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Cover photo of Jenkinson Reservoir outside of Placerville, CA, by Melissa Minor, Enrollment Data Services.

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EDITORS’ MESSAGE

A few months ago, my 17-year-old sister commented, “Whenever I talk to you on the phone, you sound so empty nowadays.” I was neither able to forget her words nor the sad tone of her voice, and attributed the “emptiness” to the abandonment of my drawing and dancing since starting medical school. I was therefore incredibly excited to nurture my artistic side as well as those of my peers by becoming involved with the Humanism magazine. Realizing the importance of celebrating what makes us “human,” I have since realized that the arts were never meant to be a luxury in my life, but a necessity.

Jennifer Fu, DO ’12

“What makes water one of the most powerful substances in the world? Its ability to change, “flowing around the obstacles it encounters. Therein lies the strength of water: It cannot be touched by a hammer or ripped to shreds by a knife. The strongest sword in the world cannot scar its surface.” (Paulo Coelho) As part of the Humanism in the Health Sciences journal, the theme for this year is centered on making change happen, constantly working toward a more humanistic society. In our everyday lives, we face many obstacles, and each day we are challenged to act in a compassionate manner; but it is these daily challenges wherein we are given the chance to make changes and act to bring about a society that cares, values, and shares with one another. This year’s journal exemplifies the students, staff, and faculty in our school who make these daily changes toward a more humanistic society.

Ani Sarkissian, MSHS ’10

Jennifer Tran Lu, DO ’12

As time passes, we find that we get through challenging situations with the support of our family, friends, and at times, people who we barely know. I myself find that with the support of my fellow classmates and friends, I am more confident and proud of what I achieved because of who I have become — a member of the Pharmacy Class of 2012. As a class, we have achieved much more than what we expected from ourselves and what others expected from us. However, we did not complete these accomplishments by ourselves, but with the help of ALL the faculty and the staff at WesternU — because without them, we would not be who we are today. They are the ones who are encouraging change and making it happen for the greater good of humanity. So, I would like to acknowledge and thank all the staff and faculty members for helping and welcoming us into WesternU’s family.

Sandy Saekoh, PharmD ’12

I have always felt honored to be a member of the WesternU community, but only now do I see just how special a place it is. I thought “Change: Making it Happen,” was an ambitious theme for a magazine that depended on submissions from full-time students, staff and faculty, but it has been a delight for me to have the opportunity to read and edit these articles. I was able to experience everything from the impact a stranger can make to soaring over the Himalayan Mountains with the detail and raw emotion of these stories. I truly thank everyone who wrote articles for the Humanism magazine; they made me feel the joy of sharing these experiences through written word.

Jennifer Tran Lu, DO ’12

Opposite page: Faculty advisors Drs. Martin and Boynton along with Jax at Cal Poly Pomona dragonfruit planting.
HUMANISM AND WELLNESS

Humanism can be defined as a philosophy or way of life that asserts the dignity and worth of humans and our capacity for self-realization through reason. We can learn about our place in the world and about how our lives can be enriched and our future sustained by caring for living beings and the environment within which we live. In this issue of *Humanism in the Health Sciences* we focus on “Change: Making it Happen.” To create change that enriches us and sustains our future, we need to explore the roots of true health and wellness. Harvard biologist E.O.Wilson popularized the concept of “biophilia,” which says that humans have an instinctive potential for affection and affiliation with other species and natural environments. Human groups have evolved along with other animals in complex natural environments where the prerequisites for human health and wellness were shaped and determined by natural selection. From a physiological perspective, wellness is the harmony arising in an individual when all their organ systems encounter environments for which they are best adapted. Our lungs function best in clean air, not air filled with exhaust fumes; our brain is adapted for companionship, not life in isolation; our muscles are adapted for movement, not inactivity, and so forth.

Our health care must encompass this web of connection between humans, non-human animals, and our world. In the past, we focused on our own specialties. Now we are coming to appreciate that a virus that affects birds could devastate humans, or environmental changes that are toxic to wildlife impact us adversely. As we watch multitudes of species becoming extinct, in addition to the loss of worth in their own right, we remember that drugs such as aspirin, vincristine, and taxol have come from the natural environment. We need to maintain high levels of biodiversity to reduce our footprint on the landscape, to protect the ecosystems that provide us with sustenance, and to shift health care more toward preventative medicine. As co-advisors, we accept this task and hope that this magazine will contribute in some small way to realizing these goals.

Beth Boynton, DVM and James Martin, Dr.rer.nat, Advisors
“Change: Making it Happen” is a remarkably apt way to describe the past, present and future of Western University of Health Sciences. The University’s changes — wrought over a solid foundation of commitment and care by our students, staff, faculty and alumni — have allowed us to keep fulfilling our mission of compassionate, humanistic care for all who seek it, and indeed to expand upon that mission.

Three new buildings – a Health Education Center, Patient Care Center and a 600-space parking structure – are nearing completion at the east end of campus and are expected to be open and in use by early 2010. Construction is complete on a new Veterinary Instructional Pathology Center mid-campus, and remodeling work is in the late stages on the new home for the Center for Disability Issues and the Health Professions at the southwest corner of 2nd and Elm streets, next to the Student Services Center.

Meanwhile, the four new colleges scheduled to open this fall continue to recruit and hire high-level faculty and staff, and are well on their way to filling their inaugural classes. The colleges of Dental Medicine, Optometry and Podiatric Medicine, as well as the Graduate College of Biomedical Sciences, already are making names for themselves thanks to the outstanding quality of new faculty and staff eager to build on WesternU’s national reputation. The pool of
student applicants for these new schools also has been of outstanding quality, ensuring that WesternU’s reputation for producing excellent health-sciences graduates will not only be upheld by the new colleges, but enhanced.

Such progress and growth seemed but a far-off dream in 1977, when the College of Osteopathic Medicine of the Pacific first opened its doors in downtown Pomona and welcomed an inaugural class of 36 students in fall 1978. Over the course of the ensuing 30-plus years, the University has broadened and deepened its commitment to the people and communities it serves, adding graduate health professions programs as the demand for these skilled professionals soared.

Today, not only are we continuing to expand our physical resources and educational offerings, we’re also teaching our students to connect with one another across disciplines to improve patient care. WesternU’s Interprofessional Education (IPE) curriculum will put students from all nine of the University’s colleges together in the classroom, in small group venues, and in clinical experiences with patients. The goal is for WesternU graduates to demonstrate an understanding of other health professions and to provide and promote a team approach to patient care and health care management, leading to improved patient care.

Our commitment doesn’t stop there. Plans call for adding a College of Public Health by 2012, bringing the total number of colleges on campus to 10, with nearly 4,000 students and 400 full-time faculty.

Yesterday’s patience and perseverance have created today’s successes and tomorrow’s opportunities at WesternU. The future is bright, and seeing its glow on the near horizon can only serve to redouble our effort and commitment toward our mission, and embrace the changes that make its fulfillment possible.
A History of Change at WesternU

1970s & 1980s

August 1977
The Founding Board of Directors of the College of Osteopathic Medicine of the Pacific (COMP): Saul Bernat, DO, Donald Dilworth, DO, Viola Frymann, DO, Richard Eby, DO, Ethan Allen, DO, and Frank Carr, appoints Philip Pumerantz, PhD, as COMP’s founding president.

Sept. 6, 1977
Dr. Pumerantz establishes administrative offices in a rented building at 352 Pomona Mall East.

October 2, 1978
COMP’s first Convocation takes place in front of the newly-completed Academic Center; today that building is known as the University Research Center (URC).

February 1982
COMP receives full accreditation from the American Osteopathic Association (AOA).

June 13, 1982
COMP graduates its charter class. Those 36 graduates were the first osteopathic physicians to graduate in California in 20 years.

August 8, 1986
The Master of Sciences in Health Professions Education program is founded with a charter class of four students.

1990

1990
Remodeling begins on the newly acquired Nash Department Store building; today that building is known as the Health Sciences Center (HSC).

January 1990
The Primary Care Physician Assistant program is founded and later that year accredited by the Council on Allied Health Education Association of the American Medical Association.

January 6, 1992
The Physical Therapy Education Program is founded with a charter class of 49 students.

April 1992
COMP acquires the Buffums building; today that building is known as the Health Professions Center (HPC).

August 1996
At convocation, President Pumerantz announces that the institution will be restructured into a university known as Western University of Health Sciences.

The College of Pharmacy opens with a charter class of 68 students.

November 1996
The first issue of Humanism in the Health Sciences is published.

January 1997
The Advanced Practice Nursing Program is launched in Chico, Calif.

August 1997
WesternU holds the first White Coat Ceremony for entering DO, PharmD, and PA classes. The entering Nursing class participates via live video link from Chico.
March 1998
The College of Graduate Nursing is established.

August 8, 1998
The College of Veterinary Medicine is founded with a unique curriculum and a “Reverence for Life” philosophy.

December 1998
WesternU acquires a four-story building at the northwest corner of Gibbs and Third streets: today that building is the Health Professions Library and Learning Resource Center.

March 6, 1999
The Center for Disability Issues and the Health Professions opens.

2000

September 2002
WesternU celebrates its 25th Anniversary

October 2003
WesternU College of Veterinary Medicine opens the Hill’s Wellness Center with support from Hill’s Pet Nutrition.

August 2004
Banfield, The Pet Hospital, opens a teaching hospital on campus.

September 2006
The Campus Esplanade is complete.

October 24, 2006
The College of Veterinary Medicine begins construction on the new Veterinary Clinical Center.

December 9, 2006
In recognition of his dedication to WesternU and the osteopathic profession, WesternU formally dedicates a park on campus for University Trustee and Founder Ethan Allen, DO.

December 2006
The College of Graduate Nursing moves into its new home: The Nursing Science Center.

January 2007
WesternU appoints the founding deans for three new colleges: Elizabeth Hoppe, OD, MPH, DrPH, for the College of Optometry, Lawrence B. Harkless, DPM, for the College of Podiatric Medicine, and James Koelbl, DDS, MS, MJ, for the College of Dental Medicine.

September 2007
WesternU Celebrates its 30th Anniversary.

WesternU announces that it will launch a new Interprofessional Education Curriculum. Sheree Aston, OD, MA, PhD and Joan Sandell, DMD are appointed to develop and oversee the program.

December 2007
WesternU begins construction on the Health Education Center (HEC).

January 2008
WesternU opens a medical center in Rancho Cucamonga.

August 2008
WesternU celebrates the Banfield Veterinary Clinical Center (BVCC) grand opening.

November 2008
WesternU holds a “premiere party” for the construction of the Patient Care Center (PCC).

January 2009
The American Osteopathic Association’s (AOA) Commission on Osteopathic College Accreditation approves WesternU’s plan to open an additional campus in Lebanon, OR, to train osteopathic medical students.

April 2009
WesternU receives interim approval from the Western Association of Schools and Colleges (WASC) to establish a degree program in biomedical sciences, paving the way for the school’s ninth college to open.
Numbers often tell a story quite clearly, and for this one they would read something like this: 24,000 cubic yards of concrete; 3,000 tons of structural steel; 2 million pounds of rebar, and get this, over 500,000 (half a million) man hours of hard work! For Western University of Health Sciences, these numbers translate into 258,000 square feet of additional educational, research and patient care opportunities, as well as 600 new parking spaces (Health Education Center, Patient Care Center & parking garage).

Although the numbers are grand in scale and the buildings quite significant, it turns out there is a more interesting side to the story, and one that is timely for WesternU as it adds four new colleges and embraces Interprofessional Health Education and Practice.

Both WesternU’s President, Dr. Philip Pomerantz, and Provost/COO, Dr. Benjamin L. Cohen, have always been quick to point out, as they raise their arms or sights to the emerging buildings, that “These buildings, while impressive, are just buildings; mortar and brick. It is what will happen within these buildings that will be significant. Here, people will learn, treat patients and be treated in the Western University of Health Sciences tradition of Science, Caring and Humanism.” It will be the people in the buildings that will make a difference.

This story also is about another group of people working as an interprofessional team as they provide us with the environment to grow. Our 180,000 square foot Health Education Center was designed by Perkins & Will Architects and is being built by DPR Construction Company, whose purpose and mission are very clear: “DPR exists to build great things. We do everything we can to maintain a culture that allows individuals to thrive and grow to their full potential, helping us build a string of highly satisfied customers.” WesternU’s first Patient Care Center has been designed by SWA Architects, and the parking garage by IDG Architects. Both of these buildings are being built by BYCOR, with a mission that states, “We adopt our clients’ goals and achieve their objectives.” Both the parking garage and Patient Care Center are owned by Pacific Medical Building. Along with working closely with WesternU, the aforementioned professionals are managing over 70 subcontractors (who are specialists in their field) while working closely with Pomona city planners, the fire department, utilities and civil engineers.

In many ways, the construction of these buildings is analogous to many of the practices involved in the
health care professions: professional knowledge, experience and expertise, extensive planning, utilization of the latest technologies, performing tests and assessing outcomes. The standards are high as all regulations and specifications must be met. I feel fortunate and honored to be working with this interprofessional team as they model interprofessional practice and success. The coordination for these projects lies on detailed 15-month schedule charts with tasks for each day noted and expected. Accountability is essential. In the DPR trailer, where everyone has open offices (as does the entire company), subcontractors come each week with their proposed plans from their own software programs and “dump” them into the DPR software program that automatically captures the information and translates it into the 3-D master working model. Suddenly all of the components come together, and plumbing pipes emerge among beams and electrical wires in this interactive 3-D model. (Are any of you imagining a true, universal, Electronic Medical Record right about now?)

Regular OAC (owner, contractor, architect) meetings require that all of the professionals seated at the table have knowledge, understanding and appreciation of what the other professions are bringing to the project. Once again, at these meetings, the standards are high, accountability is expected and assessed, yet respect is given to all participants: There are no hard heads under the hard hats. It is clear that each individual decision is based not only on science and knowledge, but also on true heartfelt caring that “this is the right thing to do.”

During these meetings, I can’t help but be reminded of WesternU’s Interprofessional Health Education goals of “Training health care professionals to be competent and caring in their own professions while having knowledge, understanding and appreciation of other health care professions and what they each offer the patient.”

Wikipedia says of modern humanism: “Humanism features an optimistic attitude about the capacity of people, but it does not involve the believing that human nature is purely good or that all people can live up to the Humanist ideals without help. If anything, there is the recognition that living up to one’s potential is hard work and requires the assistance of others. The ultimate goal is human flourishing; making life better for all humans, and as the most conscious species, also promoting concern for the welfare of other sentient beings and the planet as a whole. The focus is on doing good and living well in the here and now, and leaving the world a better place for those who come after.”

While we eagerly anticipate the completion of our new buildings to create the visions imagined by our leaders, it is reassuring to know that, when turned over to us, these buildings will have been created by a group of dedicated professionals who are ‘Making Change Happen’ in the way in which we deliver health care to our patients, from Head to Heart, Heart to Hands.

1. www.westernu.edu/xpedu/interprofessional/interprofessional-pcc.xml
2. en.wikipedia.org/wiki/Humanism-Optimism
Top: Autumn in Christiansburg, VA.

Bottom left: “Making a Connection,” human and gorilla from the San Diego Zoo, San Diego, CA.

Opposite page top: Gulf of Mexico, taken in Mississippi after Hurricane Katrina.

Opposite page bottom: dragonfly.
ONE HEALTH: Changing the Way We View Medicine

Story and Photos By Tiffany N. Stillian, DVM '11
It was the experience of a lifetime. I came to Peru knowing very little about the country, its people and its culture, yet I left with a knowledge so full, pure, and life-changing, it took me completely by surprise. It wasn’t the kind of knowledge obtained from reading a textbook, attending a lecture, or participating in PBL; nor was it the kind acquired from watching television, listening to the radio, or surfing the Internet. It wasn’t the kind of knowledge gained from the valuable words of wisdom bequeathed from a parent to a child; nor was it the kind achieved by learning through other people’s mistakes. It was the kind of knowledge found only through personal experience, which leaves a person so fully engrossed in its concepts that for once in their life, they find passion in something never thought possible: the idea of one health, of one medicine...of change.

I was incredibly lucky to have accompanied Dr. Malika Kachani, DVM, Professor of Parasitology, to the rural highlands of Peru in June 2008. As a first-year DVM student, I aided the beginning stages of a research project that focused on cystic hydatid disease, caused by the tapeworm *Echinococcus granulosus*. The project involved conducting censuses and ultrasound screenings of citizens from several rural communities in the Peruvian highlands to detect the presence of the parasite in the lungs and livers of human patients. The tapeworm, whose other hosts include dogs, sheep, swine, cattle and horses, is endemic to the rural cities of Peru, where sanitation is limited and where domestic animals are allowed to intimately coexist on farms and grasslands. One of the project goals was to determine the severity of the disease within these specific rural regions and to identify the associated risk factors. Another goal of the project was to aid the Peruvian government and the local medical and veterinary establishment in the development of protocols designed to prevent transmission of cystic hydatid disease in Peru, thereby exemplifying the idea of collaborative medicine.

While in Peru, I saw firsthand the intricate relationships that exist today between human and animal medicine. In the town of Canchayllo, the last community visited, our team met with the townspeople and the town’s mayor in a small
community center (there was no official health center or hospital) to discuss preparation for the census, which was to take place in the following months. While I observed and attempted to document their conversation (which was conducted entirely in Spanish), I could see the looks of concern on the townspeople’s faces, but also expressions of hope and even relief that finally, there just might be a solution to the problem of cystic hydatid disease. Although not an immediate solution, the project was taking a giant step in the right direction toward reducing its prevalence in rural Peru. This could not occur without intense collaboration between human medical and veterinary professionals, as the disease affected both humans and animals.

What was amazing about this particular visit was that we personally witnessed the propagation of hydatid disease just outside of the community center at the river’s edge. There, dogs, pigs and sheep were observed rummaging for food through the river, which was littered with human trash, animal waste and lamb carcasses. As we sat by the river and observed, two little girls from the town sat down with us. With what little Spanish I knew, Santana, a 7-year-old, and her 4-year-old sister, Rosalee, told us that “perros” (dogs) were found everywhere in the town, and that the animals come to the river because people throw their trash there. To these little girls, it was completely normal to see dogs roaming free in the streets without owners, and pigs intermingling with sheep and cows without a herdsman or farmer continuously overseeing them. And what a surprise it was for them to have new people like us come to their town, for they had never seen anyone like us before.

What was most unique about the team involved in the project was that it was composed of several different health professionals from various ethnic backgrounds: veterinarians, physicians, nurses, medical and veterinary students, deans of veterinary colleges, and medical and veterinary professors from Peru, Morocco, South America, the United States, and several other countries. To see such a diverse group of people come together for a common effort seemed to epitomize the ideal of one health and one medicine. Today, there are numerous parallels observed between the medical and veterinary professions, and it seems only natural that these should coincide with one
another more and more as time progresses. Traditionally differentiated from each other in the past, human, animal, and even environmental medicines are slowly becoming a cohesive unit, one that aims to benefit all living things, which are intricately connected and dependent on one another.

My experience in rural Peru caused me to realize the vital importance of interdisciplinary cooperation in the development of better medicine. Without dependence on each other in regard to the advancement of medicine, such development is tremendously slowed, even halted, and ultimately thwarted. We rely on one another, as medical and veterinary professionals, to bring about change that benefits us all, and we help each other tremendously by putting new ideas, thoughts, and concepts on the table for examination and utilization. As a future veterinarian, I now realize that veterinary medicine is not its own separate profession, but rather a vital piece of a much larger pie that incorporates all aspects of medicine. In talking with several friends who are DOs and PTs, I see that we share similar knowledge and have the same goals in terms of career paths, personal achievements, and community service. In working together, we advance not only our own knowledge, but also the knowledge of others, in our own backyards or even as far away as Peru.

WesternU is the foundation for one health, one medicine, and one vision, as stated by Dr. Pumerantz and exemplified by our students. Very few places in the United States demonstrate such collaboration between future and current nurses, pharmacists, physical therapists, physician’s assistants, physicians and veterinarians, and very soon optometrists, podiatrists, dentists and other scientists. It is this change that ultimately benefits us all and, most important, our patients. And it is change that drives our passion for practicing great medicine at WesternU, in the United States, and wherever our careers take us.
Top: Sheep grazing in the highlands, Junin, Peru.

Bottom left: “Fire in the Sky,” sunset in the Sacred Valley, Peru, situated between the towns of Pisac and Ollantaytambo.

Opposite page top: Peruvian women weaving a blanket in Chinchero, Peru.

Opposite page center right: Sacred Valley, Peru.

Opposite page bottom: Machu Picchu, Peru
Change is good
So go with it
Don't resist the current
And on your future sit

While others may initiate it
You control the flow
The way is made for you
You are chosen to go

Life is too short to sit idly by
Letting others wave and cheer
Don't wait for another resolution
Today is your New Year

It may be hard
You may even cry
But change is not your enemy
Your cooperation is do or die

Now as I've said
And I'll gladly repeat
It's your choice how you dance this dance
And idleness defeat.
It was the beginning of a new year and the beginning of new experiences. January 10, 2009, six MSN-E students took the trolley from San Diego into Tijuana. Despite the rise in drug war-related violence and the prevalence of crime across the border, these girls were on a mission to bring free health care to those less fortunate.

I had the pleasure of traveling with five other MSN-E students to Mexico. Partnering with Liga International Flying Doctors of Mercy, we were in for an adventure. A free medical clinic was hosted at Hospital de Sagrado Corazon about five miles southwest of the American border. We were greeted by the local hospital coordinator, Rodrigo, and Liga representative, Jacki. Getting there was fairly uncomplicated. Organizing the clinic was not. A few students were shocked to see what the missionaries had to work with: cubicles for triaging, mounds of medication stacked on a single table, and two 10x10 rooms for surgery.

The clinic was set for pediatrics, general surgery, optometry, gynecology and mental health. We provided free medical services and client education in the following areas: vital signs, blood glucose screening, and filling prescriptions. We had the privilege of watching cataract and pterygium surgeries performed by ophthalmologists. Meanwhile, two women had a rare opportunity to scrub in on a circumcision surgery.

After the clinic closed at 6:00 p.m., disorganization reared its head yet again. All the missionaries planned to hitch a ride with Rodrigo and have dinner at his house. Finally, after hours of waiting, 16 of us crammed into his old pickup truck. It took 35 minutes to get to his house, but we laughed all the way.

Ultimately the long day of hard work was rewarded with a traditional home-cooked carne asada meal. At midnight, sleepy and full, we were chartered back to the border. We were ready for bed, but not another day of hard work.

The next day went by smoothly, triaging fewer patients than the day before. Although scrubbing in on surgery was the highlight of Saturday, perhaps the greatest memory of the clinic was a proactive effort in women’s health. Ten women were waiting for a gynecologist who didn’t have time to see them. We came up with a plan to have two students per room providing breast exams and explaining the importance of self-examination. Usually, MSN-E students do not perform such exams until the Nurse Practitioner portion of their program. Even the medical students were impressed by our professionalism. One girl commented after a physical, “I can’t believe how much you guys know!” Needless to say, the humanistic spirit embodied by WesternU was reflected in how we presented ourselves.

The teaching from the surgeons, the gratitude of staff and patients, and the friendships that will last a lifetime were memories that can hardly be explained in words. The clinic was a success, admitting 285 people in two days. Reflecting on the weekend, we agreed that community service is not just a sector of health care, but a necessity for all who work in the field. Nurses are prime examples of health care workers who can provide community service and inspire others to do the same. It was an honor to be part of such an experience with a fantastic team.
A change coming soon to WesternU is the introduction of an Interprofessional Education (IPE) program (January 2010). What are the forces that are bringing about this change, exactly what is IPE and why is it needed, and how can we make it happen? These are a few of the important questions that first come to mind when considering the development of a comprehensive, continuous IPE curriculum. The University seeks to address these concerns through a well-rounded, carefully assessed interprofessional teaching and practice model.

Health care in the U.S. today may involve many disciplines treating the same patient and family members. Unfortunately, many health-care providers function within a limited environment and are too often unaware of other services patients may already be receiving or perhaps should be referred to. This lack of coordination of, or appropriate referral to, services can affect the overall quality of the health care that the patient receives. To alleviate these issues and improve health-care services, many organizations such as the World Health Organization (WHO), the Pew Commission, and the Institute of Medicine recommend some form of interprofessional or interdisciplinary training of health professionals.

The report of a WHO study group stated that multiprofessional teamwork in health care is a worldwide trend based on evidence that teamwork is more effective than treatment by individual practitioners for improving the overall health of the patient.¹ The Pew Commission developed the following position statement: “All health care disciplines share a common and primary commitment to serving the patient and working toward the ideal of health for all. While each discipline has its own focus, the scope of health care mandates that health professionals work collaboratively and with other related disciplines. Collaboration emanates from an understanding and appreciation of the roles and contributions that each discipline brings to the care delivery experience. Such professional socialization and ability to work together is the result of shared

educational and practice experiences.” As reported by the Institute of Medicine, “The U.S. health delivery system does not provide consistent, high-quality medical care to all people.” The report suggests that health care workforce preparation should include interprofessional training. The Institute of Medicine notes that communication and cooperation among clinicians is vital to ensure proper communication and coordination of patient care.

What is IPE and why is it important? The most widely used definition is from the U.K. Center for Advancement of Interprofessional Education (CAIPE): “Interprofessional education is those occasions when (students) from two or more professions learn with, from and about each other to improve collaboration and the quality of care.” By understanding each other’s roles, health-care practitioners can provide well-coordinated and managed care to all individuals. This can dramatically reduce medical errors, increase compliance and ultimately enhance patient outcomes – one patient at a time.

How can we make this change occur at WesternU? IPE fits in nicely with the university’s mission of humanism. In the process of learning together and developing respect for each profession’s role in health care, we are able to demonstrate concern for the total needs of our patients. Respect and appreciation of other health professionals is a major outcome of the IPE program. Multiple types of activities may enhance teamwork and collaboration among students from different professional programs. The first phase is to introduce this concept in small group activities for the first year of our health professional programs. This will lay the groundwork for future activities, including combined simulated and actual clinical experiences that will promote teamwork and collaboration. Our plan is that this comprehensive foundation of a collaborative, caring effort will continue after graduation, and our graduates will make a difference in the health care system and the patients they serve. To make this happen, all faculty will need to support the program as well as serve as mentors and role models for this new generation of interprofessional students.

To learn more about our planned IPE model, see our new website at http://www.westernu.edu/xp/edu/interprofessional/interprofessional-about.xml


Sheree Aston, OD,MA, PhD, Vice Provost/Academic Affairs, addresses students in the IPE pilot study orientation, March 3, 2008.
“Worst case scenario, it is melanoma. In this case we need to sit down and have a serious conversation.” I left the doctor’s office without contemplating these words. I was 25-years old, healthy and invincible. When I returned to the doctor’s office the next week, we sat down to have that serious conversation after all. I was diagnosed with melanoma cancer, a very deadly and stubborn cancer if not diagnosed and removed in its early stages. The good news, it was “in situ,” albeit borderline invasive. For the sake of time and efficiency, some doctors would have delivered the diagnosis and passed me off to a surgical referral within minutes. Instead, my doctor came prepared for our meeting. He had spent time during his weekend researching melanoma, and even went so far as to consult with experts on how best to proceed. He handed me his research to take home, including the e-mails from the experts. We (as a team) discussed my options and agreed on a plan.

For a moment I forgot about the cancer because I was so impressed with his approach. For most people, the words “you,” “have” and “cancer” in the same sentence evoke an unpleasant visceral reaction that may involve shallow, rapid breathing, a racing heart, sweating, and outright panic. Despite realizing that I was no longer invincible, I left the doctor’s office that day feeling educated, prepared, empowered and hopeful. Was I in denial? Perhaps a little bit. But I distinctly remember thinking to myself, “That is the kind of doctor I want to be – caring, involved, informed, and communicative.” I firmly believe that my calm and gathered reaction to such an unwelcome diagnosis was a direct result of my physician’s approach. With just a little bit of time and effort, he transformed a potentially devastating and confusing diagnosis into a workable and comprehensible solution.
When I met my soon-to-be surgeon it was a very different experience. This time there was no information to take home and no team approach, just one and a half hours in a waiting room, a brief exchange of pleasantries, and then five minutes of business that revealed very little about this impending operation. That was it? Was I merely a case of everyday melanoma? I wanted particulars, down to the nitty gritty, just like a juicy conversation with a girlfriend about her latest romantic endeavor. Leave no detail behind! Where will he cut? How deep will he go? How will he put me back together again? Will I be able to walk afterward? Will I need crutches? Is this guy even a good surgeon? My mind was brimming with questions that I had to systematically filter, selecting only the most critical, as I had very few opportunities to verbalize the mental drama playing out in my head. Most likely annoyed by my persistent questioning, my seasoned surgeon walked away when he felt our business was finished. As your run-of-the-mill, uninteresting, uncomplicated cancer patient, was five minutes all I was worth? I left disappointed and unsatisfied.

“"To most physicians, my illness is a routine incident in their rounds, while for me it’s the crisis of my life. I would feel better if I had a doctor who at least perceived this incongruity.”

–Anatole Broyard

Perhaps it is just my inquisitive nature, but there were certain details about the surgery that I felt I had the right to know, yet never knew to ask. When the bandage was finally removed two weeks later, I witnessed the horrific juvenile arts and crafts project that was once my leg. Had he mentioned that he would use ten large staples to close my wound and that I might have an allergic reaction to the waterproof bandage that would torture me for two weeks, I would have been more prepared to see a spectacle that only Frankenstein’s bride could appreciate.

Illness and disease, whether it is a common cold or fatal cancer, manifests itself differently given the context of a person’s culture, socioeconomics, faith, and stage of their life. Any witness to my story would accuse me of exaggeration — but it’s my leg, my cancer. At the time, I mourned the notion that my lanky long legs were no longer worthy of the mini skirts of my early 20s.

My experience as a patient was bittersweet. In any profession, there will be people whose talent and skill are masked by their brash demeanor, and those who lack cleverness but are praised for their charisma. As it turns out, my surgeon had an excellent reputation within the realm of oncology. He was undoubtedly competent and respected by his peers. But to me, he was just good, not excellent. To earn the five stars in my personal Zagat guide to physicians, my surgeon does not need to be a jubilant fellow. Neither one of the physicians involved in my cancer melodrama were particularly extroverted or expressive. What set them apart were their approaches and their anticipation of my needs and concerns.

In my observations working in international public health, as a medical student and a patient, I have realized that clear communication interlaced with a bit of empathy and a team approach are paramount to a patient’s health and well-being. As a future physician, I realize that I cannot change the hard facts of science backed by evidence-based medicine. What I can do is change the way I interact with my patients. I will recall what it’s like to be the person in the quintessential breezy white gown. I can remain sensitive to the fact that my next few words may carry with them profound consequences to my patient’s interpretation of their disease. Likewise, my interactions may affect my patient’s willingness to cope with their illness and make the lifestyle modifications critical to their healing. Physicians have a unique opportunity to bridge the concern for physical ailment and concern for our patient’s emotional state. Doing so is a part of practicing humanistic medicine. ■
Unremembered

When I first met you
I mistook you for a person,
but towards the end of it
I realized you were not.
That thought dried up.

It did not dry up quickly,
Like a lily in Anza,
But slowly, unconsciously,
Like your intercostals did
When we moved south
And they were left there alone,
Forgotten.

And towards the end,
I did forget something,
That your shed shell
Now ravaged by wolves in disheveled lab coats,
Once housed something undissectible
Dynamic and fleeting.

Lara Pickle, DO '12
Note from the author: This poem reflects my experiences throughout
the cadaver lab and how easy it can be to lose your perspective.
We live in a world and an age defined by statistics. Nearly everything we do – where we live, what we eat, how far we drive, how much money we make – is tracked and calculated, all for the purpose of distilling human behavior down to sets of numbers. Those figures in turn are used to do everything from calculate how much income tax we should pay to how close a new restaurant or service station will be to our home, from how far away a school will be built from our neighborhood to how much noise we can withstand from passing traffic.

Lately, some of these numbers have gone beyond the mundane and leapt into the arena of serious concern. More and more people — 1.5 million in California alone — are out of work, 47 million people are without health insurance nationally, and all of our communities show increasing signs of stress.

But 1.5 million and 47 million are big numbers. They’re statistics – cold figures that don’t create a picture in our minds of the living, breathing people behind them. It is only when we look past these statistics to see that each one of those numbers represents an individual out of work, or a person without health care, that we understand the tragedy of their circumstances and make a human connection with them. It is then that we ask ourselves: What can we do?

We as individuals and we as a university can, and must, do quite a lot. Our programs and our colleges must sustain university core values, producing healers who are technically and scientifically competent and are sensitive to these tragedies. All that we do here at Western University is aimed at sustaining this culture of caring. It is one of our core Benchmarks of Value, and one of this institution’s hallmarks.

Our country needs the graduates we produce now more than at any other time in our recent history. So we must continue to grow and strengthen our University, and make it a unique engine for change such that no one in our care ever becomes simply a number.
1986: Santo Domingo, Dominican Republic: I rounded with a hospitalist who pointed out the AIDS patient to me, and said there was nothing to do but placate him and let him die. I asked many questions to come up with helpful ideas. The physician cut me off and turned away.

1990: San Quintin, Baja California, Mexico: I had flown down past Ensenada to San Quintin with a couple of medical students to work with the local physician and an American podiatrist. On a break from the clinic, I noticed a newborn alone in a bassinet in an unfurnished room. He was struggling to breathe. I ran for the physician only to be told there was nothing to do but let him die. I pleaded, wracked my brain for medical, transportation, equipment solutions. I came up empty-handed and utterly defeated. The baby died within a couple of hours.

1992: The slums of Tijuana, Mexico: We were delivering care with some medical students in a colonia of Tijuana and stopped by to look at the mountains of garbage and trash at the city dump. The garbage reeked of decay and toxic smells. Many children were climbing on the heaps, looking for something to use or sell. Closer by, some were playing and laughing.

2005: Eastern Province of Zambia: I was in charge of the Men’s Ward at St. Francis hospital, located on the other side of the zone where you need to be dusted to kill tsetse flies. After much effort, examination, history taking, and consultation with the British physicians, Zambian medical officers, and my Australian medical student, I couldn’t figure out why this 18-year-old boy couldn’t move his legs. We needed a scan. His mother looked at me with pleading but accepting eyes. They could barely afford to go to the capital to try their luck there. Even though we joked and shared, there was a gnawing feeling that wouldn’t leave my heart. I played and teased the small children of other patients’ families and joked with the long line of patient, hugely pregnant women pacing in a line all day, every day, waiting for the birth of their next child.

2005: Zambia, continued: A little baby at St. Francis had a defect causing his head to grow three times the normal size. When I asked to take a photo, the mother said, “You Westerners love to take pictures but why don’t you help my baby?” I assured her that perhaps the photo would inspire more Westerners to help the Zambians. She replied, “I need help for my baby now!” and reluctantly let me take the photo.

2005: Africa to America: My friend tells me of a group of ladies in Malawi who went without food for a time in order to collect money for Hurricane Katrina victims. He asked the ladies, “You are suffering so much; how can you even think to increase your suffering to help an American?” Their leader replied, “For us to go without food is a routine matter compared to an American. We are accustomed to suffering.”

Why was I born to the family in Los Angeles rather than in the places of these others?

What should I do about it?

Why haven’t I experienced tragedy of the magnitude of these others?

What should I think about it?
All photos taken at St. Francis Hospital, rural Zambia.
Returning to my cradle:

a trip of discovery to Afghanistan

Story and photos by Suliman Rastagar DO ’12
Anticipation

To this day I am amazed that I still have memories of my home country of Afghanistan during its prewar days in the late 1970s. I was only five years old in 1979, when my family fled the communist juggernaut, that had established itself there and taken the lives of many friends and relatives. While growing up in Germany, the U.K., and America, I took on a dual Western-Afghan identity so that I could make sense of my world inside and outside the house. Maintaining my Afghan heritage had always been important to me in the face of becoming yet another worshipper of Western values. I was filled with anticipation when I embarked in January 2006 on my first trip to my birthplace of Kabul, the capital city of Afghanistan. I joined my uncle, Waheed, who also left around the same time I did and hadn’t been back since. Nowadays we both live in California, on the opposite side of the globe from Afghanistan. Getting there took two days: a flight to Amsterdam, then on to Dubai, and then to Lahore in northeastern Pakistan. We had originally envisioned traveling by vehicle via the famed Khyber Pass to Kabul. Traveling overland in Afghanistan back in the 1960s and ’70s used to be no big deal. You would just jump into a car and drive on any one of the then-newly asphalted roads that lead in every direction. Nowadays, after 30 years of war, that is not necessarily the case. The road to Kabul from the Pakistani town of Peshawar, we found out, was under heavy reconstruction, and it would take a major detour and an extra three days of muddy slogging to get there. So for the sake of saving precious time, we flew from Pakistan into Afghanistan.

Flying over the Roof of the World

Once the plane rose from the haze-choked plains of the Indus River in the Indian subcontinent, the sky became sparkling clear blue again. To the north, I could see the distant peaks of the lofty Himalaya and Karakoram ranges. This is nothing less than the roof of the world, where, flying at 30,000 feet, I looked straight out of the plane window toward the summits, rather than looking down on them. At this wintry time of year, the entire mountain range glistened with the whitest of white. The narrow bands of glaciers curved away from the feet of the jagged peaks toward silty jade-colored lakes and rivers deep down in the valleys. One majestic, brilliantly white, and shark-tooth-shaped mountain stood above all others, not too far from our flight path. Judging by its topography and the maps that I have pored over, it had to be Nanga Parbat. At a height of 26,668 feet, it ranks among the 10 highest in the world, and it’s the westernmost peak in the Himalayas. What an overpowering sight its vast snowy face was. And a deadly mountain, too. I once met a famous Italian climber named Reinhold Messner who had lost his brother to this lethal peak. His body is still there, mummified and frozen.

Soon the lofty Himalaya range merged with the mighty Hindukush range, into which our Airbus descended. Now the snowy peaks looked even larger and more impressive as the plane flew between them into ever narrowing corridors. Below, I watched the wildly churning Kabul river cut its way east through a deep gorge. Here the opaque silty water irrigated nothing, not until Jalalabad, an agricultural haven of Afghanistan further to the east, not far from the Afghan side of the Khyber Pass. As the jagged mountains edged closer and closer to the wing tips of the airplane I started wondering where exactly Kabul was in this mess of
peaks and ridges. Then, suddenly, mountains became snow free, then parted, and the 6,000-foot-high brown plain, on which this ancient city sits, unfolded before the descending airplane. Here I could see the Kabul River again, but this time it meandered peacefully among many braids through little irregularly shaped fields of yellowed winter wheat and dormant fruit trees, and maybe even dormant opium poppies. At this time of year, it all looked lifeless and drab. Closer to the city, the dusty brown plain became more industrial and even suburban. Then I looked closer and started seeing that these were not your average suburbs. One house stood. Another was just a pile of rubble. Upon touchdown, I noticed the far edge of the runway lined with the wrecks of war. Ugly and twisted pieces of metal piled on top of each other. Burned-out trucks and fuel tankers. The hulls of Russian armored personnel carriers. The tarmac showed signs of damage and disrepair everywhere: endless cracks and bumps, little bomb craters that had been filled with asphalt. Then the diminutive terminal of Kabul International Airport. So this was the spot where, as a 5-year-old child, I left this country on an airplane bound for Germany just a few months before the Russian invasion. How ironic that the last thing I remember from that day in early 1979 was an armored personnel carrier rumbling past along the runway and one of the first sights I saw today was the burned out hull of exactly such a vehicle.

The Grit and Rough Edge of Kabul

Upon stepping off the plane, I found the air freezing cold, initially much too cold for my nose, which has been pampered by the Mediterranean climate of California. Although dusty. I welcomed this cold breath of fresh air after having inhaled nothing but grimy haze in the Indian subcontinent. Inside the unheated, decaying terminal. Uncle Waheed and I were received
warmly and welcomed back to the country of our birth. The immigration officer told us that we didn’t even need those Afghan visas we had applied for prior to our arrival. He spoke Farsi, as I do, and I understood him. Two burly baggage handlers grabbed our bags and carried them outside. They also spoke Farsi, and I understood them. The Land Cruiser that was supposed to be waiting for us wasn’t there, and some tall stranger in a winter parka and a great white turban produced a cell phone and offered to call the missing driver for one U.S. dollar. Not a cheap phone call, but it got our driver to us. The turbaned man spoke Farsi, and I understood him, too. Past the airport gate and the barricaded road and the sandbag-fortified machine gun posts waited all the relatives, taxis, money changers and whatnot. They all spoke at once in a barrage of Farsi, and I could understand every single one of them. I talked to them in return. I couldn’t stop talking. Why am I making a big deal of this? Because it is most fascinating to be fluent in a language that I have only spoken with the same close relatives I have known my entire life. I have never really run into masses of strangers on the street who all speak Farsi. I just couldn’t get enough of it at first. Uncle Waheed was laughing, because to him, having grown up and studied in Afghanistan, it seemed most natural to speak Farsi.

Just like all other cars, the Land Cruiser kicked up plumes of dust in its wake. That’s because three decades of neglect and warfare have reduced the once smoothly paved and tree-lined roads to an urban off-road obstacle course. Huge potholes and crumbling asphalt are the norm, and many sidewalks have been reduced to rubble. In fact, seven years into the liberation of Kabul from the Taliban regime, there are still piles of war rubble everywhere. Right next to the airport, I saw a huge rusty metal warehouse completely riddled with bullet and rocket holes of every size. Very few walls that have survived seemed to be free of bullet holes. Despite the presence of people busy in the streets, and little market stalls everywhere, it was hard at first not to notice
the constant reminders of war. Rows and rows of two- and three-story houses along some of the major roads have been reduced to maybe one or two bullet-riddled walls. The bottom stories have been, for the most part, rebuilt using the heaps of nearby rubble. That way a storekeeper has a little abode to keep his wares in, even if there are no windows or doors. Many trees had limbs sawed off halfway up the trunks, probably to be used as firewood during more desperate times past. In fact, this was not the green and tidy city that I remember from my childhood. The old photos in our family albums of neatly plastered and painted houses with thick wooden window frames surrounded by rows of roses and geraniums seem to have been taken somewhere else, and are not in this Kabul that I am looking at now. One of my fondest early childhood memories is that of tall, slender, white trunked poplars gently rustling in the wind outside our house in Kabul; I distinctly remember the collective sound of the leaves in the breeze. But winter here reduces the fresh green of the plants to shriveled, dry brown twigs.

Reconstruction Money from Foreign Aid?

At first it was really difficult for me to see past all the carnage of war, but the rebuilding is steadily gaining momentum. Much more of the rubble has been removed than what is still there. New and renovated private houses are going up everywhere, and what hadn’t been destroyed was being refurbished all over town. Rows and rows of concrete multistory buildings are mushrooming in the city center. Most of those seem to be clad in colored panes of reflective glass, Pakistani-style.

As the first few days of shock passed, I noticed that the new construction seemed really haphazard and without any real zoning. It hit home when Uncle Waheed and I saw what had happened next to a house he still owns and rents in Kabul. It is located on a large rectangular cul-de-sac. His next door neighbor, at some point, had decided to build himself a second house, but most of it stuck out...
into the street and gobbled up a good third of it. Many others have just taken to the hills that dot the Kabul plain. Little mud brick houses crawl their way up the steep hillsides without benefit of roads, sewer pipes, water or electricity. Many impoverished people who have been war refugees for many years have come here to try their luck in the big capital city. As a result, it has become a chaotic, dusty and overcrowded place.

The Psychological Toll of War

A lthough people seemed happy to be rid of their oppressors and to have elected a government of their own choosing, I found heartfelt laughter a rarity. I noticed that, when I took a few posed photos of people we knew and asked them to smile for the camera, no one did. This occurred on several occasions. So I started to ask people to smile for the camera and found that it was mostly kids who still had that capacity for spontaneous laughter and smiles. At least there is hope in that. There must be unfathomable psychological damage to these people that may never heal, or may take decades to diminish. Every single person I met had a relative or friend or acquaintance who had been killed in the conflict. In comparison, I found people in Vietnam to be relatively even-keeled in their ability to express joy. Of course, the bomb craters of Vietnam have long been overgrown or built upon, while in Afghanistan they are still widely visible, literally and figuratively.

I cannot ignore the positive developments, however: faded posters of political candidates still clung to walls and poles all over Kabul. The currency has become relatively stable and is accepted everywhere alongside the U.S. dollar. Movie theaters, TV stations, and music stores have mushroomed with a vengeance after the demise of the Taliban, during whose reign they were all but forbidden. People have taken to rebuilding the country on their own when the government has fallen short or bogged down in bureaucracy and corruption. As inconceivable as it sounds that most Kabul neighborhoods have electric power only every other day, it is still a vast improvement over the past, when power became nonexistent for weeks at a time. So far, one out of three hydroelectric power plants has been restored to its previous capacity. Everyone is hoping that the other two will go online soon, so that daily blackouts become a thing of the past and those noisy and stinky generators in front of every house may also disappear.

It Still Remains a Rugged Country

F or two solid days it snowed, and then one morning I woke to a deeply frozen but brilliantly sunny Kabul. The mighty Hindukush Mountains that surround the city seemed even whiter than before, and all the local hills and slopes emerged in the same state of brilliant white. For us in the little guesthouse and for most other people in the city, the deep freeze meant the end of free-flowing water in the bathrooms, because pipes had frozen or burst. The ones leading to our tap burst. I initially griped at the thought of not having water, but then our trusty driver told us that on the way over he saw an old man living in a little shack by the side of the road nearby, frozen to death. The news reported that 70 people so far had died in Kabul alone from exposure to cold. I stopped complaining. I’m not surprised, considering that many poverty-stricken people live virtually out in the open; their shelters of mud brick don’t have windows or insulation from the cold, and minus-20 degrees Celsius at night can get lethal.

But what a bright city Kabul is during winter, just like Khaled Hosseini, the author of “The Kite Runner,” had described in his best-selling novel. “The sky, after it cleared, became a deep blue and everyone’s eyes were reduced to squinting in the bright light. Sure enough, I saw kites rising into the blue, sometimes zig-zagging, sometimes sweeping graceful arcs, but always quick to engage one another in a duel.”

On one of those bright days, Waheed and I jumped inside the toasty interior of our trusty Land Cruiser and
asked Sayed, the driver with the benevolent eyes, to drive us north over the Khairkhana Pass and out of the city. Kabul has expanded recently, and most of that seems to be up into the hills. On our drive north, we noticed that once barren hillsides were packed with rectangular tan and brown mud-brick houses all the way up to where hills turned into steep rock. Over the pass and beyond it, another massive and long valley known as Kodaman opened up, and we drove down the newly paved blacktop past low-slung villages set amid walnut and mulberry trees and grape vines. Everything was dormant and buried under a thick coat of snow. On either side of the valley, the tall ridges of the Hindukush rose. Back in the old days, before the massive bombing campaigns of the Russians that were aimed at all the villages in the valley, the road was lined with trees. Today it is lined with tattered green flags flying over the gravestones of all the local people who died during the war years. From various villagers, I found out that only Afghans who actually fought for their country received the honor of a green martyr’s flag. The Russians, the Taliban and the foreign fighters all were buried in unmarked ditches to be replanted with the very trees that were destroyed. Our goal that day was to find a patch of agricultural land, a few dozen acres maybe, which had been owned by my family for decades but completely neglected in the last 30 years of our exile from Afghanistan. Happily, we found rows and rows of dormant grapes waiting for the spring thaw under their blanket of snow. Sadly, our family compound, a two-story house surrounded by a courtyard and high walls and even an outdoor swimming pool, had been completely leveled. What used to be the house was a disintegrating heap of brick and dirt and the remnants of a high mud brick wall. Only two bullet-pocked walls of the swimming pool remained. It looked like a tank had wedged itself inside of it at some point. The apple orchard that surrounded the house at one time had disappeared completely. The resident farmers told us that the various trenches around the house were dug by the Taliban in the mid-90s as they fought their way through to Kabul. According to the farmers, there are quite a few Taliban fighters buried in and around this area in unmarked pits. The two local farming families had been squatting on the land for over two decades now, and slowly brought it back to life. Uncle Waheed enlisted them to go even further and remove what was left of the war rubble, fill the trenches and get a new apple and pomegranate orchard started. There is no use trying to evict these families. Besides the obvious cruelty, they seemed to be good stewards of the land, as long as they could conduct their lives in peace.

Rugged Ethnic Groups

One last but very important aspect of Afghanistan that I wanted to mention are the various ethnic groups that make up the country. Many are completely different from one another by the language they speak (although Farsi and its sister language Pashto are spoken by everyone), by the way they dress, by their facial features, and by the various trades they engage in. The majority of Afghans belong to the light-complexioned and black-haired Pashtun ethnic group, which has supplied the ruling dynasties in the past two centuries. To answer the inevitable question, I am of Pashtun ethnicity as well. Tajiks make up the second-largest ethnic group. They are Farsi speakers and share a lot of heritage with ancient Persia. The Turkmen originally came from the northwestern steppes of Central Asia and speak a Turkic language in addition to Farsi. The Uzbek ethnic group also originated in the mountains and steppes of Central Asia. You wouldn’t be wrong to guess that they speak Uzbeki, as well as Farsi. Then there are the Hazara of Mongolian descent, who speak strictly Farsi. Additional ethnicities include the Kyrgyz and the light-haired Nuristanis, reputed to be of Greek-Bactrian heritage. All of them are subdivided into various tribes and clans that have on occasion clashed violently.

By far the strongest glue that keeps this ragtag social fabric together is Islam. That is the one thing all of these ethnic groups have in common. Beyond that, even
Islam divides itself into the Sunni and Shia factions, the former of which make up the majority of Afghans. Mosques, especially ancient ones with blue domes and intricate tile work, can be found everywhere. The one type of construction the Taliban promoted was that of mosques, but even then, there are quite a few more going up in Kabul since their fall.

Hope

My overall impression is a positive one. Change is happening. Everything is coming back to life maybe at a slow, corrupt, and lurching pace, but it’s happening nevertheless. It is not something we usually see in the international news, as that seems to be preoccupied with the sensationalism of insurgent attacks and violence. That still happens, especially recently, but the big picture is quite different than what the media leads us to believe. Just the fact that the majority of boys and girls, especially girls are attending schools again, gives me hope for the future. There was a time under the Taliban, not too long ago, that education was strictly forbidden. In this country of widows, women were brutally suppressed and prevented from working and providing a decent home for their children. Although the strife has not ended, those dark days are over. As long as the Afghans live in harmony, this fragile peace can become more robust with time. NATO troops may stay for a long time to ensure against another descent into civil war in Afghanistan. We have no choice but to keep this flame of hope flickering. Hope that change will continue and will lead the country to become a peaceful entity whose citizens will be given all the opportunities we as Americans sometimes take for granted.
Colleen Galindo
Faculty Credentialing & Student Assessment Assistant
Office of Medical Education, COMP

Top: Marina in Onancock, eastern shores of Virginia
Right: Sand crab Maui
The List

That infamous sheet of paper we are presented with each morning containing the names of the patients we must see that day. The shorter, the better – less patients means less work. It becomes our routine “to do” list each day. Follow up on lab results – check. Write orders – check. Discharge the patient – check. Pages of tasks to complete before calling it a day. Today the list was exceptionally long. Twenty-seven patients, to be exact. That’s twenty-seven notes. Twenty-seven charts. Twenty-seven stops on our journey through the hospital wards to complete our rounds for the day. And 27-plus things to check off the list. The mere thought of it all was exhausting.

Last night was a long night. The team was on call, and we admitted a total of 19 patients. We were sluggish and sleep-deprived as we met up for our morning report and dragged ourselves to the fifth floor to begin rounds. The List was distributed to all members of the team and – one by one – we began to discuss each patient’s case. The first – a 56-year-old man who had suffered a stroke. Did we put him on all the necessary medications? Check. Follow up on his MRI? Check. Order his speech therapy consult? Sigh. Yet another thing to worry about completing. We all headed over to his room and knocked on the door before stepping inside...

"To most physicians, my illness is a routine incident in their rounds, while for me it’s the crisis of my life. I would feel better if I had a doctor who at least perceived this incongruity."

- Anatole Broyard

Angie Koriakos, DO ’10
My hospital room seems cold and gloomy this morning—appropriate considering how I am feeling. The burly nurse with the constant scowl has been coming in and out of the room all morning, routinely stopping to take blood or turn off the screaming IV machine. She kneels over me and asks me a question. I begin to answer, but immediately halt. Is that me speaking? What did I even say? She repeats her question, and again I repeat my gibberish. Scared and confused, I attempt to lean forward and sit up to get out of bed and use the restroom. I can’t. Why can’t I move the left side of my body? Is this what my life is going to be like from now on? Unable to communicate? Unable to walk? Unable to even get up to go to the restroom on my own? I feel like I am living my own funeral.

There’s a knock on the door, and six people wearing white lab coats and stethoscopes walk into the hospital room and stare in my direction. The older gentleman begins by asking me how I feel today. Before even giving me a chance to answer, the man begins speaking again in a monotone, telling me that I suffered a stroke and have lost function of the entire left side of my body— as if it were the most ordinary, inconsequential news in the world. He goes on to list the medications he has put me on and continues to tell me he is going to schedule me with a speech therapist to help facilitate my recovery. In the meantime, they are working on getting me into a skilled nursing facility because, clearly, I can no longer live on my own or take care of myself. The social worker thinks they have found an “acceptable” place to send me and— after pushing and pushing— they think they will be able to get me out of here by tomorrow. With that, and with a final muttered “have a nice day,” the six white coats turn around and begin walking out of the room.

“Thanks a lot,” I wanted to call out. “I will definitely have a nice day.”

The list of patients we follow each day becomes just that—a list. In our haste to check off each item on the list, we forget that these are not mere tasks— they are people. Each patient carries a list of his own— family, friends, dreams, goals, and aspirations. How easy it is for those of us working in the medical profession to forget this— to view patients as a mere task of the work day rather than as people who, more than anything, just want a chance at life. People whose lives are turned upside down by the words we utter. People just like us.

What if you suffered a stroke? What if one day you woke up and couldn’t talk? What if the biggest challenge of your day became getting out of bed?

What would you expect out of your doctor? What kind of care would you want?

Think about it.

Do you have your answer? Good. Now do it.
Strategic Alliance is a hallmark of Western University of Health Sciences’ Veterinary Medicine program and is exemplified in the college’s activities with the Serpentarium at California State Polytechnic University, Pomona (Cal Poly). The animal collection was originally established by Dr. Glenn Stuart, but is currently managed by Dr. Kristopher Lappin, a faculty member of the Biological Sciences Department at Cal Poly. The Serpentarium educates the public and students about indigenous reptiles and amphibians.

Molly Wear, a recent biology graduate of Cal Poly worked in the Serpentarium throughout her undergraduate career and is at ease handling both venomous and non-venomous species. She works with them for basic husbandry and for teaching purposes. “Cal Poly has a theme of ‘learn by doing,’ and this is reflected in the students’ positive experiences with the reptile and amphibian collections,” Wear said. She has educated the public through the tours she gives to University students as well as local Boy Scout and Girl Scout troops. The animals also are used as a teaching collection for many biology laboratory classes and research projects.

WesternU’s first- and second-year veterinary students associated with the Zoo, Wildlife, Exotics, Aquatics and Conservation Club (ZWEACC) have used this collection for handling and diagnostic workshops. The WesternU College of Veterinary Medicine’s reverence for life policy is always strictly followed, providing the animals with the best care available during their visits.

“The animal handling and physical exam wetlabs have been wonderful,” said Jenny Chau, a third-year veterinary student at WesternU. “I was able to overcome my childhood fear of snakes, and my clinical skills and knowledge of reptilian physiology have improved because of these hands-on experiences.”

In 2008, during the College of Veterinary Medicine’s annual open house, reptiles and amphibians from Cal Poly’s collection were displayed. Scouts handled the snakes under the supervision of the veterinary students of ZWEACC. This event illustrated WesternU’s “student-centered learning” curriculum.

Future plans for partnership with WesternU are dependent on the future of the reptile house, which currently appears bleak. The Serpentarium consistently loses funding with each passing year, and the collection reduces in size as a result. “There is always a struggle because of the lack of funds,” said Cassandra Stepp-Bolling, a senior at Cal Poly. Stepp-Bolling also works in the Serpentarium and is the only paid caretaker. She has gained valuable experience from the reptile collection, including having the opportunity to participate in undergraduate research. Her research interests in the Zoology Department include comparing the bite force of snakes and lizards.■
Above: Supervised by veterinary student Kirstin Kamps, DVM ’11, scouts learn about a non-venomous local gopher snake, often misidentified as a venomous rattlesnake, at the CVM Open House, April 2008.

Right: Veterinary student Christina Bowers, DVM ’11, holds a salamander for scouts at the CVM Open House, April 2008.

If you would like to address the funding problems that face the Cal Poly Serpentarium, please send letters of support to:
Donald Straney, Dean of the College of Sciences Cal Poly University
3801 West Temple Avenue, Pomona, Calif., 91768.
The collection benefits students, the public, and local wildlife through conservation education.
Awakening to Change

As a child growing up in Pomona in poverty and despair, I often passed by this college and wondered what happens there? With this question unanswered, at seventeen I joined the Army. I thought that this experience would help to define me. It helped to make me into the woman that I was destined to be.

But, I needed more.
I approached this college. I went up to the door.
Then, I turned and walked away.
I went to Azusa Pacific. It was okay. A bachelor’s in nursing fit the bill.
I was satisfied until
I got the learning bug again.
At this point, I gave this college a call.
I wanted to know about it all.
The more I learned, the more I saw that it was not what I needed at all.
I became a student at UCLA that fall. A master’s degree in nursing was just right.
Being a Nurse Practitioner has been a delight.
That was until one night
When a friend told me about a program for DNP
At Western University.
This time, I approached the college with glee.
They finally had something for me.
Something that I had searched for.
I approached the college and opened the door to real change.
My life is becoming rearranged,
This college is enlightening.
The learning is so great that it is frightening.
With the skills that I acquire,
I will be a nurse, who will inspire,

New generations to know that they can promote and create the type of change.
To make healthcare more compassionate and responsible to everyone that we serve
This college is giving me the nerve
To be a better nurse

— Carise E. Charles, DNP ’10
Undecided.  
Angeline Ng, PharmD 2012

From George to James, to William, back to James, back to William, back to George; and now we have Barack. Change is the big theme of our nation with our new president, handheld computers we call cell phones, and advances in sciences that were only thought to be real in the world of science fiction. Change has no longer become a term stating the alterations or inconsistencies of society, but has become our way of life. Our society is so embedded with changes that we have accepted them as choices. When I was a teenager, I would talk on the phone at home. What kind of phone? The one in the living room or the one in my bedroom. Question was really, which room? Today, you could be talking on your phone, anywhere in the house, outside, in your car, or to your buddy probably a hundred yards away and asking, “Where are you?” Yes, everyone knows that times have changed and everyone assumes that it’s for the better. But, is it?

Barry Schwarts, author of “The Paradox of Choices,” states that all these different choices that we have in the world result in a few things. One is paralysis, with so many different choices available that people ultimately end up not making a choice. A perfect example is lunchtime with your friends, and the question, “What do you want to eat?” Is the response a bunch of blank stares? Or maybe you had pizza in mind. But now someone suggests hamburgers. And then sandwiches, then chicken, then Chinese - now you have so many to choose from that when you finally agree on what to eat, everyone is a little bit less satisfied because now, they have all these different foods in their minds that they could have had. Even your initial pizza craving isn’t as satisfying if you end up eating pizza. This is because someone else had suggested sandwiches, and that idea sounded good also. This leads to Schwarts’ theory of the second effect of choice, which is being less satisfied after you make a decision because there’s some regret in the decision that you’ve made. The opportunity cost takes away from the satisfaction of what we choose, even if our choice is great.

The more options we have available, the more our expectations go up. With so many choices available to us today, when we are featured with an end result, we expect it to be near perfect. When we don’t get this, we are slightly disappointed and feel worse. Our society has become so affluent that we have the ability to form high expectations and when these expectations aren’t reached, we get disappointed. In the past, when we didn’t have all these options available to us, our expectations were lowered, and when things turned out better than we had expected, we were pleasantly surprised. Ultimately, we should expect less. We should learn when everything is “good enough.” Less trying to be the best of the best and comparing ourselves to other people, and more noticing our own accomplishments for what they are. Instead of being disappointed with ourselves and the decisions we’ve made due to the opportunity costs, be more satisfied.

With that said, in our continuously growing and changing society, have we reached such a glutteny of variations that we are no longer satisfied with the end result? I think it would be harsh to say how horrible change is, when there are so many positive implications that we are all aware of. I thought this was a good message for the students of Western University of Health Sciences. All are privileged to be among the best, and are striving to be the best, and are being told that we can be the best as we pursue our degrees as health professionals. We were a select few, and we have overcome great odds to be where we are today. How can you tell a group of individuals with such high aspirations to just be satisfied? We’ve been conditioned to this mindset, but maybe we should remember that there is no absolute best, that everything has an opportunity cost. And if we fail short of our expectations, there’s still room to be pleasantly surprised.
Above: “Nibbler”
Above: “Have we met before?”
Right: “Curiosity”
Two years ago, Roscoe was a timid, starving, six-week-old kitten roaming the streets of Syracuse, New York. It was raining and cold the night Ellen found Roscoe outside her apartment. She had never seen the benefit to sharing her life with a pet, but there was something about this tiny black-and-white kitten that went straight to her heart.

Ellen suffers from debilitating depression. Her illness has left her unable to work. She has attempted suicide Most days, she struggles to cope with life.

Looking into his eyes, Ellen saw a little of herself in Roscoe. Although she had no interest in sharing her life with a cat, she could not leave him to fend for himself on the streets. Roscoe needed help. He needed a home.

Over the next few months, Ellen fed and cared for Roscoe. Through her care, Roscoe grew, and his matted fur turned into a shiny black-and-white coat. Roscoe entertained Ellen with his playful antics, adding a bit of brightness to her difficult life. Ellen was amazed at the transformation that took place before her eyes: the shy, frightened kitten she had originally rescued became a confident, loving, secure young cat.

Roscoe wasn’t the only one to change. Now that Roscoe was in her life, Ellen had a reason to get up in the morning: Roscoe needed to be fed, loved, and cleaned up after. In short, Roscoe needed Ellen and Ellen needed Roscoe.

When Roscoe was six months old, he started exhibiting behavioral problems that are commonly associated with a sexually mature male cat. In addition to spraying the walls and the furniture, he tried to get out of the apartment every time he smelled a female cat in the vicinity.

Ellen knew that the only way to stop this behavior was to have Roscoe neutered, but she barely had enough income to pay for the basic necessities, like food and rent. She could not afford to have Roscoe altered at a for-profit veterinary practice.

One evening while watching television, Ellen saw a public service announcement for Spay and Neuter Syracuse (SANS), a nonprofit, low-cost spay and neuter clinic serving the Central New York community. She called the number for SANS and was surprised at how inexpensive it would be to have Roscoe neutered, so Ellen scheduled an appointment.

On the appointed day, she dropped Roscoe off at the SANS clinic. After he was checked in, Ellen started to cry. The tears were of sadness and joy: sadness, because this would be the first time she and Roscoe would be separated since she took him in, and joy because she could afford the surgery and vaccines that Roscoe so desperately needed.

Every day that we operate our clinic and further our progress toward our goal of ending pet overpopulation in Central New York, we also continue to improve the lives of humans and animals by strengthening the human-animal bond. Animals like Roscoe and people like Ellen live healthier, happier lives as a result of having affordable health care for companion animals in their community.
MY LOVE, OUR TIME  — Steve Louvet, DO '09

Change Let It Happen…

Remember the days when you were a child and you learned of all these things. Things that led you backward or forward, empty or full, afraid or courageous. Remember the days when you were a child and you learned of too many things, Questions seeking answers, answers finding questions, and you in between. Remember the days when you waited on that someone or something to rediscover simplicity in all of it… That there will always be Five senses. Four seasons. The Trinity. Two lovers. And One you. Sharing Through a thing we call time.

Remember the days when you were a child and you learned of a thing called Sight. People around you wore clothes splashed in the things we call Colors. The television parked in front of you looked different in Black and White, And windows could separate two worlds of Light and Darkness Through a thing we called time.

Remember the days when you were a child and you learned of a thing called Smell. Chocolate and Vanilla were like old friends found swimming in a layer of marble. Lavender Soap was like a hundred new mornings on your face, And the Perfumes of your days changed wardrobes Through a thing we called time.

Remember the days when you were a child and you learned of a thing called Sound. Airplanes roared, cars vroomed, cowboys whooped, and Indians cried. Mooing cows and quacking ducks were another chord to nature's chorus, And the raining falls made by tears cleared for the lifted smiles made by laughter Through a thing we called time.

Remember the days when you were a child and you learned of a thing called Taste. Vinegar scratched, Salt made your tongue weep, and Sugar tickled. Flavors were trapped in little global expeditions for your tongue, mouth, and cheeks, Channeling juices in twenty-five cent experiences we called gumballs Through a thing we called time.

Remember the days when you were a child and you learned of a thing called Touch. The searing metal on the stove made Hot a part of danger. While the ice for your aching knee made Cold another hand in healing. Hugs became Warm, kisses turned Wet or Dry, and hearts could be made to Feel again, Through a thing we called time.

Remember the days when you were a child and you learned of all these things. Things that led you backward or forward, empty or full, afraid or courageous. Remember the days when you were a child and you learned of too many things, Questions seeking answers, answers finding questions, and you in between. Remember the days when you waited on that someone or something to rediscover simplicity in all of it… That there will always be Five senses. Four seasons. The Trinity. Two lovers. And One you. Sharing - Through a thing we call time.
The veterinary profession has never been known for being outspoken. When issues of animal welfare come to the public eye, many veterinarians prefer to remain impartial or silent. The term “no comment” often comes to mind when querying veterinarians about welfare issues, particularly controversial topics. It may be possible that veterinarians in the past have been afraid of causing conflicts with their clients, or they may have been afraid of losing business. I believe that it may also be partially attributed to the typical introverted nature of many veterinarians.

However, I believe that as views on animals change, we must also change as a profession. From a medical perspective, these changes are quite evident. We have advanced medically to be able to provide our animal patients with state-of-the-art care, equivalent to that of human medicine. However, when it comes to being proactive about the welfare of animals, we have always seemed to lag behind. As animal caretakers, it makes perfect sense that we play an active role in not only the health care but also the well-being of all animals.

The time has come to stand up and be the voice for our patients, the animals. We can no longer afford to sit quietly on the shore: a calm sea, while comfortable, changes very little. It takes waves to create positive change. It is time we take the lead and work along with others in the animal protection and welfare movement.

Fortunately, the profession seems to be taking steps in the right direction by becoming more proactive in the animal welfare movement. This past year, the Association of Veterinarians for Animal Rights merged with the Humane Society of the United States to form the Humane Society Veterinary Medical Association, which is quickly becoming a dynamic and influential organization. One of the group’s first steps in promoting veterinary activism was endorsement of Proposition 2, the Standards for Confining Farm Animals, which appeared on the November 2008 election ballot. Over the course of the election months, more than 700 California veterinarians, 150 California veterinary students and 90 veterinary hospitals publicly stated their support for this measure. Even the California Veterinary Medical Association publicly endorsed the measure, taking an active and somewhat surprising role in speaking up for animal welfare. Not only did veterinarians show their support by endorsing this measure, many spent time gathering signatures, talking to their communities, writing letters to the editor and even attending press conferences and appearing in television advertisements. These actions signify a paradigm shift in the veterinary profession in terms of animal advocacy.

California veterinarians are beginning to voice their opinion, and so are others around the country. In Massachusetts, several veterinarians endorsed Question 3, the Greyhound Protection Act; this ballot measure also passed this past November and will serve to phase out commercial dog racing by 2010. Currently, several pieces of legislation are pending throughout the country addressing animal issues such as mandatory spay and neuter laws and the inhumane treatment of dogs in puppy mills. It will be very interesting and exciting indeed to see where this newfound flourishing “veterinary voice” will lead the profession in the future.

As veterinarians, we are part of a highly respected and revered profession. The public views us as highly compassionate and trustworthy individuals, and looks to us to be leaders on animal welfare issues. We need to accept and honor this responsibility by taking a stance and speaking out for animals. After all, we are one of their strongest voices. So what are we waiting for? Let’s get out there and be the leaders of change for our patients.
As a second-year veterinary student at Western University of Health Sciences, I often reflect on my past experiences as a constant reminder of what type of veterinarian I aspire to be.

When I was an undergraduate at Colorado State University (CSU), I was lucky enough to be part of the Ram Handlers team. We were the proud keepers of CAM the Ram, a Rambouillet ram that started each football game by running 100 yards across the field. The sight of CAM had the power to get a stadium of 35,000 fans to rise to their feet, cheer and roar, which invoked the school spirit that would lead our football team to victory.

CAM had a day job. On weekends when the team was away, CAM would make appearances at local schools, parades, and other community events. Before each event the handlers would get him set up and begin grooming, powdering, fluffing his wool, waxing his horns, and putting on his green and gold cape. Often children would take interest and watch us get CAM ready, and they would begin to ask questions. The questions ranged from “Why is he chewing?” to “Why are his pupils sideways?” On one occasion, an 8-year-old girl came up to me and giggled, “He is soft and white like the puppy I used to have,” and she explained to me that her family let her go to the shelter to adopt a puppy that she could take care of. She continued to tell me what happened to her puppy, and that it became sick, had diarrhea and passed away. She told me how she adopted a new dog and that she wanted to become a veterinarian when she grew up so that she could take care of puppies.

It was amazing to see how the interaction with the ram engaged the children, and how excited and motivated they were to not only learn more about CAM but about other animals and veterinary medicine.

The experience of being a Ram Handler made me realize the importance of our involvement in our communities. As members of the veterinary community we have the power to make an instant connection with people because we have a love of animals in common. With this, we can start building relationships with people and help them improve their care for animals.

I enjoyed my time caring for CAM. This simple creature is content and happy by just getting a big pile of hay after each run across the field; he has no idea of the impact he has had on the lives of the thousands of people he encounters daily, including me. My experience with him has continued to motivate me to stay active in community outreach.
I amazes me to see how one small effort can impact the life of another individual. Springtime in a general animal hospital practice can be a very wonderful time full of newborn fuzzy little kittens. It can also be heartbreaking to see the orphaned babies, and the failure to improve cases that we are constantly faced with. Two years ago, I met “Tiny,” a very weak, flea-infested grey tabby kitten. Being a cat lover and kitten rescuer, my heart went out to Tiny, and even more so when I met his owner, John. When I first met John, I was unable to determine what his mental disability was. All I could tell is that his vision was very poor, his mental capacity to understand what was happening with his kitten was limited, and that he loved this poor little ball of fluff more than life.

As a veterinary technician, I devoted myself to saving Tiny. We treated him with intravenous fluids, antibiotics, appetite stimulants, and anti-parasitic medications. I brought little Tiny home with me every night and force fed him every two hours for three consecutive days, with little rest in between. I was determined to save him, because I knew how much Tiny meant to John. Unfortunately, after three days of intense nursing care, I was unable to save the kitten. I sat with John in the hospital exam room and we talked for hours about death, and where kittens go when they pass. All John kept asking me was, “Where is Tiny? Why isn’t he here?” He asked if kittens go to heaven and if God would now be taking care of Tiny. I assured him that Tiny was now in a place where kittens can run free and play, and never feel pain. My heart was broken. Hours later, John’s sister, Rose, came to the clinic to pick up her devastated brother. She hugged me and thanked me for trying to console John.

I devoted myself to finding John a new kitten. As fate would have it, the following afternoon, my mother called me with a question. Her friend had discovered a momma cat living in her backyard, nursing a litter of grey tabby kittens, and was unsure what to do with them! I told her to provide plenty of kitten food, water, and warm shelter. My mom told me she planned to adopt one of the kittens, Penny, and give her a home. That afternoon, a client brought in a cardboard box with three newborn orange tabby kittens inside. I agreed to take the kittens and bottle raise them. My mom agreed to adopt the entire litter and give all the kittens a home.

Eight weeks later, we vaccinated Penny, had her spayed, and called John to tell him that we had a surprise for him. John and Rose met my mom and me at the animal hospital. We brought out little Penny, and John was overjoyed! The happiness filled the entire clinic, and every staff member came in the room to see John play with his new kitten. My mom kissed Penny goodbye, and John packed his new grey tabby kitten into her brand new purple carrier for the ride home.

I visit John, Rose, and Penny every month to do routine nail trims and wellness checks. John is always very concerned about her health because he
remembers the pain of losing Tiny. Every visit, John asks about my mom as well! Over the years, I have learned more about John and his physical disabilities. John had a twin sibling who died at birth. He was born prematurely, so he was kept in an incubator for months, which resulted in his altered brain development and poor vision. In a way, John was a baby who failed to thrive due to his circumstances, and just needed a little extra time and care. Maybe this is why his bond to Tiny was so strong. Now his heart is full of love for Penny, his best friend. Rose thanks me all the time for helping their family, and over the years we have become good friends. John knows that if Penny ever needs anything, he can call me, which brings Rose comfort.

We must never forget how much animals can improve the quality of our lives. Whether it is slobbery wet kisses from your black Labrador puppy, or curling up next to the gentle purr of a tabby kitten, or even teaching a barking sea lion to target, animals can complete us and fill voids in our lives, resulting in happy and fulfilled people. I feel truly blessed to be working in the amazing field of veterinary medicine. I know that what I do makes a difference in this world, and I am delighted to share my passion.

Hazelle Vollaire, Admissions Coordinator DMD/OD/DPM

May 5, 2008: First day of work, starting in a completely different industry, with new people and a unique atmosphere. Nervous, scared, apprehensive yet excited.

Having noticed that WesternU is considered an “open campus,” security guards are prominent: Circling the parking lots, sitting by the entry of the library and standing at their posts on the main esplanade.

Being a security guard requires a certain attitude, stern disposition and awareness of surroundings. That being said, most had the demeanor that seemed very unfriendly or unapproachable. I would say to myself, “Maybe they are just having a bad day,” or “They don’t need to be disturbed from doing their job, so don’t talk to them.” But there was one in particular that always seemed mad. I, having a very outgoing personality, was determined (knowing WesternU’s emphasis on humanism) to speak to him and make a conscious effort to know him by name, not just as the security guard.

A few months later, as I was leaving the office for the day, I saw him in the parking lot standing at his post. I said to him, “Hi! I see you all the time but don’t know what your name is. I’m Hazelle. So what’s yours?” He proceeded to tell me his name and to tell me to have a good evening with a big smile, almost as if he were thankful that someone didn’t just pass him by without a word.

Now, we’re like old friends. I see him all over campus and say hello, calling him by name, as I pass by during a campus tour. We even make small talk, either about the weather or how the weekend went.

So, if you see someone with a frown on their face or someone that seems upset, they may not be. They probably just want someone to acknowledge their existence and say hello once in a while, instead of just walking by silently like they’re not even there. Putting a smile on someone’s face is worth a thousand words, making each day a little brighter one person at a time.
Above: "Within the Mist," taken at the Rhododendron Gardens in Portland, OR.

Right: "Six," a small flower at the Rancho Santa Ana Botanical Gardens in Claremont, CA.

Opposite page top: "Verdant," taken near Lincoln City, OR.

Opposite page middle: "Green Boughs," Route 101, northern CA.

Opposite page bottom: "Golden Gate," San Francisco, CA.
Girl trips along
Hands feet skitter scatter.
Eyes bitter small shards
Slitted like cats’
Peering out of a narrow little pinched face.
Fingers clutching desperately
Wind skeins of bright notes around the palms of her hands
Great loops of cascading chorus
All twined up together held tight

She’s a lonely girl held back behind burnt-out garages
Cold hands gripping cold mouths talking
The touches burn like ice.
Her hair is too long
dangled in eyes makes a castle wall
A stone defense
She’s all long grasshopper twitches
The shaky side to side jumps
Baby rabbit girl
She learned to run fast.

She watches sumos roar in the living room
Or are they luchadores
Their hands whirl around them, monsoons
She hides beneath the couch
A little mouse holding on tight to the earth.
Dust tendrils up into her nose
Exploring
The harsh sneeze leads to capture
The luchadores laugh.
And thick grownup hands pull her out
It hurts.

Head tumbling round on her little bird neck
Like a gun’s well-oiled ball bearings.
She skips with feet, smile held grim on her face.
The head spins like a globe all round
Jab a dot on it and you’ll find a vacation.
She does.
Her hands fluttery hummingbirds
Apodiformes glittering in the sun
They’ll hurt your eyes.

Feet scud-scur-hop
She, broken-dances down the way
Marionette’s arms
jangling little hands flapping
And her legs trailing behind her
Like something dead.
Ghosts.
- Gina Johnson, DVM '12

These hands are scarred with the echoes of creatures past Thin white lines demarcating memory.

Methuselah cat a propped-up sack of sticks and fur muscles wasted, devoured claws propelled by deranged will instead of physical strength. Surprisingly this old man is still fanged he refuses to surrender.

Zigzag bite marks ring the wrist red-white dots in patterns.

Big happy-dumb dog all bounds and joyful barks last week he lay near death. This week he is a cart horse sent to find a home and he runs too fast, too strong. This week his joy devolves and a heady terror, a ragged fear, emerges in a snarl and a pulled-taut jowl.

Knee still rippled and dimpled with dark dotted scabs still slowly healing.

Bodies cold and knotted in forgiving plastic now kennels sterilized and new again bedding washed, restored. No evidence left remaining except scars seared into flesh.

A lasting memorial.

Fist to Face
- Barbara Lopez, COMP/OME Administrative Assistant

From fist to face In a moment of anger, Can you not see? Your love puts you in danger.

Why do you make excuses, deny your pain? This kind of life destroys your body, makes you insane.

You use to hate the being that took abuse, now you are living it, What’s your excuse?

How can you tolerate the mental, emotional, physical torture that exist in your life? Never did I picture in my mind a person living in strife.

Continue to forgive the person behind the force. Can’t you see in a few hours, there is no remorse? Again, the feel of heat as there is another blow, Do you stay away from others Because your body you can not show?

When you look in the mirror, Do you feel disgrace? Do you see someone else, Who has taken your face?

Walk out that door; step onto another track. Leave everything behind Don’t even pack.

Our prayers continue hour after hour, With the Lords grace, you will feel his power. Needing the courage to walk out that door, Leaving that life behind hurts to the core.

True love will show you the gentle way. Hope you will live easier day after day. Prayers for your safety will never end. Our helping hands are what we extend.
March 24 was the annual celebration of World TB Awareness. Although TB has been a devastating illness for decades, it is still seeking a cure. This day is devoted to building public awareness that TB remains an epidemic in underdeveloped countries, and currently infects more than one-third of the world's population. This year, WesternU APhA-IPSF subcommittee held a fundraiser on campus for a TB organization while promoting awareness to faculty and students. The fundraiser was a huge success. The subcommittee also reached out to local communities by giving a Mandarin TB presentation in a small private church in the San Gabriel Valley to educate minority groups about current TB issues. Valuable information regarding current TB worldwide data, cost, prevention, general characteristics, symptoms and diagnostics was presented. The audience showed their gratitude by offering donations to support the fight against TB. All funds are donated to the Global Fund Tuberculosis Organization. This event was an initial step in our main mission to promote global health. In upcoming events, we wish to establish a closer relationship and make WesternU’s reputation known among our communities.

Julie Hong, PharmD ’12

I am proud to be Chair of International Pharmaceutical Student Federation (IPSF), mainly because I have great members in my subcommittee. We prep, we plan, we work in sync, and we make things happen. We started with a blank piece of paper, then moved on to researching the disease and organizations, creating a PowerPoint Presentation (in English and Chinese), locating a site, and delivering the information in Mandarin all in a month, and while doing our academics. Never would I have thought to promote health-related topics in such a unique fashion. What I have learned from this event is not just self-awareness of TB issues worldwide, but also the importance of educating minority groups about health-related events happening globally. When it comes to health, I believe humanity should work as one to help each other.

Shanshan Chen, PharmD ’12

Being a new immigrant and a pharmacy student, I understand how hard it is for non-English-speaking people to gain health information. I felt honored to be able to share TB Awareness Day with the Chinese community through the APhA-IPSF event. I realized that a lot of immigrants are willing to lend a hand to others who need help, but due to their limited English proficiency, are unaware of the ways they can help. I think it is important not only to provide health information to members of immigrant communities, but also to let them know the different ways they can help others.
Justina Hii, PharmD ‘12

I never thought how much I would reap from participating as part of the APbA/IPSF subcommittee. Since the TB Awareness Outreach was unprecedented, we found it challenging initially, but exciting. We spent a lot of time discussing the outline and locating the right site to promote our theme. Despite all the hard work, what mattered was that everything came together to make the event a success. Our collective effort was the key. Through working with other subcommittee members, I got to know them at a more personal level, and we were able to work together as a team to serve the community. I think we have also served the purpose of promoting TB awareness by walking around the campus and knocking at each faculty member’s door to inform them about international TB Awareness Day. One other thing I learned through this process was interpreting and translating English to Chinese. As a native Chinese speaker, I was really glad that I was able to use what I learned to present information to the local Chinese-speaking community. It was my first time presenting a health care-related topic in Mandarin, and it turned out to be very successful. I look forward to making more contributions related to eliminating language barriers within different communities. Language plays a huge part in conveying accurate messages, and it creates intimacy among people. The rest of the subcommittee helped research a reliable organization for our donations, helped with the fundraiser, created fliers, and came up with ideas for publication. The IPSF subcommittee is pictured with Pastor James.
“FREE TO GOOD HOME, FEMALE BOSTON TERRIER.”

I read the newspaper ad and immediately called. Unfortunately, I was told that she had just been given away, but they took my phone number, “just in case.” Now, I have always felt I should have a Boston Terrier because my aunt in Ohio raised them and sent me one when I was about four years old. My mother went to Union Station in Kansas City to pick up the puppy, and the crate was empty. So I did not get my Boston Terrier. I had felt deprived since then. The next day, I received a phone call and was told that the Boston Terrier had been returned, and was I still interested? YES! I got my 10-year-old son in the car and we drove to Pomona, up behind Ganesha Park, to pick up my Boston Terrier. I finally found the address, drove up the driveway and knocked on the door. Bounding out came a black and white, long-legged dog that I immediately recognized as a pit bull. I backed up, and the homeowner soon followed out into the driveway. She explained that she thought the dog was a Boston Terrier because of the black/white face, she said she had to call it something, and she was afraid of who would answer an ad for a free pit bull. Well, I was afraid of a pit bull, and I was heading for the safety of the car! I looked around, only to see my son with a tennis ball in his hand and playing catch with the pit bull. I yelled at him to stop, and he started begging me to get her. “Please, mommy, can we get her—look, she plays catch with me. Pllllllleeeezzzeee?” I tried using rationale with him, explaining that this was not a Boston Terrier, it was a pit bull. But he persisted. I talked to the “owner,” who told me that she had a 6-month old baby; otherwise, they would keep her, as she was gentle and loving. They had found her wandering the streets about two weeks prior, and picked her up. After I talked at length with the “owner” and watched her play with my son, I agreed. The “owner” told me that if we changed our minds to bring her back because she didn’t want her turned over to be put to sleep or turned loose, as she was too sweet a dog. I agreed, and got the dog and my son loaded into the car and headed back to Chino to explain to my husband why I was bringing home a pit bull instead of the Boston Terrier I had gone after.

On the car ride home, the dog seemed sweet, and she also seemed to enjoy the ride and my son. Eric and I discussed names for her, and finally decided on Petunia Suzi. He had suggested “Killer,” “Mad Mamma,” etc. but I didn’t want to give the dog any ideas, and I felt that a pit bull named Petunia would be gentle and sweet. We got home, let the dog out of the car and were immediately met with shouts from our neighbor, who said she refused to live next door to a pit bull. My husband started in about not wanting a pit bull. I was getting really scared (even more than I already was), and told the next-door neighbor to have her daughter try to find someone to take her (her daughter knew some people who wanted pit bulls). I took the dog into the divided backyard, put her on one side, locked the gate, and told Eric that no one was to go on that side. I told my husband that she was not staying and would be here only a short time. He went and looked at her and told me she was about six months old and still just a puppy. That’s okay—she was not going to be staying too long, as our neighbor was going to find her a home.

Petunia stayed on that side of the fence, with no one allowed over on her side except to put the food dish down twice a day and fill her water bowl. She barked constantly because she was lonely and was a puppy and only wanted to play with the kids in the backyard. My son and several of his friends (all boys) had built a tree house in the backyard and had formed a club that met in the tree house: “The Women Haters Club” – they were all in fifth grade. Little did I know that while I was at work, Petunia was a member of the club and regularly attended the meetings, being carried up the
ladder built into the tree. But one of the members’ sister wanted to become a member and wanted to go up in the tree house, so the existing members said she could if she would agree to be chased around the backyard by Petunia, the pit bull, for five minutes. I still remember standing at the window watching this young girl (she was in seventh grade) running around the backyard, screaming, and Petunia following her, barking and chasing her. After what must have seemed hours to Crystal, the boys, looking down from their tree house, decided her five minutes were up and let down the rope so she could come up the ladder. Petunia had played her part in the initiation perfectly.

For about six months prior, Eric had been afraid that someone had been following him and wanted to kidnap him. He was really scared and could not sleep. When we were out riding in the car, he was constantly watching for this person, whom he described in detail. He refused to play any place except for his backyard. After about three months or so, Petunia was brought into the house for short periods, and then Eric started bringing her in at night to sleep in his room (see photo). Eric gave her the bed and he slept on the floor. All of a sudden, his fears vanished – he slept through the night, he had Petunia pull him on his rollerblades, he took her for walks, he was no longer afraid. I asked him what had happened, and he said he had a pit bull to protect him. She became his constant companion. We found out that she was afraid of other dogs; she was afraid of cats; she was afraid of hamsters (which we had) – she was afraid of most things. But, as far as Eric was concerned, she was a pit bull and she would protect him. She started going everywhere with him – you never saw Eric without Petunia. Petunia listened to his fears, to his troubles – she was his confidant. Petunia would wait for him each evening to go to bed, sleeping in the bed beside him on the floor. Eric loved to play “hide and seek” with her. He would hide and we would tell her to “go get your boy.” She ran through the house looking for him. Eventually she would give up and come and just flop down in front of us and give a big sigh as if to say, “I can’t believe it! I lost my boy!!” She was so happy when he would step out from his hiding place, and they would go and love on each other until the next time.

Through the years, Eric has grown, and so has Petunia. She had a large lump on her hip, and the doctor pronounced it cancer. She had an operation to remove the lump, and we were so happy that our Petunia Suzi was still with us. However, the rejoicing was cut short when about 18 months later an even larger lump appeared. Another cancer operation, and we were told that pit bulls were prone to this type of cancer, and it would probably not be the last one. Sure enough, on one of her visits to Hills Wellness Center, it was found that the cancer was back. This time it was decided that there would not be a third operation. Petunia is now about 10 years old, slowed down by arthritis, old age, and cancer. But she continues to be a comfort to us when we are feeling down, when we are sick, and when we just need to talk to someone. Eric is not the only one who has poured out his heart to Petunia. She is always there, giving us her total love and devotion. She changed our minds so much regarding pit bulls that we adopted another pit bull, Gracie, about five years ago. Petunia, my “Boston Terrier” is in the last stage of her life, but she has given us so much. How does one repay a dog for this complete, selfless devotion? I guess by letting her sleep on the bed while you sleep on the floor – that is how much a young boy loved his dog. She never sleeps anywhere except on the bed, under covers, with her head on a pillow. She snores and sometimes takes up the bed, but she has earned that consideration, our Petunia Suzi.
Top: "primum non nocere" — "first do no harm."
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Humanism in the Health Sciences (HHS), a journal of Western University of Health Sciences (WesternU), accepts the work of students, alumni, 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.

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