track of all the volunteer, community service and extracurricular activities you do. Make a list and don’t be afraid to include minor efforts where you only participated for a few hours or a day. If you cannot think of anything, then you are probably not thinking hard enough; anything that you do that is not paid and not required of you can be considered a volunteer effort. If you still cannot think of anything, then I recommend you start volunteering. Although it is not required for all scholarships, it usually helps. Help do something for a club you are a member of or for a local nonprofit organization. There are tons of opportunities available out there. Next, if you haven’t done so already, prepare both a Resume and Curriculum Vitae, and always keep it current. Some organizations will ask you for one of these documents, and by having it already handy, you can be done with applications that much faster. If you need help creating these documents, your school and the internet are great resources. In addition, keep some sort of record of all of the scholarships you have applied for in the past. Copies of old applications or announcements placed in a folder works well. To reduce bulkiness, you can alternatively keep a list of the scholarship or organization names and the dates these were due. This will help you stay on track and get done faster next year when it is time to look for scholarships again. I have found that if an organization gives you a scholarship, they are very likely to give you another one in the future. So, always reapply for those scholarships that you have received in the past and in your portfolio or list, make sure you mark them as such.

As mentioned before, you will often be required to submit information or documents that must be supplied by others. Ask for letters of recommendations well in advance. Ask a few of your professors to type you up a letter of recommendation. Also, find at least one unrelated person that is not from your school to write you a letter as well. Most, if not all, scholarships will ask you to provide a letter from either one or both of these resources. You can expect each scholarship you apply for to request 1-3 letters of recommendations, although occasionally you will come across some that do not request one at all. Have the author of the letter include the length of time they have known you, in what means they’ve known you, and tell them to write about your academic achievements, extracurricular activities, motivation, and why they think you should be awarded a scholarship. Seize the opportunity, should you ever come across a faculty member that will let you help them write a letter of recommendation. These people are wonderful because they allow you the opportunity to paint your letter as beautifully as you’d like, while ensuring you include only the facts and information they feel comfortable with. Make sure to ask all authors of your letters to keep a copy saved in their computer. This way they can easily provide you with more letters next time you need them. My recommendation is to ask them to address the letters simply “To the Scholarship Committee.” This way they can print out (on letterhead) and sign several of them at one time allowing you to maintain a stash of letters for easy and fast access every time you apply for a scholarship. However, only request a few at a time, so that the date on the letters does not get too old. Have them seal each letter in an envelope and sign their signature over the seal. You will find that many organizations request that they do this to ensure the letter has not been tampered with.

Current transcripts, just like letters of recommendation, will almost always be requested from organizations that offer scholarships. If you are a graduate student, some organizations will also request undergraduate transcripts. Thus, it is a good idea to simply purchase a bulk of official undergraduate transcripts to keep on hand. On top of this, also maintain at least a couple of your current official graduate transcripts as well. However, remember not to buy more than you think you may need each semester, as your current transcript will change each semester, and outdated transcripts, just like outdated letters of recommendation, are no good. I can assure you that at times you will feel like you are spending too much money on transcripts, but I will tell you from experience, that even if you are spending $100 in transcripts each year you will be very satisfied with the investment once you count all the scholarship money you have been awarded for that year.

Good luck in your scholarship venture. I hope that you will accept my challenge and my tips and allow scholarships to help you get to where you’re going. For more information on scholarships and other types of financial aid, visit your college or university’s financial aid office.
Darlene O. Sanchez, DVM ’09
Title of Piece: “Where We’re Going — A Picture of My Daughters”
Location: Los Angeles County Fair 2007, Pomona, California
Media: Photography
Calvin came to live with our family in June 2007. He arrived in New Jersey from California frightened from his plane ride and confused about the new people and home he was now a part of. This new place was about the third home for Calvin that we knew of after a traumatic life of living on the street and recovering from devastating injuries after being struck by a car. Little did Calvin know that he was about to find a home and family who would love and adore him and that he would exchange the favor by changing the life of a little boy.

Nicholas is a 5-year-old boy who was diagnosed with autism at the age of 1½. Until age 4, Nicholas was primarily nonverbal and communicated mostly through pictures. Within six months of his fourth birthday he had acquired enough speech and language to make his needs known but was not capable of having a conversation, answering simple questions or following more than one-step directions. Because of the communication disorder, Nicholas would suffer from frequent meltdowns and tantrum easily due to his high level of frustration. Then Calvin arrived to live with us.

For about a month, Nicholas was not really aware that Calvin was a part of his family or even living in his house. He would watch Calvin run in the backyard or catch a Frisbee and show a little bit of curiosity but no interest in partaking in the fun. As Calvin became accustomed to Nicholas’ presence he became acutely aware that part of his role in this new place was to watch over this little boy. On trips to the park, Calvin would never take his eyes off Nicholas on the playground and became very protective and guarded when someone he did not know approached Nicholas. Eventually, Nicholas too became increasingly more interested in Calvin.

It all started one afternoon when Calvin brought Nicholas his prized pink bunny and dropped it in his lap. He then proceeded to nudge Nicholas’ arm and lick his face until Nicholas was forced to turn his attention to
Calvin. Nicholas thought it was funny to be licked and realized that this was the same pink bunny that mommy and daddy would throw and Calvin would bring back to them. Nicholas then picked up the bunny and threw it into the next room telling Calvin “catch it.” These were Nicholas’ first spontaneous words — it took nearly five years for us to hear them. Calvin and Nicholas seemed to have formed a bond that is very rare for children with Autism Spectrum Disorder.

Soon Calvin started attending therapy sessions with Nicholas and was used as reinforcement every time Nicholas acquired a new skill. Over time, more and more language came from Nicholas as well as an awareness that this furry animal was a part of his everyday life. Nicholas’ eye contact improved and he was now requesting time to play with Calvin and cuddle with him. Calvin even helped Nicholas develop a sense of ownership in his caretaking process. Nicholas gets Calvin’s bowl, fills it with food every morning and night, and places it on his mat. He has learned to call out to Calvin and tell him to “eat dinner.” Calvin walks with Nicholas to the bus stop everyday and waits patiently until Nicholas gets on the bus and pulls away. At 2:00 everyday, he grabs his leash in his mouth and waits by the door knowing it is time for his little friend to come home.

The bond that has formed between Nicholas and Calvin is nothing short of a miracle. Calvin has a remarkable sense of knowing when Nicholas needs him or when he is having a bad day. Calvin can sense when Nicholas is about to be upset and has an ability to distract him by licking his face or tugging at his pants until Nicholas is able to focus on something else. None of this was taught to Calvin. In turn, Nicholas has come to realize that Calvin is special and has continued to make strides every day, with his furry friend by his side. As family of a child with autism, we are grateful every day for Calvin and the wonderful spark he has brought to our life and home. We will forever love him.
Student Clubs and Student Events

Celebrating the diversity, talent, enthusiasm and dedication of the WesternU community.
Laura Chan, DVM ’09
Title of Piece: “Menkey Meets Mantis”
Media: Photography
Tiffany Trotter, DVM ’11
Title of Piece (Left): Untitled
Media: Photography

Linda Frenza
Assistant Director, Financial Aid
Title of Piece (Below): “Searching”
Media: Photography

Sonia Voronca, DO ’11
“...[This illustration] depicts both our growing knowledge of the pathology of disease as well as our own psychologic evolution in our medical education.”
Gaining Appreciation Upon Journey to South Asia

Visited South Asian nations of Pakistan and India this past year
To experience ancestral heritage and time with cherished family in hearts so near

Enjoyed ethnic foods, delicious mangoes, beautiful clothes, company of clusters
Immersed into another world, a place of its own, a place of interesting culture

Long journey to ancient land of India, over the ocean blue
Arrived in Mumbai, with massive crowds of people amidst misty dew

Riding the bus, dwelling in the sweat of humidity
Saw before my eyes, homes in form of tents, reminding me of humility

Children rushed barefoot in muddy dirt outside their tent homes
Even in such impoverished conditions, they did not cease to smile, as they roamed

Tent of leaves, tent of cloth, tent of sticks, where they spent their life day in and day out
Shocked were we, to see such living quarters, but for them, it was their daily house

Crippled men, on one limb or none, slowly making way through the masses
Asking for coins, for money, for anything, to survive yet another day

In Hyderabad, too, witnessed many hard workers, from fruit sellers and shoe polishers
To school children selling baked goods and men tailoring clothes in tiny rooms

Lucky were any of these people, if they earned rupees in the hundreds or beyond
Each day came with chances, with hope, as these people persevered far along

Never expected to befriend animals on my journey, but indeed, it happened, to my amaze
Lovely family of stray dogs, mother and five puppies right nearby, each of a different shade

No home or owners did they have to call their own, yet they stayed in the same place daily
Mother dog ventured out for hours on the busy streets to find food while puppies waited patiently

She always returned each day, faithfully feeding them and caring for them
As they grew bigger and healthier, in their own bright-eyed, stray dog way

In Karachi, Pakistan, otherwise known as birthplace to me, enjoying time with dear ones
Wearing the henna designs and waking up to the call of prayer at dawn, before sun shine

Distraught and disheveled man selling coconut slices on streets, offered him money
Said he was working hard to earn and would not take donations, this was touching

Experienced a culture and society different from what I am accustomed to
Lived in moments of adventures never to be forgotten, as memories pursue

Lessons to be learned were many from these travels, as one ponders
Gratefulness and appreciation of all in one’s life were the gained wonders

— Photos and poem by Sadia Ghaffar, DO ’10
INFORMATION FOR AUTHORS AND ARTISTS

Humanism in the Health Sciences (HHS), a journal of Western University of Health Sciences (WesternU), accepts the work of students, faculty and staff of WesternU or their families; friends of the university also are welcome to submit their work. HHS publishes essays, short stories, art, photography, poetry, case reports, literature reviews, and letters. All articles are reviewed by the editorial board; content experts review scientific and other appropriate submissions.

Publication occurs in one or more of the following ways:
• Authors may submit completed manuscripts.
• Individuals are encouraged to contact the editor or a member of either the editorial or advisory boards to discuss their ideas for submitting a manuscript. Editorial consultants also are available to work with aspiring authors.
• Authors may submit written proposals describing an idea or concept for a manuscript consistent with the theme of the journal. Proposals serve as a method to explore an idea and may request assistance or co-authorship with other interested/knowledgeable individuals. Proposals should be submitted to the editor.

HHS accepts manuscripts in the following formats:
Case Reports: Include abstract, introduction, case presentation, discussion and reference.
Reviews: Follow the format of reviews in the New England Journal of Medicine.
Research: Follow uniform requirements for manuscripts submitted to biomedical journals.
Stories, articles and essays should be relevant to the theme of the journal, health care practice, or WesternU.
Letters to the editor may address new topics or respond to subjects presented in previous issues of HHS.

Manuscripts should be submitted as an MS Word file, single-spaced along with a digital file (CD-R, CD-RW or email; Mac format preferred, IBM format accepted.) Graphs, tables and data should be in DeltaGraph, Illustrator, Freehand or MS Excel. Photographs, illustrations and artwork may be submitted in Adobe Photoshop (PSD), Adobe Illustrator (AI), EPS, JPG or TIF format on disc or via email.

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