HUMANISM IN THE HEALTH SCIENCES

BENEATH THE WHITE COAT
A Distinctive Institution

From its inception, WesternU set out not to be just another medical school, but to be distinctive. Underlying a regimen of scientific and technical course work is a strong moral, humanistic approach to education and health care. Curricula in each program include studies in the social and behavioral sciences. Community-based faculty serve as role models for students who participate in a wide variety of clinical experiences in primary care settings, including clinics in rural and inner-city underserved areas, group practices, managed care organizations, and tertiary care hospitals. In addition, the University supports a Center for Humanism in the Health Professions that provides programs designed to instill within educators and students the importance of compassion, understanding and empathy, whether in the classroom or in the examination room.
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INFORMATION FOR AUTHORS AND ARTISTS

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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. Stories, articles, and essays should be relevant to the theme of the journal, health care practice, or WesternU.

Manuscripts should be submitted as a Microsoft Word file. Photographs, illustrations and artwork may be submitted in Adobe Photoshop (PSD), Adobe Illustrator (AI), EPS, JPG or TIF format on disc or via email.

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EDITORS’ MESSAGE

Where has an instance of hope in your life affected how you wear your white coat?

Abigail Argujo, PharmD ’15

In my short experience of wearing a white coat, I have had the great opportunity of having many moments of hope. If I had to narrow it down to just one instance, it would have to be one that didn’t even belong to me. It was when a patient returned to the pharmacy to thank our lead pharmacist for saving his life after he had come in complaining of chest pain. He was urged to go to the emergency room, where he underwent immediate quadruple bypass surgery that saved his life. Until that moment, I really did not know that something like that was even possible. It gave me hope to know that we can indeed make a difference in a person’s life. This was my moment of hope.

Jolan Chou, MSBS ’14

I’m only a quarter-century old. I cannot give an impassioned speech about life and hope, nor does the 150-word limit allow me to divulge personal wisdom-filled anecdotes. However, what miniscule wisdom I can impart is that I could not have experienced hope without experiencing the deepest grief and loss. We can all relate. Hope is powerful and allows me to exercise faith and love in my work. Hope is my catalyst for vision, however futile and wearisome the journey may seem. Hope inspires dreams, and great universities such as WesternU provide the perfect conduit for developing such humanistic achievements in medicine and science. Because we hope, we continue. As Martin Luther King Jr. put it best, “Faith is taking the first step even when you can’t see the whole staircase.” And that faith is most irrefutably born from hope.

Kathleen C. Gozum, PharmD ’15

Life hasn’t been that easy for me, coming from a foreign country, but I was brought up as a positive person, so I have always had hope. I remember the day last year when my white coat was first donned on me during the white coat ceremony. It was another milestone in my life, and I reflected on what it truly meant. I wear it as a reflection of my profession and of my genuine desire to help people. With it comes great responsibility, as well as a professional commitment to serve the community and live up to what it symbolizes. I think of the opportunities it has given me. I will never forget that day, which gave me renewed hope to pursue my dreams and continue my journey. A white coat is more than just a garment, and should have a lasting effect even when it isn’t worn. I moved to this country seven years ago, and I made sure my ideals remained the same — to live a life of competency, commitment, and compassion, with or without the white coat.
Whitney Greene, DVM '16

Over the years of working on the marine mammal stranding team, I witnessed countless seal pups come in each spring. These pups were cold-stressed, dehydrated, abandoned, and had bellies full of rocks. We knew the chance of them surviving the season was very slim. The odds were always against these little guys, and the vast majority did not make it. But then you would get a fighter who beat the odds. Seeing these pups survive and be released back into the wild is a feeling of pure joy. Through these experiences, I understand the importance of hope in adversity, and can wear my white coat a little taller, with more faith. Even though not all outcomes will be what we want, hope allows up to push through the difficult times. It is those moments of success against the odds that instills the necessity and importance of always having hope.

Freesia Parekh, DO '16

I believe everything happens for a reason, no matter the circumstance. My grandmother’s death was no different. Little did I know that in losing her, my life would be transformed. I pursued medicine because of this experience. As I watched the doctors hone their skills on my grandma, I did not just see doctors. I saw human beings selflessly serving another human being. People fail to see that, underneath our white coats, we are people too. We hurt, we love, we hope – we are human. We have the skills to serve and take care of others because we are exactly like them. All in all, the hope that was instilled in me four years ago when she died affected the way I wear my white coat today. A hope, a desire, to serve all whom I come into contact with. A hope that I can pass on.

Natalie Punt, DVM '15

I am fortunate to be in a profession where hope is abundant. Hope is particularly abundant in shelter medicine. Every time I see a puppy, kitten, dog or cat be adopted into their forever home, I feel inspired, in that I am witnessing a life being transformed. The first time I saw an animal being adopted, I was struck by the probability of that one animal being chosen precisely for their unique qualities, and because of that animal’s unique qualities, their life was spared. Watching this transformative event inspired me to reflect on my own unique qualities and how I can use my unique qualities to improve the lives of animals and their owners.

Brandon Samson, PharmD '16

I work as a medical transcriptionist. I take patient charts and type out text from handwritten notes. Among the doctors I work for is a neurologist who sees patients with work-related injuries/cumulative trauma. Each chart tells a story, beginning with a history and examination, notes dictating the treatment, and an ending where the patient is considered stable. These patients simply want to return to a stable work life, in some cases with their injuries accommodated. Each story also presents different obstacles: insurance companies that refuse to pay, specialists who must treat non-neurologic injuries, diagnostic studies that reveal more than meets the eye. Each chart is also the story of the neurologist: fighting the insurance companies, trying different treatment options, and seeing the patient through to the end. Her stories are my instances of hope, to not give up, and to fight until the story of each patient is complete.

Nadia Rose Tavitian, MSBS '13, Editor-in-chief

“Why didn’t anyone tell me I had all these lines on my face?” my 88-year-old grandmother quizzically uttered as she discovered the evidence of wisdom and experience on her sweet face after having a cataract-removal procedure done, followed by laser eye surgery. After experiences with my grandfather’s glaucoma, cataracts, and attempted multiple corrective surgeries, his eyes had only fared for the worse. Thus, my family was scared for the outcome of my grandmother’s eyes. With hope and faith, everything worked out better than expected. While I am not wearing my white coat yet, this small instance revealed that faith in the work of medicine, and of my soon-to-be peers, cultivated hope. This was an amazing catalytic hope, where the physicians not only gave the patient hope to see, but in the gift of sight; not only affirmed their faith, but helped their family see hope for the future. These instances help remind us to fortify the lives of others with hope external and internal to white coat settings.

Elena Younessi, PharmD '15

My friend and I had gone out for a walk around our still-sleeping neighborhood one recent brisk morning. As we enjoyed the spring scents, an elderly lady from across the street held onto her walker with one hand and waved frantically at us with the other, calling us over with a pressing tone. As we crossed over to her, she held out a sock and asked me to help her put it on, a glimmer of hope in her eyes. She feared suffering a fall if she tried bending over to put on her socks. As she sat down in the seat of her walker, I kneeled down to put on her socks. Her adult day care bus soon pulled up, and I thought of the elderly who struggle with mundane tasks. I felt humbled, fulfilling the hopes of this one lady to merely dress properly. Looking at the passengers, a spark of hope ignited within me, and I promised myself to grow to help them further as I come to don my white coat.
Maintaining Your Humanism Throughout Your Years of Practice

By James D. Scott, PharmD, FCCP, AAHIVE
Associate Dean for Experiential and Professional Affairs
Associate Professor of Pharmacy Practice and Administration
College of Pharmacy

When the 2013 Humanism Magazine editors voted for “Beneath the White Coat” as the theme for this year’s magazine, I was intrigued. I found the perspective to be quite interesting. The white coat is often the token of the medical knowledge that is learned by health care students while they are in their training. The educational programs typically start their training with a white coat ceremony. During the next two to four years, the students’ minds are filled with scientific and clinical knowledge. Yet one of WesternU’s main tenets is humanism. Humanism is reflected by who we are inside — beneath the white coat — and how we care for the patient as a person.

The personal characteristics that make up the parts of us beneath the white coat come from many different places. The experiences we had as children have helped to create the foundation of being a health care provider: the desire to help others. As we grow up, we learn of ways to help people — a comforting look, helping without being asked, doing a favor when needed, being there and understanding them. As a health care professions student, we learn what most people’s needs are. We watch other professionals as role models, and we practice these skills during the clinical portion of our training. All of these factors combine to determine what is beneath every health care provider’s white coat when they become practitioners.

It’s also important to remember that what is beneath our white coats (the human side of us as health care providers) continues to grow and evolve. It turns out that we may continue to grow to be more humanistic. But we also could become less humanistic (due to frustrations with patients who don’t follow our instructions, patients who exhibit a sense of entitlement, frustration with the health care system, and more). Sometimes, we become more humanistic toward some patients, and less toward others.

In my 10 years practicing in an HIV clinic, my humanistic characteristics were divergent, depending on the type of patients I was seeing. I didn’t even realize it at the time. If I was working with those who were appreciative of the free care they were receiving, and were hard workers trying to stay healthy and productive in their lives, I was generally more optimistic, and probably spent more time talking to them. If the patient was a recent crystal methamphetamine user, I tended to be less optimistic about their outcomes and skeptical of their ability to...
take medications, and maintained a reserved level of certainty that their sobriety would continue. These attitudes were not innate — they were learned.

As an example, let me briefly talk about patient BM. He came to me after ending a 26-year history of daily marijuana use (he had started when he was 13 years old). He had done other drugs intermittently, but marijuana was his favorite drug. He sounded bound and determined to end all of his drug use. It was about a week later that he restarted the marijuana (marijuana in and of itself is not an overly dangerous drug, but for many people it truly is a gateway to more dangerous drugs). I continued to try to emotionally support BM as he quit drugs, then restarted, then quit again, etc. I even enrolled him in a study I was conducting (I later had to dismiss him from it). The last time I saw him was right after seeing his physician, and he was high on crystal methamphetamine.

After a few years in the clinic, I saw that many patients failed their therapy because they couldn’t take their medications when they started doing drugs again. What I lost sight of was that some patients DID do well and DID maintain their sobriety.

Case in point, patient AC. AC came to me newly diagnosed with HIV, and fresh off crystal methamphetamine. He was fairly healthy; his HIV was not too advanced. I had seen many like him before. They receive good news about their health, despite their HIV infection, and they leave the clinic and return to their old habits. They do not return to the clinic until three to five years later, when they are becoming sick from their HIV. I saw AC at the clinic for a few months, then did not see him for several years. I had assumed that he was back into the drug world. A couple of years ago, I was walking past one of the classrooms and saw him talking to a class. The students were in the middle of their HIV module, and he was talking about being HIV positive, and how he had stayed healthy. I quietly stepped into the classroom. He saw me and immediately said hello, then told the class how he had learned much about his new HIV medications from the pharmacist who had just walked into the room. He went on to talk about how he had been sober since his HIV diagnosis, and now counseled others with HIV and methamphetamine addiction. This was the patient that I had little hope would succeed. But he did.

After a few years in practice, it is easy to group patients in our minds as “those who are likely to succeed” and “those who will probably not succeed.” That is a normal part of being human. What we must do after that is not let that affect how we perceive the patient. We must give all of our patients the same hope for success. We must use the assumptions we make to improve the likelihood of a good outcome, instead of giving up on them, or not trying hard enough.
A MESSAGE FROM THE PRESIDENT

At its core, caring for patients is about connecting with them on a personal, human-to-human level. Certainly, the role of a caregiver is to offer all the scientific and medical knowledge possible to improve someone’s condition, and to put technical skills to maximum use during treatment. But all that know-how is of best service only if an even stronger skill set — let’s call it know-who — is also at work.

As humanistic, compassionate caregivers, WesternU students and graduates pride themselves on getting to know the person behind the patient, and in cultivating a strong interpersonal relationship with them so that every factor in their lives is considered during their diagnosis and treatment.

The theme of this year’s Humanism in the Health Sciences — “Beneath the White Coat” — speaks directly to the importance of making that human connection, and about being true to our authentic selves as we seek to help our fellows heal.

I know you’ll enjoy reading about what lies “Beneath the White Coat” as much as I did.

Philip Pumerantz, PhD
President
Beneath My First White Coat

By Katrina Reynolds, Biomedical Scholar, Lebanon Health Career Ladder

I will never forget December 15, 2012, when I put on my first white coat at the Lebanon Health Career Ladder (LHCL) at COMP-Northwest as a Biomedical Scholar. I’m 12, and in Mr. Hawkins’ sixth-grade class at Oak Heights in Sweet Home, Oregon. When my mom told me that I was going to be coated that Saturday, we practiced coating, and I agonized about which outfit would be perfect for the ceremony.

That morning, Dr. Rega invited my cohort to the front of the lecture hall, where we introduced ourselves and told everyone what we want to be when we grow up. Right now, I’m deciding between becoming a doctor of osteopathic medicine or a veterinarian. I participated in my first white coat ceremony with the rest of my cohort. We were coated two at a time by Dr. Sorweide and Dr. Muscato. When Dr. Sorweide put on my coat, I was so excited! It was so memorable, and it’s such a great responsibility to wear a white coat. It was amazing to see the support from the current COMP-Northwest students, our parents and families, LHCL board members and presenters! Once everyone had been coated, Dr. Rega congratulated us, and encouraged us to become the COMP-Northwest Class of 2025.

In order to become a Biomedical Scholar, a student and their parent(s) must attend six Saturday sessions each year for two years. Attendance and participation is very important. Each Saturday, we rotate through different activities that introduce us to various health professions. At each station, we participate in activities that teach us about things like healthy eating, fitness, and germs. Other stations include activities that involve hands-on experience, like looking at x-rays, looking under a microscope, and my favorite – making gel beads, with volunteers from COMP-Northwest, Oregon State University and Linn-Benton Community College. While we are rotating through each station, our parents remain in the lecture hall and listen to guest speakers who discuss topics like college admissions and financial aid, as well as various health-related topics.

I know that a lot of hard work goes into this event. Other than sports teams, there are not many programs in this area for me to participate in, so I appreciate the exposure to the learning opportunities, the connections and friendships that I am given at the LHCL. I want to thank everyone who is involved in making the Lebanon Health Career Ladder such an amazing opportunity, and whether I become a DO or veterinarian, I will always remember being beneath my first white coat.

For more information about the Career Ladder Program, please visit: http://www.westernu.edu/ladder/
One of the greatest joys of my life is being able to bring a smile to someone’s face. It’s even more special for me when I see it in a child’s face. It’s easy for children to smile when they are happy, healthy, and have a good family. Yet not all children are so fortunate.

In this day and age, even with our latest and greatest medical breakthroughs, cancer for many remains a death sentence. We have yet to find a cure for this second-leading cause of death. From the middle-aged to the elderly, it is a diagnosis characterized by tragedy.

For children, “tragedy” is an understatement. What explains a disease that takes the lives of those with the entirety of their future to look forward to? Alas, we live in a world where there will always be forces outside our control. We must learn to cope with these circumstances, and make the most of all that has been given to us.

In the spring of 2012, during my first year as a podiatric medical student, I began planning for what would be the last free “summer vacation” of my life. Before I would enter clinical rotations in my second year, I knew I wanted to do something that was meaningful and had impact for others, but just as important, would have a lasting effect on my future self as a podiatric physician. It had to be something I couldn’t find in books.
“Entering camp, I knew my job was to instill hope into the lives of children, many of whom only knew hospital beds, surgery, crying parents, pain and suffering. I was going there to give the kids the time of their lives.”

I wanted my heart to change.

One of my most memorable childhood experiences was going to camp. As a child who grew up going to church, I had my share of church camp retreats. As an Eagle Scout, nothing shouts “camp” louder than a Boy Scout camp. One thing that united all these experiences was joy — they were some of the most joyful moments of my life. There was something magical about the experience, about being away from “life” and being thrust into the mountains with others like me, with the singular goal of having fun.

I Googled “summer camp Los Angeles,” and one of the first links was for Camp Ronald McDonald for Good Times. I had no idea what the camp was about, who it was for, what “good times” they were talking about, or if they served Big Macs at the camp. Reading more, I realized it was a camp in Idyllwild, California, sponsored by Ronald McDonald House Charities of Southern California. The camp’s objective is “providing an environment outside of the hospital setting for children with cancer and their siblings to process their diagnosis and regain their self-esteem by being surrounded by other children in similar situations.” Images from camp as a kid began to flood my mind. It sounded similar to my own camp experiences. I applied, interviewed, and was accepted to be a camp counselor for 9- and 10-year-olds. For eight days, I planned to turn off everything about my personal life in order to focus on having my heart engaged with these children. I was ecstatic!

Hope is one of the things we all long for as human beings. Unfortunately, we live in a world filled with hopelessness. Switching on the TV and turning to the news proves it. Entering camp, I knew my job was to instill hope into the lives of children, many of whom only knew hospital beds, surgery, crying parents, pain and suffering. I was going there to give the kids the time of their lives. Cancer would not be the focus of the camp, but if it was something the kids wanted to talk about, I was open. My goal was to give them an experience of hope, by loving them and having fun. I wanted to show them that hope exists, even if they had been robbed of the chance to experience it.

The interesting part of camp was that it was for cancer patients as well as their siblings. I later learned that siblings often are more affected by the disease than the patients themselves. Many of them suffer from neglect and confusion, because their parents are so busy caring for the sick sibling. One of the rules at camp was to treat all campers the same, regardless of whether they were a patient or a sibling. In fact, it was hard to tell who was a patient and who was a sibling. But it didn’t matter. We were all there to have a blast.

Camp activities included the typical campfire songs, skits, fishing, archery, swimming, sports, and crafts, all of which focused on having fun and empowering the campers with self-esteem and confidence to push their minds, social capabilities, and bodies to levels they did not think were possible. I did everything together with my campers, including taking our meals together and sharing a cabin. They trusted me to care for them the way their own fathers would, with bathroom breaks and trips to the medical shed to get their medication. The best moments were the silly moments — the pillow fights, dancing shamelessly to the radio. These were moments filled with laughter, and things I will never forget.

The most challenging moment for me was departure day. As the big buses rolled up to the campsite, I lined up with the rest of the counselors “tunnel” style so the kids could walk under the tunnel we built with our arms. What I didn’t expect was the crying and tears I saw from campers and counselors alike. It was disheartening to realize that many campers were leaving, from their perspective, an experience not too far from heaven, and returning to lives filled with hospital visits, pain, and hopelessness. I hugged each one of my campers, tears in my eyes, and told them that they were awesome and did an amazing job at camp. One of the saddest parts about watching the campers leave was not knowing the next time I would see them. Camp had to end sometime; the world of hope and joy wasn’t going to last forever.

My experience as a camp counselor changed my life forever. As a future podiatric physician, I might never work up a patient for cancer, but the basic values of compassion, love, and patient-centered care are qualities I want inscribed on my heart for every patient that steps into my door. I’m grateful that I attend a University that embraces such qualities.

To this day, I keep a picture of the kids from my cabin on my desk. Their faces remind me of those in the world who need hope. From them, I learned how to love patients, and to realize that patients are not diseases. Diseases will always happen, but love, even in the midst of disease, will always put a smile on a child’s face.
In August 2012, the Center for Oral Health (COH) relocated its headquarters to Southern California after nearly 30 years in the Bay Area. COH is now located on Western University of Health Sciences’ campus, offering a unique opportunity to support our common goal of bringing together expertise in education, advanced care and research, and of providing unparalleled opportunities for oral health care innovation and improved access to care. This diverse and holistic approach to health care requires a level of collaboration that encourages professionals from COH and the WesternU College of Dental Medicine to delve “beneath the white coat” and traditional practice, in order to provide innovative programs that enhance dental treatment for children and families.

An exemplary model of this is the Healthy Teeth Healthy Schools program. This collaboration between COH and the WesternU College of Dental Medicine brings high-quality dental care to children via school-based health centers. Dr. Timothy Martinez, Associate Dean of the College of Dental Medicine, and a team of fourth-year dental students work with COH staff at Murchison Elementary (Los Angeles Unified School District) and Durfee/Thompson Elementary (El Monte City School District). The school-based health centers provide high-quality dental care, oral health education, and care coordination services to children who in many cases would not have dental care otherwise.

Another excellent result from the WesternU/COH collaboration is the Colgate Interprofessional Scholars Program. Dr. Conrado Barzaga, Executive Director for the Center for Oral Health, and his team will lead the efforts of the Colgate Interprofessional team in researching and developing Legislative Issue Briefs designed to inform policy and legislation in support of improved oral and systemic health. Drs. Joel Laudenbach and Tobias Boehm from the College of Dental Medicine will serve as the Issue Brief team leaders, and will work with the current CDM Colgate Scholars, Drs. Shirley Kang, Jerry Minsky, and Nithya Venugopal.

Since COH has made the move to WesternU, we have deepened our roots in California, serving as a stronger channel to advance our mission to improve oral health, especially for vulnerable populations, through innovation, research, education and advocacy. The collaboration with WesternU has also enabled us to engage in more robust work promoting public oral health and collaborating with national, state, and local partners to accomplish our vision of oral health for all.
A Humanistic Approach to 
Community Health Education

By Jayzona Alberto, MSHS ’13

“Education is the most powerful weapon which you can use to change the world.”
– Nelson Mandela

The words of Nelson Mandela resonate through our roles as community health educators. Our profession places high value on work to enhance the quality of life and improve the well-being of whole communities throughout the world through education. Students in the Master of Science in Health Sciences (MSHS) program/Community Health Education (CHE) track, are acquiring knowledge and developing skills to become proficient, compassionate leaders in health education.

MSHS/CHE students strive to achieve a level of competency in the design, implementation, and evaluation of educational programs and materials that promote health and wellness. We recognize the essential need for health education in a society faced with health issues such as obesity, diabetes, and heart disease. As many community members do not understand the complexity of these health issues, it is our mission/goal to educate community members appropriately and consider their education level, culture, beliefs, and lifestyles.
The MSHS program at Western University of Health Sciences is a hidden gem that continues to gain momentum in professional and academic realms. The courses prepare students to conduct needs assessments; design health education materials including posters, brochures, presentations, and websites; and collect and analyze community health data to evaluate programs and advocate for medically underserved populations. As the value of health education continues to grow, MSHS students might even consider enhancing their learning experiences by practicing their skills in an international forum.

Students graduate from the program well-equipped to work in a variety of settings and environments, including hospitals, non-profit organizations, public health departments, institutions of higher education, and private businesses locally and globally. In addition, community health educators can apply their skills in specialties such as women’s health, nutrition, substance abuse, and global health. They might even choose to pursue work as policy makers, consultants, or public health officials. Regardless of the field they decide to enter, MSHS graduates have the compassion, knowledge and skills to make a difference in the health and well-being of others.

Much like students in other colleges at WesternU, MSHS students value the principles of humanism and interprofessional collaboration. Graduate students in the program volunteer their time for various community outreach projects throughout the year, including National Health Education Week, Get Ready Day (Disaster Preparedness), Global Health Day LA, and multiple community health fairs, as well as mentoring or tutoring in classes throughout the Pomona Unified School District. These outreach projects provide MSHS students with experiential learning outside of the classroom, by teaching them to demonstrate humanism when presenting health-related information and educating community members. Faculty members within the Department of Health Sciences directly contribute to MSHS students’ success in collaborating interprofessionally by preserving community partnerships and developing additional opportunities for students.

As a significant tenet to the foundation WesternU was built upon, interprofessional collaboration and teamwork can improve the delivery and quality of care tremendously. Although many hospitals and clinics are shifting to this team-driven model of care — incorporating a number of different health care professionals working together to provide the best possible diagnosis and care plan — the addition of a trained and skilled health care educator can further improve health outcomes for the patient. Interprofessional collaboration between health care professionals and community health educators can potentially be a major advantage for the health care system. The role of a health educator on an interprofessional health care team could involve designing custom-made, health-related information for patients, as well as working closely with them to positively influence their health behaviors, an aspect of health care for which many doctors or nurses may not have time.

For the past 26 years, WesternU’s MSHS program has made its vision for students into a reality, as health science graduates walk across the stage at Commencement and enter into the professional world. As the second-oldest program at the university, the MSHS program has graduated several notable individuals, including many professors working across campus and our very own dean, Dr. Stephanie Bowlin. These alumni are testimony that the value of an MSHS degree is priceless. Like all programs at the university, the Master of Science in Health Sciences program supports the mission of WesternU by producing health educators who “enhance and extend the quality of life in our communities.” Whether promoting wellness to low-income families in the greater Los Angeles area or empowering children to make healthy decisions in schools across Kenya, MSHS alumni will better the lives of individuals across the world through the humanistic approach they learned at WesternU.

Opposite pages: MSHS students (L-R) Warren Gabrillo, MSHS ’13, Jayzona Alberto, MSHS ’13, and Bryan Solis, MSHS ’13, proudly display their health sciences patches at the annual Department of Health Sciences Education Leadership Symposium(background photo courtesy of shutterstock.com); Inset: MSHS alumna Helen Musharbash, MSHS ’12 and students Amanda Brenner, MSHS ’13 and Jayzona Alberto, MSHS ’13 have the honor of holding the Olympic torches at Global Health Day LA after a day of volunteering with fellow WesternU students.

My father grew up in a very poor rural area of the Philippines, sharing a one-room house with his parents and three siblings, rationing rice and small fish for the six of them to eat for a week, and having very little in the way of material possessions. The third of four children, he was told by my grandfather that if he wanted to pursue a college degree, he would have to earn a scholarship. He pushed himself to his limits, and worked extremely hard to finish medical school and eventually bring his family to America to give us a better life. My brothers and I don’t know the kind of life he had, because he made sure of it. However, he would also constantly remind us of how fortunate we were, because it was in stark contrast to his own upbringing.

The egocentricity of a child made it difficult for me to conceptualize and appreciate what he would say. Whenever I would get a new toy, he would gently remark and ask, “You know, you’re so lucky. Do you know what I had to play with when I was your age?” It was almost a Pavlovian response, and with a sigh, I would respond, “Rocks.” Even though my answer was oozing sarcasm and lacked any kind of awareness, he would actually smile. I think perhaps he found my innocence and delivery cute, but I think it was also because he knew I was at least hearing the message. And he was confident that, one day, I would understand the spirit behind it and internalize it enough to act on behalf of those who couldn’t help themselves.

I was 19 when I first joined a medical mission. My father, a general surgeon, had been organizing service trips to the Philippines since I was about 7 years old. It is not so much about proselytizing as much as it is about spreading the Word in good deeds, giving aid to the people in whom he sees so much of himself. I knew and had heard about the mission often. I had seen pictures and heard stories from various volunteers. After more than a decade of seeing him off, sometimes twice a year, I was deemed ready, physically and emotionally, to become an active member.

It was not my first time traveling to the Philippines, so I thought I knew about the poverty that existed. We were taken to remote places, traversing unpaved roads for hours in our bus. Because of its faulty suspension, we were able to feel every rock and imperfection in the road. Needless to say, it added a whole new dimension to the words “travel weary.” What struck me, when we reached our first stop, was the long, long line of people wrapping around the hospital. We were told many of them had traveled for days on foot in the hopes of being treated by our team.

I was informed that I was going to observe things that are not common in the U.S. because of the availability of better health care here. Witnessing the progression of disease in people truly transforms illnesses from abstract words on a page to something tangible. We saw mothers with young children and infants, and I
...he was confident that, one day, I would understand the spirit behind it and internalize it enough to act on behalf of those who couldn’t help themselves.

imagined them walking together in the heat and humidity. I had been lamenting about how much my neck and back hurt from sitting on a bus for eight hours; realizing they had walked those same roads in flip-flops or even barefoot instantly humbled me.

The team included doctors, nurses, and volunteers set to travel for about two weeks to several indigent areas. We transported donated supplies in boxes to each location, and we were divided into two teams. While one team performed surgical procedures, the other was responsible for running free clinics, evaluating patients, and distributing medication. Patients were screened by local doctors to ensure they were candidates for surgery for goiters, hernias, cleft lips, cataracts, and gynecological procedures. These same doctors would then provide the follow-up post-procedure. Though we faced challenges in each setting, it was a well-run system that functioned efficiently. We were given a set schedule of surgeries to perform, and typically, the time it would take us to complete them was severely underestimated. We had only arranged to stay at each place for three or four days, and this frequently meant that we would work well into the night to keep on pace to finish everything before we were set to leave.

As the nights wore on, we would sneak cat naps in between surgeries. I was a student athlete and had pulled my share of all-nighters in undergrad, but I had never experienced laboriously working through that kind of fatigue. I marveled at how much the adrenaline would provide a second wind to keep us going. I was young, and with only an EMT course under my belt, I had limited skills to offer, but with great demand came a necessity to train the volunteers to function in as high capacity as possible. By the last leg of the trip, I played a larger role in local anesthesia cases, as I would follow the surgeon and close the incision sites. It was the ultimate example of “See one, do one, teach one.”

My experiences from the mission were the most significant factor in my decision to enter the PA profession. With my knowledge base, I am now in a much better position to affect the places and people we see. The mission trips are an exhausting two weeks, averaging 15 hours or more per day. Though it may sound like a cliché, our sacrifice truly did not compare to the daily struggles these people face, and their sincere gratitude urged me to count my own blessings and think, “There but for the grace of God, go I.”

There isn’t one patient’s story that really stands out over the years, but I will always feel a profound connection with all of them. I firmly believe our paths were meant to cross, and that we were meant to intertwine in the threads of this vast fabric we call life. The most compelling lesson I have learned from taking part in these missions is that we often speak of going to faraway reaches of the land to change people’s lives. What we don’t foresee is how much they undeniably change ours. ■

Photos courtesy of Shutterstock.com
When I become a licensed pharmacist, I will have a toolbox to help treat and care for my patients. My toolbox will have the clinical skills and knowledge required for sound pharmacy practice; communication skills to promote teamwork; and the ethics and values to practice humanism. These tools are not gained overnight; many hours are spent inside and outside of the classroom to build these tools. No student, regardless of their desired health profession, has these tools from the very beginning. However, before I entered pharmacy school, I did have another set of unique tools that has impacted me as an aspiring pharmacist, and contributed to my toolbox.

These tools are in a black leather case with a red velvet interior. They are separated in the case, but attach them to one another, and you form what some call “black licorice.” Add a reed made of bamboo and a ligature to affix the reed, and you can create a sound that emulates the timbre of the human voice.

Just as health care students do not begin as full-fledged professionals, a musical student does not immediately begin as a fully realized musician/performer. The nickel-plated keys on this clarinet are slightly rusted from the acidity of the sweat that came from my fingers during hours and hours of practice and rehearsals. You need to practice to perform at Carnegie Hall, concert halls in Beijing and London, in ensembles and orchestras at USC. Certain cracks and keypads on my clarinet have been repaired over time due to overuse, in an effort to prevent major degradation and improve the sound. For example, the mouthpiece and barrel, both acquired during a yearly gathering of professional and amateur clarinetists called ClarinetFest, help deliver a silky and fine-tuned sound. And the traditional thumb rest (used to hold the clarinet) has been replaced with an ergonomic one so that the hours and hours of performing do not lead to pain.

These tools are not something that many of my patients, classmates, or faculty/staff will ever see me use, because they are not clinically relevant skills that impact decisions like determining the right medication and correct dose for the patient. However, my toolbox of clarinet skills is
contributing to my pharmacist practitioner’s toolbox. Any student or health care professional will say that it’s not easy, either during school or after graduation and the licensing exams, to master the practice of health care. Blood, sweat, and tears are shed to acquire the clinical skills, communication and humanism that characterize a proficient pharmacist. It can almost drive one insane; it certainly does to me regularly, and I’m only in my first year.

The musician’s toolbox provides more benefit than bragging rights for being a seasoned performer. When I was much younger, playing the clarinet served a therapeutic purpose unknown to me at the time. I grew up with juvenile-onset asthma, which made it very difficult for me to participate in any sports or physical education programs. Over time, as I began performing more intense literature and in more performing groups, the voluminous hours and practice to hone my craft helped control my asthma and increase my lung capacity. As I developed interest in music and performing, I added additional tools and skills to the toolbox that helped push me to the level of a serious and committed musician: the use of body language in performance, the ability to incorporate nuanced dynamics, and the desire to be a lifelong learner as a musician.

The musician’s toolbox has followed me from elementary school all the way to pharmacy school, during which I still perform and act as a substitute in a few groups within the Los Angeles area. But it has also increased its purposes. When life as a student pharmacist becomes too difficult to bear, I am reminded of similar struggles that I encountered while I was growing as a musician. Acquiring the tools for the musician’s toolbox and the pharmacist’s toolbox both required much time, along with blood, sweat and tears.

In developing both toolboxes, I’ve experienced struggle (balancing time for school and work vs. balancing time for rehearsals and concerts), exhaustion (preparing for strenuous tests vs. preparing for nerve-wracking auditions) and even disappointment (a bad grade vs. rejection from a selective music group). On the opposite end of the spectrum, there are also moments of accomplishment (making it to pharmacy school vs. making it into a highly regarded and highly selective clarinet choir), understanding (practicing proper patient education as an intern pharmacist vs mastering a very difficult passage of music) and even bliss (the passion I have for music informing my passion as a health care professional). Of course, there are plenty of moments of confusion — I can perform solos with ease and gusto, but I am still working on maintaining eye contact with patients.

My musician’s toolbox offers me solace and guidance while I assemble the pharmacist’s toolbox, giving me a means of self-worth and assurance when acquiring those tools seems too tough. This toolbox is unique to me, something I had before pharmacy school, and something I am determined to keep and continue to build after pharmacy school. My musician’s toolbox works in conjunction with my pharmacist’s toolbox, but this is me. You — the current students, faculty, staff and practicing health care professionals — have other toolboxes that help amplify your life’s work. To those people who encounter times of struggle and self-doubt in life and in health care: Draw from that toolbox beneath your white coat, as I am doing right now. Recognize that you have one that brought you here, and see how you can use it.

“My musician’s toolbox offers me solace and guidance while I assemble the pharmacist’s toolbox, giving me a means of self-worth and assurance when acquiring those tools seems too tough.”
Taking blood from a rhino

Leaving for field work in Kruger Park, South Africa

Cheetah Conservation Fund, Namibia
Dignity in Death and Loss: A Conflict of Views

By Carrie Bitterlich, PharmD ’13

I would say I am seasoned in dealing with this experience called dying. Well, I used to think that. I had seen this natural part of life, and was familiar with it. I wrapped my first body at 17. I sat with countless grandpas and grandmas, moms and dads, and children. My patients as they took their last breaths. I compressed chests until they cracked, and bagged until my hand cramped. I remember digging my hand into a fleshy groin, trying to find some remnants of a femoral. Friends died before their time. Even my own grandparents passed not without drama, so I knew of this enigmatic experience called death from an early age, and how it affected those around me. Nevertheless, in my mind, all these things were a part of just being. It was inevitable.

My first experience with dying was my grandfather’s death. Technology did everything to save his life, and at the end, he was twice his normal size, edematous, unconscious, and inhuman. My 12-year old-self decided then and there that this was not the way for a physician, a dignified individual with titles and accomplishments, to go. Nor should it be for anyone else. The whole experience was wearing on my family, but in my innocence I was greatly spared, emotionally, from the overpowering feeling of loss.

Several years later, my career started. Starting nursing school had been the biggest change so far. Now I saw intimately the struggle humans had with preserving the dying. They were trying to stop time, and I was a part of it. I became part of the culture where death was unnatural and evil. I was concerned with this outlook, but compassion was still my nature. I understood pain and the sadness that my patients’ families felt, but not the desperation to stop loss. As a health care provider, I developed a belief that American culture needed an overhaul when it came to dying. Too much time was placed on fighting the inevitable, when dying should be projected and allowed to be honorable. A life should be cherished in all its stages. I believed hospice was one of the most important aspects of the medical field. It was an entity that simply could not be replaced with vents and lines, antibiotics and epinephrine.

But all of that changed on June 8, 2003. The love of my life was a pilot for Airline Transport Professionals. We had traveled across the country together. We had plans to marry, and about how many kids we were going to have. The names were picked out. Then, at 10:40 am, the little twin-engine Piper Cub that held my life, my love, my beliefs, settled into a field in Battleboro, N.C. The scene was serene, as if nothing was amiss. No huge fiery crash sent metal in all directions; there was just stillness. Everyone on board died. And without warning, my logical brain gave way to a desperate, inconsolable spirit. I would have done anything, anything, to get him back. I wanted him in a wheelchair. I would take him paralyzed, broken, mute; anything, as long as I did not lose him.

But I did.

So began the struggle as one individual with two interpretations of death. The loss allowed me to experience death two ways: as a personal disaster, and from my point of view as a health care provider. I began to see my patients and their families in a different way. Dying was a decoy for what we were really trying to avoid: loss, separateness, the feeling of being alone. My practice evolved, and I was able to bring more understanding to the table, helping families work through what they were afraid to experience. Loss seemed more easily dealt with when the patient was involved in the choices, and when those around them listened.

Now, as a soon-to-be pharmacist, and in the years that have passed since that heart-rending June day, I have had many more encounters with the culture of conflict around the dying process. While I still have this personal hole, my convictions are still that of health care provider, seasoned and experienced in the casualty of life. I firmly believe in the dignity of palliative care. I believe in it for all parties involved. Without my two points of view that still oppose each other, this thing called dying would just be that. Instead, it makes time more cherished, more precious, and less taken for granted.
When we think of humanity, we think of people. When we think of medicine, we think of science. And when we behold the beauty of them equally, we see the author and creator of both. Humanity gave birth to science, and science in turn has given prolonged life to humanity. Both originated from the same infinite source, so they are and always will be intertwined. One does not thrive without the other; if one is missing in the equation, then the full picture is incomplete. Humanity is the canvas, and medicine is the paint — colors, hues and shades of endless scientific possibilities, used as a means by which to capture and discover what humanity needs to survive. Humanity, apart from science, lacks an intellectual foundation. Science, apart from humanity, lacks the essential element of compassion.

Western University of Health Sciences is infusing medicine with humanity. In the course of its scientific curriculum, WesternU teaches its students the importance of human interest, values and dignity in caring for the sick. Test tubes and prescriptions are but tools. People are the shared interest group of the health professions. The hands-on approach is one method used to help keep the emphasis on the human realm in medicine, as it is connected directly to the quality of patient care.

Incorporating humanity into medicine creates a bond between patient and health care provider that allows trust to walk into the picture, then stand as a foundational building block in the patient-doctor relationship. This concept of humanity in medicine, “Beneath the White Coat,” is rooted deeply within WesternU’s instruction. In every way possible, through educational and scientific training and application, the University emphasizes that humanity in medicine must be paramount.

But how do we accomplish this? How do we rewrite a long history of medicine that has often been absent humanism? WesternU does so by training health care providers to be compassionate (serve others as you would yourself); caring (give without prejudice); diligent (go the extra mile); and respectful. They are taught to be in tune with their patients, and to really listen to what they’re being told. For example, most mothers have taken sick children to countless doctors’ visits over the years. A care provider who listens to mothers with an open mind often finds that a word or a suggestion from them results in a “helping hand” that can find the cause or solution to a problem. Mothers know their children and their symptoms, and have been the ones administering prescriptions from previous doctors.

“Beneath the White Coat” is about a vision for going beyond the “just enough” mentality, and embracing the gift of giving back. It’s about human interest — our ability
to pay attention to what is affecting a patient’s health, be it physical or environmental. What course of treatment will be in the best interest of the whole person, and of the whole family? What is important and of most concern to the patient? The vision also is about values, and about high standards and high-quality service in patient care. Humanity in medicine means the practice can’t afford to let the value of care fluctuate like the prices of gold and silver; its principal tenet must always be that human welfare is invaluable.

The blend of humanity in the health sciences can work wonders. For example, at the Mayo Clinic, the mere touch of a human hand has been documented as playing a vital role in cancer treatment and the patient recovery process, and is of more value than has been emphasized in the medical field. Although underrated in mainstream medicine, the human touch is like a natural salve that connects and binds to the human spirit. Newborns that are frequently touched and caressed thrive better than those left alone, with little or no touch by human hands. Extensive research by the University of Miami’s Touch Research Institute has revealed that the human touch has wide-ranging physical and emotional benefits for people of all age groups. Furthermore, the conditions of patients who are touched have also been known to improve because of the comfort and reassurance it brings to them. A touching hand lets the patient know that they matter and that they are not alone.

The vision is about dignity. Treating every patient with respect goes right to the heart of humanity in medicine, underscoring the rights and worth of every patient. A practice that unites dignity with the scientific aspects of medicine creates a good balance in the health care professions as a whole.

During the Civil War, in an era of crude surgical procedures and medical unknowns, thousands of soldiers died from their wounds and, in even greater numbers, infection and disease. Poor medical treatment — due to unsanitary conditions and shortages of drugs, surgical instruments, and hospital supplies — soon became the battle cry for more “humaneness” in the care of the wounded on both the Union and Confederate sides. This spurred both sides to rapidly address the growing needs of field hospitals and to improve medical care, such that, by the end of the war, hundreds of hospitals had been built throughout the United States. It was also during the Civil War that humanitarians came on the scene to attend to the devastating medical needs the war had created. Inspired by Britain’s Florence Nightingale, many others followed her lead, including Dorothea Dix, Clara Barton (who organized and oversaw a corps of female nurses), and various nuns, whom patients called the Sisters of Charity. In addition, the U.S. Surgeon General, along with the Army Medical Department and United States Sanitary Commission, played a major part in the vital task of building field installations and general hospitals. All of the aforementioned worked together to put a face on the idea of humanity in medicine.

Somehow, over time, the features on this face have faded within the business of medicine. But the mission of WesternU was and is to preserve those features by proclaiming that they shine brightly “Beneath the White Coat.” As WesternU’s graduates begin the noble walk forward on the road to their professional careers, they carry with them all the tools necessary to enhance humanity in medicine through their individual fields of practice. Look out world, here they come! WesternU’s finest continue to leave and lead.
I am Latina
By Daisy Rivera, PharmD ’16

At the Pharmacy counter...

I am Latina
Born and raised of the sweat of my parents labor.
Never really belonging here nor there.

I am Sister
Example to my younger brother and sister
Learning from my older brother and sister

I am Child
I cry when I miss my parents
I laugh when I’m with my friends

I am Fighter
Struggled to get to where I am
But I am here to make a stand

I am Friend
Working hard to win your trust
But never feeling good enough

I am Lover
My heart was torn in two
But I never did stop loving you

I am Everyone
I have fears and insecurities
I have hopes and dreams

I am Pharmacist
Which one of me will you encounter?
At the Pharmacy counter...
The Sorceress
To my heathen beloved at a social
By Zachariah Kamla, DO ’16

Proudly perched in public eye’s perverse perception—
Stiff as Salem socialites, stifling, sturdy—
men of merit must be modest, no exception;
dare display desire, dregs will deem me dirty.

But aching, longing, pining, oh! these stony eyes
envision arcane rituals of hidden lives;
unsmiling lips so poised to purse, when still, speak lies;
a tranquil heart, while keeping beat, alone connives.

Divert those orbs mysterious as a new-moon night,
I’ll lose my way within your mesmerizing glance.
Engulf me not with hexing mouth, desist your rite!
Occult enchantress! Prudence sake! Release your trance!
To save my honor, here and now your charms disguise,
and wily renegades we’ll be with night’s reprise.
In Memoriam

Humanism, Caring and Competency the cornerstone of Western University of Health Sciences. President Philip Pumerantz, administration, faculty, staff and students. Sometimes we are lucky enough to work beside someone whose everyday activities demonstrate how humanism, caring and competency make a difference. The individuals below were valued staff of the WesternU family. We honor these individuals with a memorial on campus and the descriptions below. They lived the ideals of humanism, caring, and pride in providing the best services possible to WesternU staff, faculty and students. We return to them our thanks for the honor of knowing and working beside them.

“This tree stands in memory of those staff employees who have passed away while in service to Western University of Health Sciences”

By LaDonna Cash, Administrative Associate, Harris Family Center for Disability and Health Policy, and Chris VanderVeen, Administrative Associate, College of Veterinary Medicine

**Cherie Capotosto**

Cherie was a beautiful woman with a compassionate heart and loving soul. Cherie’s spirit glowed, as did her smile. She will always be remembered for her love of life and how she touched each of us with the desire to be a better human being. Cherie danced through life and always held true to her faith and her commitments. We continue to be comforted by knowing that cherie is among the brightest of stars in Heaven.

She enjoyed working with the students and employees at WesternU. She loved children, and when her grandchildren began to arrive, the smile on her face told of the fulfillment of her life.

Sharon fell ill in December 2006, and could not return to work. She passed away on January 13, 2007. Sharon was married to her best friend, Joe “Corky” McCrary, for 38 years at the time of her passing.

My best memories of Sharon are the hugs she gave to anyone who wanted one, as well as her belief in all the students she supported. Sharon is missed by all those who were touched by her big heart.

**Sharon McCrary**

Prior to coming to WesternU, Sharon McCrary worked for the Dayle Macintosh Center in Garden Grove, California, as an information and referral specialist. Sharon was hired at WesternU in April 1999 as manager of CDHP/AARC, and worked under Brenda Premo. Her primary job responsibility was to provide academic accommodations to students registered with the center.

Kate was a native of Scotland by way of Canada. She had a lilting Scottish accent and one of the quickest wits I have ever known. Kate was the assistant to Richard Pumerantz, Vice President of University Advancement, until his departure from the college. Rick Nordin replaced Richard, and she continued to support him until her medical condition precluded her continuing to come to work.

**Catherine (Kate) Montgomery**
Kate had fought breast cancer while living in Canada and was told she had won. Fifteen years later, the ugly beast raised its head and, although she fought it hard, this time would not allow her another victory.

When we got the phone call that Kate had collapsed at home and was being rushed to the hospital, her family from University Advancement rushed to the hospital. She was in intensive care and only her immediate family was allowed in. We were all in the waiting room, a rainbow of people, and awaiting our turn to see Kate. The ICU nurse announced that only immediate family was allowed in. Rob, Kate’s husband, informed the nurse that this was her family — the only family she had here. We were all allowed into her room in turn. Although given only months to live, Katie fought bravely for several years before her body finally gave up — Katie never did!

At her memorial service, they released several white doves — most flew away immediately, but one stayed behind and circled the people gathered several times. I know that that one was Kate, saying goodbye to all her family before flying off to join the others. Kate’s quick wit and humor is still missed, and the tree/plaque is a fitting reminder that although gone, she will never be forgotten.

Deborah Robinson
Debbie joined the College of Pharmacy in its infancy. She worked closely with Dr. Sam Shimomura and was instrumental in helping develop the experiential education portion of the PharmD program.

Debbie is best remembered as a kind and generous person. Those who knew her well know that above all, Debbie defined her very existence as that of a mother. As the oldest daughter in a family of seven children, Debbie took on the role of mom early in her life, caring for her brothers and sister as their parents worked. This role continued on into her adult life with the birth of her daughter Jennifer. Debbie spoke of Jennifer often to her friends in Pharmacy. Her pride in Jennifer was immense, her dreams for her boundless, and her love for her beyond measure.

We all miss her smile and gentle spirit.

Debbie Smith
The one thing everyone remembers about Debbie was her smile. Debbie was the receptionist for Vet Med, and her smile was the first thing anyone entering the reception area of the VMC saw. Everyone commented that her smile really made them feel at ease because it was so genuine.

Debbie fought a five-year battle with breast cancer and lost her fight in January 2013. All through the battle, the smile never left her face. Many that worked in Vet Med did not know of her battle because she never complained. If someone asked her to do something, she always answered them yes and gave them a big smile.

Besides her Vet Med family, she left her husband, two sons, one daughter-in-law, and two granddaughters and another grandchild on the way.

Debbie has been replaced in her position, but she can never be replaced in our hearts.
Dropped at the shelter, why a cute puppy like you?
Was there something that the previous owner’s knew?

A cool fall day was the day that changed our life
How could I have known of the following strife?

You ‘came’ to me though it was not my plan
All because everyone knows I am a GSP fan

When you arrived you were still quite small
I had to wonder if you would ever grow tall

You had such lovely markings and a perfect short tail
I bet that as a show dog you would not fail

Names you had, there were quite a few
Jente, Rosie, and Smeagol; but Shirley #2 just wouldn’t do

You seemed to say “My Precious” whenever you hid toys
It solidified your name and irritated my boys

Dr Jekyll/Mr Hyde – these were said to be your two sides
But when people spoke of how beautiful you were I was filled with pride

We had Christmas and New Year’s, they were a special treat
And via ‘Skype’ the rest of my family you did meet

You pee’d on the rugs, the floor and the couch
Therefore, cleaning, I was often found in a crouch

You chewed many things like pillows, a table and shoes
I guess with your growing teeth you just didn’t know what to do

You liked to snuggle with Baggins and me
Even with your occasional growls, I would let you be

Your life though short, was adventurous and full
With you bold attitude you took no bull!

You loved to play with bones and balls
You didn’t even care when you took nasty falls.

You loved to run, and hike and play
But I knew you may not be with us to stay

Water from a hose and brooms you did chase
Just two more memories I will not erase
Your seizure activity was short at the start
But as time went on they broke my heart

Each night your cries took a toll on my mind
I tried and searched, an answer to find

At night your thrashes were hard and cries sad
I knew then that the problems in your brain were bad

Calls and trips to specialists ensued
I wanted to make sure all avenues were pursued

Our time was filled with meds, and more meds, and kennel constraint
And during all of that time you had no real complaints

REM sleep disorder seemed to be the likely culprit
Now, because of you, it may become my pulpit

One winter day it happened, you saw dust sparked by light
Your antics to bite at it were really a site!

Your actions that day made me laugh and smile
Even though I knew it all would end in a (very) short while.

On a trip to the ocean you discovered the ‘Bubbles’
And for a time it took our minds off your troubles

Then the day came that I finally let you go
It was a very hard decision I want you to know.

Miss Smeagol — I love and miss you much still
It makes me even forget all of the bills!

For cutting your life short, can you ever forgive me?
My true thought was ever only for you to be free.

From your short life, what are we to learn?
That life is about much more than we earn

That we should always try & care for others
Neighbors, friends, pets, sisters and brothers

By giving that love, parts of our heart it may take
To do nothing at all would be a mistake

I really miss my beautiful little Smeagol
I truly hope you are at peace flyin’ like an eagle

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Photo by Jeff Malet, WesternU Public Affairs writer/photographer
“Beneath the White Coat, I am a marine biologist”
Mehndi represents the bond of matrimony and marks the beginning of a journey for the couple. It has sustained its importance as a pre-wedding ritual and is considered a “shagun.” It signifies the union of two families and the love and affection in a marriage. This art depicts different Hindu wedding rituals, including the bride and the groom.
Dispensing Words Under the White Coat

By Sommy Rhee, PharmD ’13

These are the confessions of a tenacious dreamer who also happens to be a fourth-year pharmacy student at WesternU, mother of two, wife, writer, and blogger:

“I majored in Political Science and Communications at the University of Michigan, and I was working in the publishing industry post-graduation. Then I met my love, and after marriage, a career change beckoned. After two years of spontaneous travels, lazy Saturday afternoons, and lowbrow inside jokes with my buddy husband, I had a baby. Then I started pharmacy school, had another baby, and took a two-year leave of absence. Phew! All the while, my passion for writing had never ceased, and my dreams of writing again came true when I signed on to write for Red Tricycle, www.redtri.com, a national website featuring fun things to do with your kids. In the midst of studying for third-year finals, I managed to blaze through fun adventures with my little ones while writing all about them. Fast forward a year later: I’ve started my own blog, and now I’m dispensing words under the white coat. Never stop dreaming!”

Follow me and my happenings at sommy.rhee!
Samuel Yu, MSN ’13 | “Oaxaca, Mexico”

Cesar Ochoa, Clinical Research Coordinator, PCC | “Future Student at CVM”
Alana Zapata, PharmD ‘15 | “Study of Sargent’s Lady Agnew”
Love, to be in love, what a wondrous and glorious state. A time when the happiness of another far exceeds the needs and desires of self. A time when our own appetites are tossed aside, all in an effort to please another, when the pleasures and happiness of another are at the center of our being. A time when serving and pleasing our beloved is all we desire. During this time, self-interest is put on hold, and our whole being, our entire happiness, is dependent upon providing pleasure to someone else. Is there a time when we are more deliriously happy? Is there another time in our existence when we are more prone to sing for joy and dance in ecstasy? Does this state give insight into the true nature of Love, to the nature of God Himself? What if we could maintain this state, not merely directing it toward one person, but to all that we meet — to everyone? What if all of God’s creatures derived their greatest happiness from serving others? Preposterous, impossible, might rightly be the cry. Yet our limitations and inability to love service are the divine point to our disparate need to grow and become more like Him. Such an ability would be a true reflection of God’s love, of paradise itself. If each of us could derive our ultimate pleasure in making others happy, wouldn’t this world be a wondrously different place? Maybe, just maybe, when we are in love, we receive a glimpse into paradise.

*In memory of Maria Pia Phillips*
Beneath the white coat is a living, breathing human being who does the work of a health care provider. The person within powers the persona patients perceive. This is similar for patients. Beneath the patient presentation is a living, breathing human being who sometimes needs the assistance provided by the living, breathing human being beneath the white coat. Beneath the persona and the presentation, patients and providers share a common humanity in uniquely different ways. This is a paradox worth considering.

Patients and providers share a common humanity through face-to-face communication. As patients, we use “everyday” language to “show” and “tell” our providers how our “symptoms” are disrupting important daily activities. As patients, we ask our providers to help us decrease our disease and restore our health. For those of us beneath the white coat, this involves a two-step communication process. First, we “translate” the “everyday” language of each patient into professional jargon to document our exam. Second, we “retranslate” our professional jargon back into “everyday” language our patient can actually use to make informed decisions about health care choices.

This begs the question: Are there “generic” patients? We share a common humanity, yes, but in different ways. Each of us can ask different questions about facts, details, factors, and options. Similarly, each of us can prefer different answers in terms of values, ideals, trends, and results. There are enough differences in how we make informed decisions that, at times, professional “personas” and patient “presentations” are likely to pass like ships in the night. For a provider to merely “show” or “say” something, and not verify patient perception and understanding, is like going to a provider who talks to themselves out loud and hopes the patient is eavesdropping. Why bother?

Furthermore, could we not suggest the best health care delivery systems have sufficient resources to truly provide time for patients and providers to have meaningful “conversations,” one living, breathing human being with another, about informed health care decisions? In my view, this marks the key difference between doing the work of a health care provider beneath the white coat, and merely wearing one. It’s a human standard against which providers can judge themselves as caring members of an interprofessional health care team. To paraphrase what one of my interns said to me recently, “Striving to be determined and caring, doing everything I do to bring meaning to myself and my future patients, has brought me more joy than I imagined was possible, and helps me create purpose here at WesternU.”

So each of us is left with a final question: “Who is the living, breathing human being beneath the white coat I wear?” Our individual answers will determine the future meaning of health care reform and our unique place in it beneath the white coat.
Western University of Health Sciences is a private, non-profit institution of higher learning that offers post-baccalaureate degrees in several health and medical fields. More than 3,600 students study to become osteopathic physicians, physical therapists, physician assistants, advanced practice nurses, pharmacists, veterinarians, dentists, podiatrists, optometrists, and researchers. The University is located in the Pomona Valley on 22 acres in the city of Pomona, Calif., 35 miles east of downtown Los Angeles.

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