

The
secret to
her success
with patients?

There are no secrets.



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A MESSAGE FROM THE PRESIDENT:

*Morehouse School of Medicine is on a mission.
A mission that has become more important than ever.*

Over the past year, we all observed an intense national dialogue about the future of our health system, and now we're seeing dramatic changes on the horizon – changes that are necessary and long overdue. While exact details continue to emerge, we can expect a renewed sense of urgency and tangible support for the very enterprises in which we are engaged: a skilled and diverse health care workforce, increased focus on cultural competency and research to solve our nation's most pressing health problems, greater emphasis on primary care, disease prevention and wellness, and improved models of care delivery with heightened emphasis on compassionate, culturally connected care.

We are particularly optimistic at Morehouse School of Medicine considering that one of our very own alumna, Dr. Regina Benjamin, was recently confirmed as U.S. Surgeon General. She has already proven to be a crucial voice for change.

In the following pages, you will read just a few of the untold stories that illustrate what Morehouse School of Medicine is all about. From groundbreaking epigenetic research to help ward off hypertension, to our work in Baldwin County, Georgia, to recruit participants for the largest study of child health and development ever conducted, these stories illustrate the four vital missions that we pursue daily – to:

1. Train tomorrow's leaders in science, medicine and public health,
2. Discover the causes and cures of health inequities,
3. Care for patients from all walks of life with compassion and cultural sensitivity, and
4. Connect with vulnerable communities to find real-world solutions to their health needs.

As you read, I hope you will have an “aha moment” (like I do every time I walk into a classroom or one of our research labs) when you realize what an exciting time we are living in and what a vital role MSM is playing. Our mission is clear and more meaningful than ever, and with your support, we will continue to pursue it relentlessly.



John E. Maupin, Jr., D.D.S.
President, Morehouse School of Medicine



Training tomorrow's leaders in science, medicine and public health

MSM is forging ahead as a nationally recognized educator of culturally competent physicians, scientists and public health experts. Applications have grown to record numbers. We have launched new educational programs, expanded residency programs, added new clinical training sites, and witnessed the continued recognition of our faculty and students on a national level. The following stories are just some of the reasons why.



A historic breakthrough at the VA

Residency positions at Veterans Affairs Medical Centers are vital to the future of MSM's graduate medical education programs. But for decades, MSM and other historically black health professions schools have had limited access to VA affiliations. That's finally changing.

In 1982 Dr. Louis W. Sullivan, then president of a fledgling Morehouse School of Medicine, sat down with the chief medical officer of the U.S. Veterans Administration to ask a very important question – how could MSM obtain more residency positions and research collaborations with the VA hospitals? He was told the VA had a policy limiting its satellite hospitals and facilities to only one academic affiliation per VA facility. In other words, MSM could not have a relationship with the Atlanta VA Hospital because of its existing relationship with Emory University School of Medicine.

As a result, MSM was forced to forge a relationship with the VA medical center in Tuskegee, Alabama – two and a half hours away. In addition to saddling residents with a long commute, MSM has had to provide housing for the residents while they are in Tuskegee. This has been an undue burden for residents and the school.

This legacy of unequal access to Veterans Affairs facilities for historically black health care training institutions spans decades. Fortunately, with years of relentless effort by MSM leadership and advocates such as the Association of Minority Health Professions Schools, along with the steadfast support of Congressmen Zach Wamp and Sanford Bishop, barriers to VA medical center affiliations are crumbling piece by piece.

It started in the outpatient clinics. For the past several years, MSM and the Atlanta VA have collaborated to build MSM residency training in the Atlanta VA's Community Based Outpatient Clinics, or CBOCs, with MSM residents rotating in CBOCs at East Point and Stockbridge.

But still, MSM could not train residents at the main Atlanta VA

Medical Center. In both 2008 and 2009, MSM president Dr. John E. Maupin, Jr., testified before the Military Construction, Veterans Affairs, and Related Agencies Subcommittee, Committee on Appropriations, United States House of Representatives that there needed to be more collaboration between the VA and minority health professions schools.

Following the 2008 testimony, the Committee directed the Department of Veterans Affairs to provide a report to the Committees on Appropriations of both Houses of Congress by January 30, 2009 on the actions taken to improve collaboration with minority health professions schools. The Department in turn created a Blue Ribbon Panel to review the actions taken to increase affiliations with MSM and other similarly situated schools.

In the meanwhile, during the summer of 2008, four Psychiatry residents – Drs. Reyna Gilmore, Zehzha Mikhaeil, Samina Gul and Deina Nemiary – made history when they started their first inpatient rotations at the Atlanta VA Hospital. One rotation focused on substance abuse and the other on trauma recovery. Each of the four residents worked at the Atlanta VA for six months, helping care for patients with psychiatric disorders and sharing the Atlanta VA Psychiatry service with residents from Emory University School of Medicine.

The report delivered by the Committee in January 2009 recited the various meetings that VA leadership had held with AMHPS schools but few collaborations had been established. Thus, that spring, Dr. Maupin pressed again for the VA to request satellite

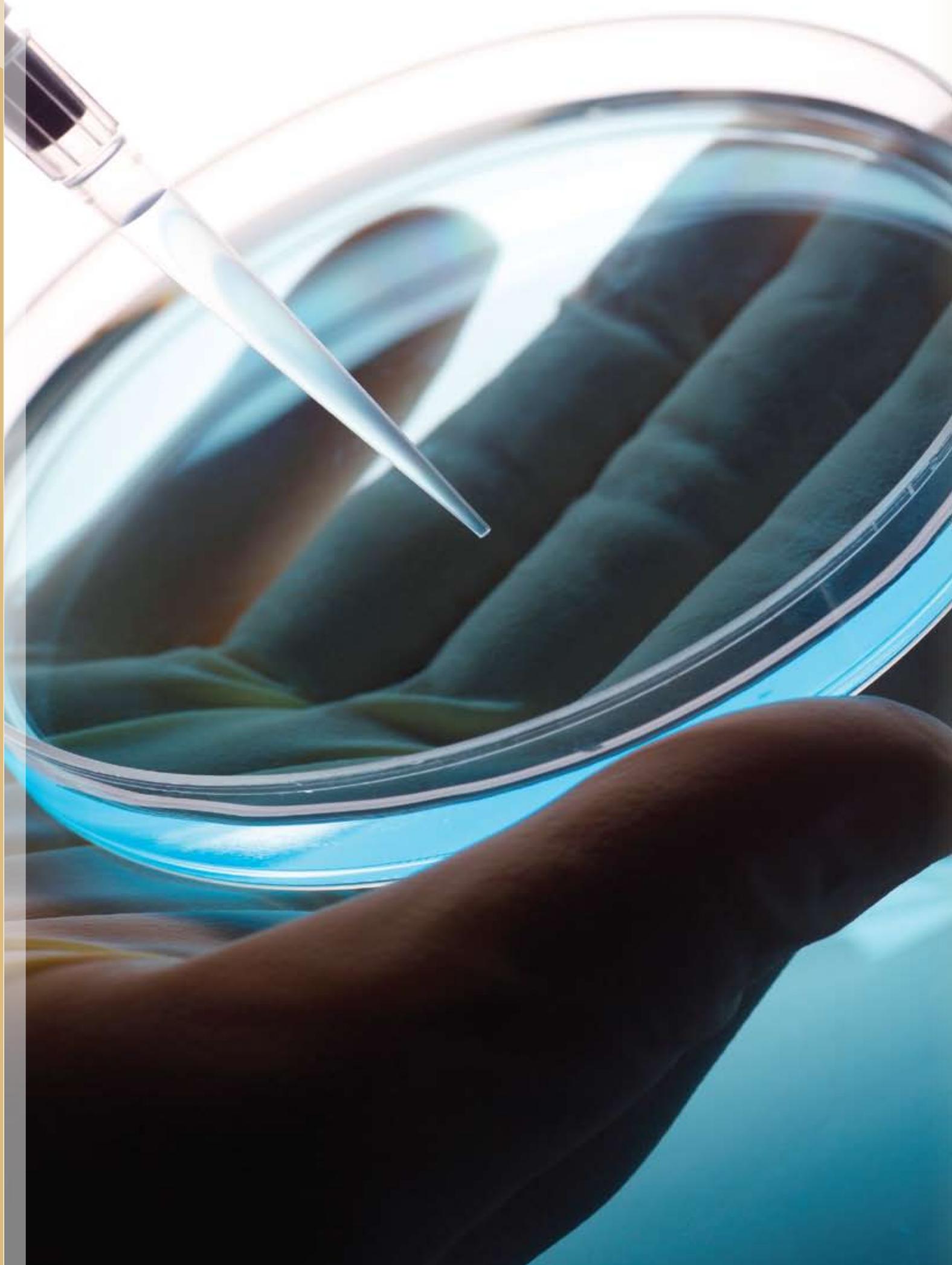


offices and local hospital leadership to allow students from minority health professions schools more access.

In July 2010, three MSM internal medicine residents began a new inpatient rotation at the Atlanta VA Hospital. Similar to psychiatry, MSM medicine residents share the Atlanta VA inpatient medicine service with residents from Emory. At present, the VA has awarded 12 funded residency positions to MSM and the Atlanta VA. Five of these positions support inpatient rotations and seven support CBOC rotations. The positions are vital to MSM residency programs because at the present time only the VA is increasing the number of funded residency positions.

This breakthrough and expansion at the VA is a realization of a vision long held by MSM's leadership. But the vision does not end there. We are hopeful both surgery and OB/GYN rotations will be added in the future. Perhaps this passage from Dr. Maupin's 2009 testimony sums it up best:

“The VA is among the very few opportunities that exist to expand funded resident positions for medical schools in urban areas. Combined with the reality that our nation's veterans represent a highly diverse population, we stand ready to play a key role in the process of helping to expose our residents to health care and training opportunities, and in the process, serve the heroes of our nation. As the VA seeks to train more health professionals of color, we are poised to respond.”



Diversifying Georgia's new economy

New Masters Programs in Biomedical Science provide students with a launching pad into a field ripe for growth.

Consider these facts:

- 15 million Americans are unable to find full-time jobs.
- Real wages in the United States are falling at the fastest rate in 14 years.
- Unemployment in Georgia has stayed at or above 10 percent since June 2009.

As communities across the country are scrambling for answers to their economic challenges, many are turning to biomedical science as part of the solution. For leaders in Metro Atlanta and Georgia, building a strong biomedical industry is a top priority. The New Economy Task Force of the Metro Atlanta Chamber of Commerce highlighted biomedical science as a critical growth engine for the region in a 2009 report. But the competition is fierce.

Fortunately, Georgia already has an edge. The state's life sciences industry, with 200 companies employing 13,000 workers, is booming. It was ranked eighth in the nation in 2009 by Ernst & Young. About three-quarters of the companies are located in Atlanta, Athens or Augusta, often spin-offs of local universities including Emory University, Georgia Institute of Technology and Morehouse School of Medicine.

For MSM, the push to train students in biomedical science is nothing new. From the very beginning, a central mission of the school has been to diversify the biomedical sciences workforce. To prepare even more students for careers in this growing field, MSM has launched two new Masters Programs in Biomedical Science. The Masters Programs will help complete a seamless path to the biomedical PhD degrees that are in such high demand.

According to Dr. Douglas Paulsen, Associate Dean for Graduate Studies, the new Masters programs "provide our Masters students with a launching pad for a variety of relevant, engaging and sustainable careers in academic and commercial research laboratories."

"MSM and the Atlanta region offer advantages that no other region can match," notes Paulsen. "We have the combined strength of several major universities, the benefits of being one of the biggest transportation hubs in the country and commitment from state and local leadership.

"Diversity in every form is going to be critical to Georgia's economic success," says Paulsen. "MSM is supporting economic diversity in two ways – one, by supporting a more diverse and highly skilled workforce, and two, by laying the foundation for a more diverse industrial base to support long-term economic growth."



Dr. Douglas F. Paulsen

Duty in Ghana teaches two students how to be better doctors – and better people

HARRY SOUTH

One of my greatest moments while attending Morehouse School of Medicine was the opportunity I had to spend two months in Ghana conducting research and analyzing the country's hospital system. I applied to the program in an effort to rectify one of my greatest regrets from my undergraduate experience at Rutgers University – not taking the time to study abroad. Ghana was my chance to “live the dream.”

There were 12 students accepted into the program from around the U.S., hailing from all over – Florida, California, Massachusetts, Georgia and even Puerto Rico. We all arrived at the international airport in Accra, Ghana and were met by the program facilitators. During our orientation we were divided into three groups and told that we would have two three-week rotations at different hospitals in the Ghana Health Services system. We were given a detailed overview of our expectations and given a chance to interact with the other students.

Our three assignments were to:

- 1) conduct a personal research project and complete a research paper by the end of the program,
- 2) assess our assigned hospitals' needs and their utilization of donated medical equipment from the U.S.-based company GE, and

3) interact with the people and enjoy the culture of the country.

My research focused mostly on tuberculosis, which was one of the country's major health concerns, and malaria. I developed a short, multiple-choice survey and conducted nearly 200 interviews with the help of an interpreter. As I assembled my research paper, “*Knowledge is Power: Exploring the Knowledge, Attitudes, and Practices of Community Members from Mampong and Axim toward Tuberculosis*,” I learned that the Ghana Health Service did an excellent job educating the people about TB. Many of the respondents, regardless of education level, understood TB was spread through coughing and could be deadly without treatment. My most interesting finding was that only 50 percent of the respondents knew that TB treatment was free in Ghana. My research findings were presented to the Ghana National Health Services team so that efforts might be redirected to spread the word about free TB treatment.

Clinically, I rotated with different physicians in general medicine, obstetrics and gynecology, and even surgery. My respect for the physicians in Ghana grew tremendously because they relied almost solely on patient histories and physical exams to make their diagnoses because they did not have

CT scanners, MRIs or other advanced diagnostic equipment. I learned many new techniques for conducting thorough physical exams without much equipment. Among the most interesting of these was learning how to listen for fetal heart tones without a stethoscope. The hospitals were very grateful for the equipment that GE donated, which included automated blood pressure recorders, generators, ultrasound machines, x-ray machines, fluorescent lights and Internet connections.

My greatest experience in Ghana was my interaction with its people and the rich history of the country. It was amazing to experience my first safari from the back of a pick-up truck; standing 15 feet away from wild elephants, and watching all the animals in their natural habitats. I enjoyed visiting the castles along the coast, which served as transfer stations in the Trans-Atlantic slave trade. It was breathtaking to stand inside the dungeons where thousands of slaves were kept, chained in the dark, awaiting transport to various plantations across the world.

All in all, my two months in Ghana gave me a richer cultural understanding and made for a memorable conclusion to four great years at Morehouse School of Medicine.

Harry South and Kenneth Obi, both MSM fourth-year medical students, were selected to the 2009 National Medical Fellowship/GE Medical Scholars Program. The highly competitive scholarship program drew thousands of applications nationwide, but only 12 students were selected. Obi and South undertook a two-month international medical elective and traveled to Ghana in March 2009. Today, Dr. Obi is an internal medicine resident at the University of Michigan Hospital in Ann Arbor, Michigan. Dr. Harry South is an internal medicine resident at the University of Tennessee – Knoxville. Here they share their Ghana experiences.

KENNETH OBI

Last year, I had the opportunity to spend two months in Ghana through the General Electric Medical Scholars program. After the group arrived in Accra, we spent the first few days in the classroom in orientation sessions. We learned about the projects, the people, our respective sites and responsibilities. Our primary role was to evaluate several hospitals to determine their ability to provide health care to the immediate community and the utility of donated GE equipment to help achieve this. At the same time, each scholar was expected to design and conduct an individual project based on their interests. My group had two primary sites: Axim and Mampong, both of which were small towns with lots of history and culture. Axim was a renowned fishing community while Mampong was located in the heart of the Ashanti region.

My research focused on the availability and proper use of insecticide treated nets for malaria prevention among mothers with at least one child under the age of five. To complete this project, I interviewed 127 local women. The project idea stemmed from the fact that the Ghana Health Service, the national health ministry, projected that 60 percent of all households would own nets by 2010. They planned to reach this goal by distributing

nets at antenatal and postnatal clinics and at screening fairs. My study, although limited in power, showed that more than 60 percent of households would own nets by 2010, exceeding the Health Service's goal. I found that younger mothers were less likely than their older counterparts to own nets. Education also played a role, as women with a post-junior secondary education were more likely to own nets than uneducated women. Astonishingly, income was not a major factor in determining which women owned nets. This implied that the government's efforts to provide the nets for free or at reduced costs were helping poorer, rural families.

I would describe my time in Ghana as inspirational. As we conducted our community health assessment, one of the recurring themes was the need for better education. Although I knew education was important, it was not until I went to Axim that I grasped the gravity and impact of education within that society. Improvement in education is needed on all levels. I was surprised to learn that even today some children still do not have the opportunity to attend elementary school. Education (or lack thereof) is the basis of a lot of the problems that plagued that community. It translates into poor behavioral choices, poor sanitation, poverty and poor health. As a medical

student originally from Nigeria, I appreciated the opportunity to learn of some of these needs. I have always wondered about ways to help the African people. More and more, I realized that simply treating people will not prevent them from returning to the hospital if they are unable to take minimal steps to guard their health. However, advocating for education in addition to proper health care would go a long way toward improving the people's health and quality of life.

My team and I presented our findings at the closing sessions. We ended our presentation with a list of recommendations that we believed would improve the quality of care at Axim Hospital. Our hope was that some of the recommendations will be explored and implemented over time. We are very fortunate to have experienced Ghanaian hospitality from everyone we encountered. Interestingly, we went into those communities as scholars to perform a job, but we became very much entangled with the lives of the people and wanted to do all we could to help them. I appreciated the efforts that GE has made to reach out to those communities over the years and the experience allowed me to realize that there is never a shortage of opportunities to serve.

Discovering the causes and cures of health inequities

At Morehouse School of Medicine, we seek to discover the scientific, medical and social reasons why certain communities are less healthy than others and find ways to change their situations. This starts with a robust research enterprise that attracts top investigators and covers the spectrum of “bench to bedside to community.” We want to unlock new medical and scientific knowledge, and then translate it into clinical data and best-practice models of care that can be replicated in vulnerable communities everywhere. These stories are just the tip of the iceberg on a research enterprise that has witnessed exponential growth over the past decade and is attracting more federal funding than ever.



“In 2009 alone, MSM secured 135 research-related grants totaling more than \$63 million and ranked third in the nation in federally funded research expenditures among community based medical schools. Tripp Umbach, a nationally recognized consulting firm, estimated that research conducted at MSM over the past five years has led to approximately \$700 million in health care cost savings to the state of Georgia. The expansion of MSM’s research enterprise will continue to have an impact on Georgia, the region and the nation.”

– Sandra Harris-Hooker, Ph.D.

Interim Dean and Senior Vice President for Academic Affairs, Vice President and Senior Associate Dean for Research Affairs

*Pictured below (l-r):
Methode Bacanamwo, Ph.D., Mukaila Akinbami, Ph.D.,
Minerva Garcia-Barrio, Ph.D., and Gary Gibbons, M.D.*



Unlocking the Cell

Dr. Gary Gibbons and his research team are working to unravel how environmental factors alter genes and change the course of cell development. Their work will help scientists understand how hypertension – which disproportionately affects African-Americans – develops and how to prevent it.

Scientists and medical researchers now understand what makes a human cell. In fact, the international human genome project determined the sequence of DNA and mapped more than 20,000 human genes. Today researchers want to know more. They are searching to discover what makes a human cell work. On the forefront of this discovery is Morehouse School of Medicine researcher **Gary H. Gibbons, M.D.** and his team of scientists.

“We now have the alphabet of DNA through the human genome project,” Dr. Gibbons said. “With that knowledge, it’s possible for us to monitor how the code changes at each nucleotide of the three billion nucleotides in response to different situations. We’re looking to discover what makes one progenitor cell transform into a skin cell and another progenitor cell become a heart cell.”

In September 2009, Dr. Gibbons earned one of 22 grants awarded by the National Institutes of Health to research epigenetic changes – chemical modifications to genes that result from diet, aging, stress or environmental exposures.

The grants will build on the important work undertaken as part of the NIH Roadmap for Medical Research’s Epigenomics Program. Approximately \$62 million will be awarded over the next five years to study the epigenome in a number of diseases and conditions, including tumor development, hardening of the arteries, autism, glaucoma, asthma, aging, and abnormal growth and development.

At MSM, Dr. Gibbons will study hypertension in African-American patients.

Through a clinical trial, hypertension patients are treated with a placebo or angiotensin receptor blockers. A second part of the study will treat patients by diet alone. A biopsy will be conducted before and after treatment to collect an almond-sized sample of fatty tissue filled with small blood cells just below the skin.

In collaboration with faculty and students at Harvard Medical School, three billion cells in before and after biopsy samples will be compared to each other to identify changes.

“This is a complex data set, an unprecedented data set,” Dr. Gibbons said. “We will analyze nucleotide by nucleotide to understand what the DNA is telling us. What modifications turn off certain genes? What modifications allow other genes to be expressed?”

The data could lead to significant breakthroughs in understanding how environmental factors impact the human body at a cellular level.

“We know that identical twins have identical genomic information – all the letters of their three billion alphabet instruction manual are exactly the same,” Dr. Gibbons said. “Yet there can be subtle differences between twins, particularly as they age.”

Gibbons’ research, in conjunction with the full NIH Epigenomics Program, could unlock the mystery to why genes react to external stimuli the way they do. As medical researchers learn what stimuli influence gene modification, they will inevitably ask, “What if I can manipulate the process?” Answering that next question could lead to cellular modification, which may turn specific cells into hair cells, skin cells or liver cells. Or, as Dr. Gibbons hopes, one day his patients would no longer face a lifetime of treatment after a diagnosis of hypertension.

“What if this diagnosis of hypertension, that today requires perpetual treatment, could one day be cured?” Dr. Gibbons posits, “Imagine if our cells, like a computer, could be rebooted and start over at a healthier level. Blood vessels would not be destined to being high blood pressure vessels. That’s the dream that drives our research.”



CVRI

Cardiovascular Research Institute of
Morehouse School of Medicine

Discovery in the heart of the “Stroke Belt”

The South is known for many things: sweet tea, tasty food, churches and college football, just to name a few. But for researchers at the Neuroscience Institute of MSM, the culture of the South is a colorful backdrop to a much more serious endeavor: preventing stroke-related deaths in the region where they strike most.

Were you born in the South? If so, and you still live here as an adult, research shows you are 33 percent more likely to have a stroke than the general population of the United States. What’s more, your high risk will follow you even if you move out of the seven southeastern states that make up the “Stroke Belt” – North Carolina, South Carolina, Georgia, Tennessee, Alabama, Mississippi, Arkansas and Louisiana. Are you a minority? If so, your health outcome from stroke could be worse, too. Stroke impact is worse in minority communities, with African-Americans being two to three times more likely to die from stroke than their white counterparts.

These striking numbers are the reason researchers at the Neuroscience Institute of MSM are working so hard to understand stroke.

“It is a critical issue for people in the South, for minority communities across the country and the medical community at large,” says **Byron D. Ford, Ph.D.**, Professor of Neurobiology and Director of the Neuroprotection, Neurorepair and Stroke Program (NNSP) in the Neuroscience Institute.

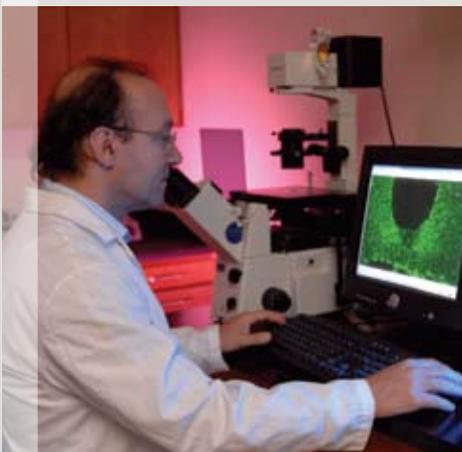
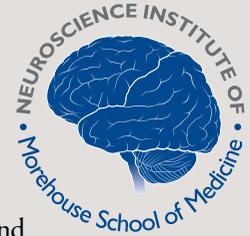
Ford and his research colleagues at MSM and the University of Puerto Rico are studying a compound that may help ward off the brain damage associated with stroke. They have shown that a naturally occurring growth factor called neuregulin-1 can protect nerve cells and decrease inflammation after stroke. When tested on rats, the compound was capable of preventing brain damage when administered as long as 13 hours after the stroke. Studies are underway to validate these findings in non-human primates as well. This could have profound implications for human stroke

victims, allowing them more time to get to the hospital and preventing brain damage and possibly death.

“If neuregulin-1 works in humans, as we expect it will, somewhere between 50 to 80 percent of stroke patients will benefit from it,” says Ford.

Meanwhile, **Shobu Namura, Ph.D.**, Associate Professor, Department of Neurobiology, is investigating whether two drug therapies that have been used for normalizing blood lipid levels might prevent stroke or improve stroke outcomes.

The NI is pursuing more stroke researchers and ultimately aims to establish a stroke center. The cycle of funding has swung toward stroke research in recent years, and while biomedical scientists in this field have the spotlight they are working hard to gain a better understanding of the causes and prevention options for this deadly health threat.



Gianluca Tosini, Ph.D., Chair of the Department of Pharmacology and Toxicology

“If neuregulin-1 works in humans, as we hope it will, somewhere between 50 to 80 percent of stroke patients will benefit from it.”

~ Dr. Byron Ford





Searching sleep patterns for solutions

If you see people catching Zzz's at MSM's Neuroscience Institute, don't think you need to wake them up. They're working.

In addition to their work on stroke prevention (see facing page), researchers at the Neuroscience Institute are studying sleep to find clues to why we catch colds or why some people are more susceptible to disease than others. Considering we all do it every night, sleep is an activity that still holds a surprising amount of mystery.

For instance, there is still debate as to what exactly defines sleep. That is one of many topics being addressed at the Neuroscience Institute. Scientists can tell – on the

cellular level – if an animal is asleep or awake, but we don't understand what specific neurological changes lead to sleep. Since the body does some of its most important rebuilding and recovering while we're asleep, understanding how we fall sleep and stay asleep is critical to understanding how our bodies work.

Shift-workers make up one of the populations most affected by sleep loss. Fifteen percent of all workers in the United States are on a non-standard shift schedule. Anyone who has done it knows working

overnights can be draining. But understanding that lack of sleep is a risk factor for heart attack, stroke, cancer, depression and obesity makes this common lifestyle complaint a real health concern.

For all of these reasons, researchers at the Neuroscience Institute will continue to decode how lack of sleep increases risk of illness, and conversely, how adequate sleep prevents many common health issues. Until they find the answers, they won't rest.

Intimacy after war

MSM sexual health expert Dr. Mitch Tepper and the Atlanta VA show vets and their families how love can be the key to recovery.

Anyone who has listened to the Beatles song “All You Need Is Love” has probably wished it were true. For combat soldiers, it actually may be. At the very least, it’s a critical part of successful re-entry into society. Researchers at Morehouse School of Medicine are finding that solving a soldier’s intimacy problems with his or her spouse or partner after war can make a huge difference in helping that soldier return to a productive life after combat.



Dr. Mitch Tepper

A single statistic started **Dr. Mitch Tepper** on a journey to use relationships as a tool for healing – 75 percent of suicides among active-duty military men and women are due to an intimate relationship that has failed. For Tepper, a nationally renowned expert on sexual health at MSM’s Satcher Health

Leadership Institute, this awful

fact became a galvanizing force. Keep couples together, he reasoned, and you head off potentially deadly bouts of depression that can affect every other part of a veteran’s life.

Working with the Atlanta Veterans Affairs Medical Center as part of an ongoing expansion of MSM’s role with the VA (see page 3), Dr. Tepper is tackling this all-too-common but relatively unacknowledged problem.

True, romantic challenges may seem small compared to other troubles returning warriors may face. They have burn injuries or head injuries from bomb blasts. They’ve lost limbs or had other trauma that combines all of these things. But it’s well known that intimate relationships play a critical role in overall mental and physical health,

and for combat veterans, the equation is even more difficult. It’s not just sex, although sex can be a big issue. For veterans and their families or loved ones, the challenges of staying together come in many forms from simple to very complex. How do you sleep in the same bed with someone who can’t feel safe unless they sleep with their weapon, or who can’t sleep through the night without waking up in a cold sweat?

“Short tempers and lack of emotion can be common side effects of Post Traumatic Stress Disorder, and for combat vets, these stressors can fracture relationships over time, especially families who aren’t equipped to deal with the challenges,” says Dr. Tepper.

For generations, the medical community has focused on treating physical injuries. Until a few years ago, addressing the “hidden problem” of mental health was the veteran’s responsibility. Likewise, the VA was not tasked with healing other members of a veteran’s family. That is all changing. The intertwined impact of mental health issues, intimate relationships and even physical recovery has experts like Tepper and his partners at the VA focusing on non-traditional ways to heal the total person.

Tepper started working with the VA in Augusta helping create an award-winning program that involved “marriage enrichment” retreats. Now that program is spreading and the medical community is taking notice. Early evidence suggests that veterans and loved ones have been craving this help in working through these issues together.

By starting dialog about a sensitive and often-overlooked issue, Tepper is living the mission of MSM to find and weed out health disparities – a disparity that civilians often know nothing about.



Because cancer should not prevent motherhood

In Dr. Winston Thompson's laboratory, a team of researchers is committed to two areas of ongoing research – how to preserve fertility in patients undergoing cancer treatments, a field known as “oncofertility,” and ovarian cancer treatment.

Each year, more than 130,000 patients in their reproductive years (up to age 45) are diagnosed with cancer. Nearly 25 percent of breast cancer patients are diagnosed before they are 45. Life-preserving treatments using chemotherapy and radiation can threaten fertility in these patients. Unfortunately, while treatments for general infertility have undergone a radical transformation since the 1970s, a dramatic advance in fertility preservation for female cancer patients is lagging behind.

Dr. Winston Thompson, Dr. Indrajit Chowdhury and Dr. Djana Harp of MSM's Department of Obstetrics and Gynecology are trying to change that. They have adapted an in vitro model that mimics the development of human egg follicles outside the body so they can study how cancer treatments affect fertility and ultimately address some of the pressing needs in this understudied area of women's health.

Ovarian cancer is the other focus of the OB/GYN department's research. Ovarian cancer ranks second among gynecological cancers in the number of new cases, and first among gynecological cancers

in the number of deaths each year. Mortality rates have remained relatively constant for the past three decades, so there is an urgent need for new and more effective therapies. Of particular interest to MSM is the growing recognition of disparity related to race in ovarian cancer. While not typically thought of in health disparity discussions, recent studies of ovarian cancer suggest racial differences between minorities and whites. For instance, the length of 10-year survival appears to be significantly lower for black women, especially among early stage cases.

To this end, Drs. Thompson and Minerva Garcia-Barrio have developed a partnership with Dr. David Curiel at the University of Alabama at Birmingham – Division of Human Gene Therapy to design new virotherapy for clinical use in the treatment of ovarian cancer. Virotherapy is the process of using a virus that has been engineered in the laboratory to find and destroy specific cancer cells without harming healthy cells. The partnership was formalized recently in a grant supported by the National Cancer Institute, and their work holds great promise for ovarian cancer treatment in years to come.



...n E. Thompson, Ph.D.
...for Reproductive Science
...ent of Obstetrics and Gynecology

Passionate Leadership

JOHN E. MAUPIN, JR., D.D.S., M.B.A.

It's not big crowds or hot lights that attract him. He's not impressed by big names or the latest sold-out shows, although he's been to a few. For Dr. John Maupin, it's all about the music. Find him in a low-key club listening to the improvisational turns of a talented jazz band, and you find John Maupin at the most restful place in his world. Music has always been part of his soul and after stressful days when he needs to get some of his soul back, then he turns to music.

Maupin's love of jazz began with his stepfather in Los Angeles while growing up. When L.A.'s jazz scene was growing the fastest, Maupin's stepfather knew all the bands and followed the best acts all over town. In school Maupin turned this love of music into proficiency on the flute, and by the time he was in high school he was organizing gigs with a group that played jazz as often as they could. His schooling took him to dentistry and then a career in public health, health care management, and further to academic medicine. But all along the way it is jazz that accentuated the high notes and mellowed the low notes.

Maupin's favorites are Afro-Cuban and Latin jazz but he likes it all. Invented by the descendants of slaves and celebrated around the world for its freedom, improvisation and energy, jazz is undeniably America's music. For Maupin it brings calm. It's his way to escape and re-energize.

Maupin supports the arts, especially the musical arts, every way he can. He's taken his jazz knowledge to the radio waves as a guest DJ on WCLK, and he still plays his flute and threatens to get the band back together every now and again, but these days Maupin mostly enjoys hearing others perform. He thrives on the playful exchange between all the separate instruments pulling together for a joyous, cohesive whole.

Maupin sees music as a lesson in leadership. "When you listen, stay in tune and know when to improvise, lead and follow, it can bring about a beautiful result – in business and in life."



Passionate Leadership

DAVID SATCHER, M.D., Ph.D.

Most days it starts before sun up, but Dr. David Satcher is used to it. He grew up on a farm, so his early morning pilgrimage to dip oars in the water is no hardship. It's a reward. For almost five years now Satcher has rewarded himself with long, solo journeys on lakes and rivers as he rows for exercise and balance. The exercise is easy to understand. Pulling a 24-foot fiberglass modified scull through water tests just about every muscle in your body. It takes skill, coordination, concentration and drive to keep the boat moving at a smooth, steady pace. The balance part of the equation is more subtle. That's the mental challenge this sport presents. Pull too hard and oars may skip. Boats can easily tip, so control is essential. Pull too softly or unevenly and the boat slogs slowly or turns in the wrong direction. For Satcher it's the exercise and balance taken together that has brought about his passion for the sport of rowing.

Just about every day he's up at 5 a.m. and on the lake near his house by 6 a.m. for 45 minutes to an hour of rowing. In winter it can be cold, but he's never let weather stop him. He calls the chill invigorating and the choppy waves of a windy day a good challenge for his ability to handle the boat. For Satcher, exercise has always been a part of his life. At Morehouse College he ran track and for 35 years he's been a runner, participating in a marathon and road races. All that running took a toll on his knees, so finding an alternative was important.

The oarlocks click. The oars dip and swing in constant rhythm. There are no phones and no meetings on the lake. It's a time for solitude, stress relief and preparation for the coming day. The cleansing act of exertion paired with the centering act of thoughtful meditation. For Satcher, finding balance in the boat helps him find a better balance everywhere else.



Passionate Leadership

LOUIS W. SULLIVAN, M.D.

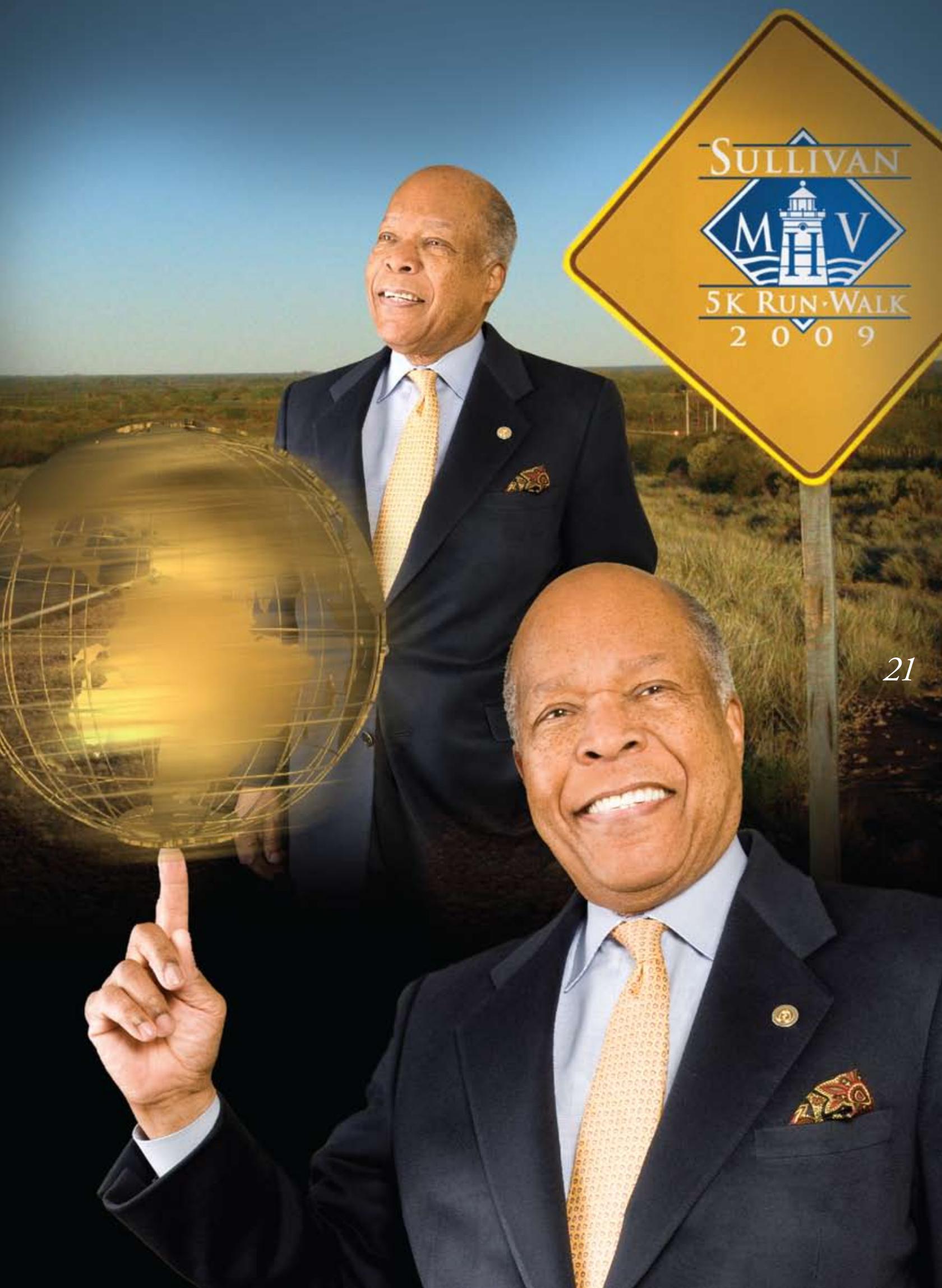
Denmark. Italy. Japan. Tanzania. He has been to almost every corner of the globe in his travels. And everywhere in those travels, Dr. Louis W. Sullivan has taken his walking shoes. It is impossible to guess how many miles Sullivan has covered, so a better way to measure his progress would be in experiences gained. Take his walk in Dar es Salaam, Tanzania for instance. Out before dawn, Sullivan came upon a bustling, open-air fish market. Walking among the people and hearing the chatter of their trade became a vivid, memorable moment and a cultural connection that Sullivan has carried with him since that day. A few hours later while taking a cab to a meeting in that city he passed the same spot. The market was gone without a trace. If Sullivan hadn't taken that walk, he never would have known it existed.

That is the beauty of walking for Sullivan. For more than 30 years it's been more than just exercise. It has been a cultural exploration. "Walking allows you to connect with a place like no other form of transportation," he says. "When you walk you are there, not driving by and pointing or running by in a rush."

Sullivan walks every single day he can, which for him is about 340 days a year. It's almost always in the morning when cities are still and he can think quietly.

Sullivan and his wife, Ginger, originally started walking to lose weight. The walks have brought him health, but they also bring focus to the day ahead. Over the years it's also brought support for a good cause. What started more than 20 years ago as a group of friends and staff members going for a stroll in Martha's Vineyard has grown into an annual charity event with thousands of participants, raising more than \$200,000 for the Martha's Vineyard Hospital.

Everything starts with a simple walk for Sullivan – 35-40 minutes every day and an hour or more on weekends. While he's tried his hand at photography and taken his turns at sailing, it's walking that's been his most consistent ritual and the hobby that's had the biggest impact on his everyday life.



Compassionate, culturally connected care

A thriving clinical enterprise to support faculty medical practices and hands-on medical education for students is integral to MSM's mission.

Our faculty practice plan, Morehouse Medical Associates, is made up of more than 100 practicing physicians who share their extensive knowledge as clinical faculty of Morehouse School of Medicine. Clinical practice keeps our faculty sharp, and exposing students to medicine "in the field" gives them the perspective they need to be great doctors and great people.

What's in a name?

Dr. Cheryl Franklin; uniquely positioned to impact community health

The name "Morehouse" is attached to Dr. Cheryl Franklin in more ways than one. Regarded as the "First Lady" of Morehouse College as the wife of the school's president, Dr. Robert M. Franklin, she also is one of Morehouse Medical Associates' leading physicians in obstetrics and gynecology.

Franklin's extensive medical career has enabled her to help many women in the successful management of their own health. She brings passion and determination in her quest to reduce health disparities, especially those that disproportionately affect African-American women.

Dr. Franklin's interest in public health and research led her to serve as co-founder and co-investigator of PRISE – Worksite Fitness for African-American Women, a CDC-funded study that examined how to develop and disseminate a sustainable approach to physical fitness among employed African-Americans.

As a practicing physician and presidential spouse, Franklin embraces the similarities in these roles. She modestly admits that both are high profile positions that can be very influential and beneficial to the communities served. According to Franklin, she "continually seeks opportunities to enhance the mission of MSM and Morehouse College"

With friends and supporters, she founded the "Cheryl G. Franklin Health Professions Scholarship Fund" in 2008 to benefit Morehouse College students pursuing careers in the health professions. The program honors Morehouse College alumni who created a legacy of distinction in the health professions during their distinguished careers. The scholarship has benefited 12 students so far and will assist several more this year. "One of our goals is to endow the scholarship to be used for Morehouse College students in perpetuity," says Franklin. To date, the fund has raised over \$100,000 through its annual "Ladies Luncheon."

Cheryl Franklin, M.D., M.P.H., is one of Atlanta's leading specialists in Obstetrics and Gynecology. Though deemed a relatively new Morehouse Medical Associates (MMA) team member, Franklin has blazed trails in the field of women's health for more than 20 years. Prior to joining MMA, she enjoyed diverse practice experiences, from a multi-specialty group practice with the Meridian Medical Group to private practice with La Femme Care. A distinguished alumna of Stanford University, Dr. Franklin earned her M.P.H. degree from Columbia University School of Public Health and an M.D. degree from Harvard Medical School. She also trained in obstetrics and gynecology at the Baylor College of Medicine and the University of Rochester.



The secret to her success with patients? There are no secrets

For Dr. Yolanda Wimberly, the art of medicine relies on an even finer art – listening

To her young patients, she is “Auntie Yolanda”; to her students, she is a sister figure; and to the Atlanta community, she is a tireless champion for the prevention of sexually transmitted diseases. Dr. Yolanda Wimberly’s unique ability to connect with teenagers about the most sensitive and personal health issues has earned her the high regard of parents, guardians, and also her students. As a physician, activist, mentor and educator, Dr. Wimberly consistently demonstrates how the art of communication is essential to the art of medicine.

Hired under a Centers for Disease Control and Prevention faculty expansion grant in STD medicine, Dr. Wimberly serves as associate professor of clinical pediatrics and program director of MSM’s Community Pediatric Residency Program. She also serves as medical director of MSM’s Center of Excellence for Sexual Health – the first such center in the country.

If there is a secret to Dr. Wimberly’s success working with adolescents, young adults and their families, it is trust. Her patients know that their parents or guardians will be kept informed, but they still regard her as their doctor. They turn to her because she is a ready and compassionate listener who will take the time to address their most sensitive personal issues, from sexual activity to loneliness and depression.

In fact, as coworkers observe, “What other physicians may see as an awkward situation, such as telling a young woman she has gonorrhea, Dr. Wimberly uses as an educational experience.”

Dr. Wimberly’s outstanding skills as communicator and listener make her a role model to aspiring pediatricians, who learn to treat patients as they would their own families. In frequent dialogue with students, Dr. Wimberly often finds unique opportunities for them; in one case convincing the organizers of a conference to sponsor two students whom she knew wanted to attend.

The very model of community service and physician activism, Dr. Wimberly created new community service opportunities soon after arriving at MSM. By establishing adolescent clinics at existing health systems like Grady Health System and Clark Atlanta University, Dr. Wimberly reformed MSM’s

curriculum, increasing the time students spend in clinics during the pediatrics and obstetrics/gynecology clerkships.

She also spends considerable time at the Fulton County Department of Health and Wellness STD Clinic and DeKalb County’s Teen Health Center each month caring for patients and educating the young physicians who treat them. As a faculty trainer for Physicians for Reproductive Choice, a group advocating medical knowledge, access to quality care, and freedom in reproductive health decisions, Dr. Wimberly also helps underserved patients and shares her knowledge with rural doctors.

Using a hands-on approach to education, Dr. Wimberly opens her home to meetings to collaborate with students. They create posters and skits for the discussion groups and health fairs that Dr. Wimberly leads to promote disease awareness and parent-teen communication.

A chemistry major at the University of Memphis, Dr. Wimberly later earned her M.D. degree from Meharry Medical College and an M.S. degree in epidemiology from the University of Cincinnati. She completed her residency in pediatrics at Children’s Memorial Medical Center in Chicago.

Today, MSM is proud to call “Auntie Yolanda” one of our own.



Yolanda Wimberly, M.D., director of MSM's Community Pediatric Residency Program and medical director of MSM's Center of Excellence for Sexual Health, was honored with the American Association of Medical Colleges (AAMC) 2008 Humanism in Medicine Award. She was the first MSM physician to earn this national recognition. The award, sponsored by the Pfizer Medical Humanities Initiative, honors a medical school faculty physician who is a caring and compassionate mentor and a practitioner of patient-centered care. Dr. Wimberly also received the MSM Faculty Advisor Award from the graduating medical student class of 2006, the prestigious Dean's Award at MSM for Outstanding Teacher of the Year, and the inaugural award of Young Physician of the Year given by the Georgia Chapter of the American Academy of Pediatrics.





Quentin Ted Smith, M.D.:

Passionate about mental health

In Dr. Quentin Ted Smith's eyes, mental health problems are among the most common and treatable disorders affecting children, adolescents, and adults.

"If we are really serious about improving the lives of psychiatric patients, we have to provide the necessary financial and human resources for prevention and intervention," he says. "And it's going to take the commitment of all citizens, health care providers, and legislators, both locally and nationally, to address these problems."

If Dr. Smith sounds passionate about helping people prevent and overcome mental health problems, that's because he is. And his peers know it.

The Georgia Psychiatric Physician Association named Dr. Smith their 2008 Psychiatrist of the Year, recognizing him for professional and community service leadership that has "significantly enhanced health care for people with mental illnesses and addictive diseases."

As professor of Clinical Psychiatry and vice chair of Education in the Department of Psychiatry and Behavioral Sciences of MSM, Dr. Smith spends his time caring for patients with sometimes-crippling illnesses of the

mind and teaching students to do the same. But he wears many other hats, too. Dr. Smith serves as MSM's Director of the Third Year Psychiatry Clerkship and Fourth Year Child and Adolescent Psychiatry Elective, Vice Chair of Psychiatric Education, and Medical Consultant to the Cork Institute on Black Alcohol Studies.

A member of the Morehouse Faculty Development Teaching Team since 1998, Smith is a Woodrow Wilson Fellow, a National Medical Fellow, a graduate of Howard University College of Medicine and a member of Alpha Omega Alpha, Medical Honor Society. He also completed a Child & Adolescent Psychiatry Fellowship at University Hospitals of Cleveland, Ohio. As a board-certified psychiatrist, his areas of interest include depression and suicide in children and adolescents, resilience, adolescent substance abuse, and undergraduate medical education.

Through service in his many roles at MSM, Smith has inspired numerous residents, medical students and faculty over the years, as his peers at MSM will confirm. His contributions to MSM have been invaluable and he embodies excellence in medicine.

Shaping The Future of Primary Care

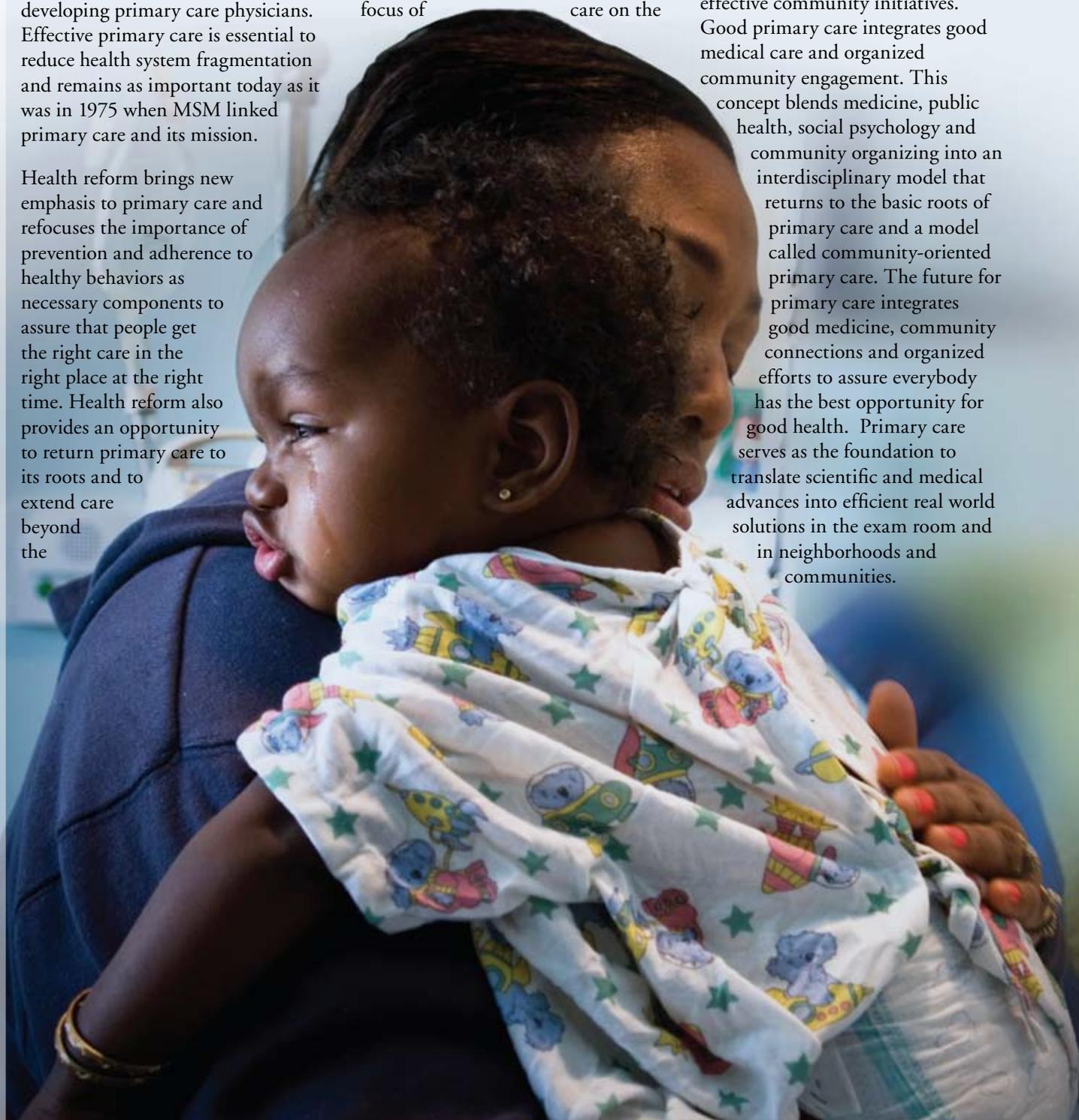
At Morehouse School of Medicine we are distinguished by our focus on educating physicians, public health professionals and biomedical scientists to address the primary health care needs of patients and their families – with emphasis on people underserved by our fragmented health care system. In fact, MSM has been named the number one school in the nation when it comes to social mission and developing primary care physicians. Effective primary care is essential to reduce health system fragmentation and remains as important today as it was in 1975 when MSM linked primary care and its mission.

Health reform brings new emphasis to primary care and refocuses the importance of prevention and adherence to healthy behaviors as necessary components to assure that people get the right care in the right place at the right time. Health reform also provides an opportunity to return primary care to its roots and to extend care beyond the

exam room to include the neighborhoods and communities where patients and their families live and spend their time. Because of our long standing commitment to addressing primary health care needs, Morehouse School of Medicine understands that community engagement is essential to effective prevention and health promotion. At MSM, the Department of Community Health and Preventive Medicine puts its focus of care on the

whole neighborhood or community and has gained national recognition for successful efforts to engage people living in neighborhoods with local efforts to improve health and quality of life.

In education programs, Morehouse School of Medicine prepares the next generation of physicians, public health professionals and biomedical scientists to integrate excellent medical care in the exam room with effective community initiatives. Good primary care integrates good medical care and organized community engagement. This concept blends medicine, public health, social psychology and community organizing into an interdisciplinary model that returns to the basic roots of primary care and a model called community-oriented primary care. The future for primary care integrates good medicine, community connections and organized efforts to assure everybody has the best opportunity for good health. Primary care serves as the foundation to translate scientific and medical advances into efficient real world solutions in the exam room and in neighborhoods and communities.



Breaking down barriers to care

New Fulton County Clinic to serve as new standard in community service health

For people who live in Vine City, just northwest of downtown Atlanta, health care has changed. For more than a year, thanks to the National Center for Primary Care (NCPC), MSM has been operating the Fulton County Neighborhood Union Health Center. For people in the neighborhood it means easy access to health services that were not a realistic option before.

Now, this clinic will serve as a model for the integration of public health and primary care to improve neighborhood-level health outcomes. Under the guidance of NCPC director **Dr. George Rust**, a team of researchers and providers submitted a proposal to Fulton County for a clinic that incorporates mental health and substance-use treatment into the primary care setting to reduce stigma and provide more holistic care.

The clinic is using a Community-Oriented Primary Care (COPC) model to improve the health of the Vine City community in Fulton County. Patients may visit the health center to meet with their primary care physicians for an array of clinical services provided in a traditional public health model, including family planning, immunizations and STD screening/treatment – all during the same visit. The health center also offers patients oral health care, mental health treatment and other social service programs.

According to the COPC model, clinic staff also will reach out to the community to form partnerships to improve health behaviors and outcomes – taking public health back to its roots of improving health one neighborhood at a time. The FCCVC team has already partnered with local churches to teach community health workers how to help patients reduce their risk of heart attacks and strokes.

Dr. Zenobia Day, one of the clinic's physicians and an instructor in the Department of Family Medicine, sums up the clinic's success this way: "When you break down barriers to care – make it accessible, get people engaged – you improve the health of the entire community."

"We see success as patients receiving the right care in the right setting at the right time. We want patients to move away from emergency room care for preventable conditions or conditions better treated in a primary care setting."

-Dr. Zenobia Day



“The right care in the right place at the right time”

Research led by NCPCH Director Dr. George Rust reveals community health centers reduce costly ER visits

The siren stops shrieking. Tires screech to a halt. Flashing lights dim. But as paramedics race the accident victims into the emergency department, even casual observers might notice an obvious problem. The gurney is racing past long lines of people. While some emergency care happens at a frantic pace, crowds in the waiting room watch the clock as they're bumped further down the list.

Crowded emergency departments are costing communities billions of dollars. More importantly, in the long run they are costing lives. Whole segments of our society turn to emergency departments for non-urgent care because they have nowhere else to go. Most in the medical profession would agree this situation is unsustainable and unhealthy. A recent study shows that one of MSM's focus areas – community health centers – is one part of the solution.

Dr. George Rust, director of MSM's National Center for Primary Care, served as lead author on a groundbreaking study published in the Winter 2009 Journal of Rural Health. The study, entitled “Presence of a Community Health Center and Uninsured Emergency Department Visit Rates in Rural Counties,” demonstrated how community health centers are uniquely effective in providing comprehensive primary care medical homes for the uninsured.

“The goal is to keep patients out of emergency rooms and make sure they get the right care in the right place at the right time,” says Dr. Rust.

Researchers noted one strategy for reducing unnecessary ER visits is to promote access to care in settings that specifically serve the uninsured who might otherwise have no medical home. The study also highlighted the accomplishments of health centers in managing and reducing diabetes, hypertension, asthma and other chronic conditions.

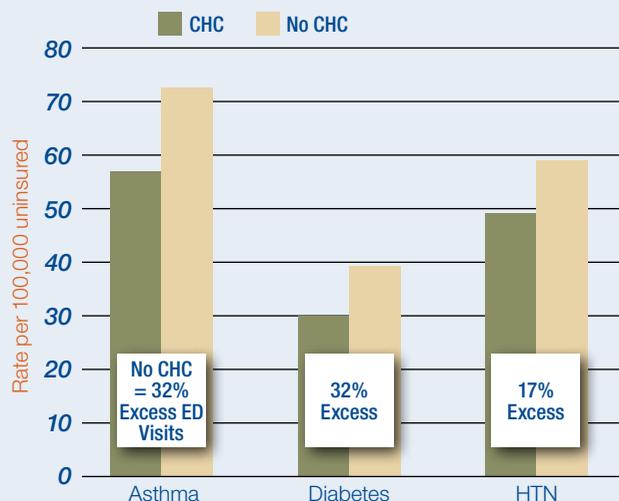
According to the National Association of Community Health Centers (NACHC), the study

offered “a clear, compelling picture that is consistent with national data, which establishes a link between lower emergency room use and access to primary care.” A 2007 NACHC analysis revealed that \$18 billion is spent each year on ER visits that could have been redirected to a health center where patients receive high-quality and cost-effective care.

For Dr. Rust, the MSM study confirmed that community health centers “allow ERs to focus on providing care for patients with true emergencies, and decrease the load of unreimbursed care borne by financially challenged rural hospitals.”

Primary Care Community Health Centers Impact on Uninsured ED Visits

Rates of ED Visits Among the Uninsured in Counties With and Without a CHC





WAREHOUSE

Calling on every mother, every child

MSM helps shape largest study of child and human development ever conducted

If you are expecting a baby in Baldwin County Georgia, MSM is expecting you to participate in a groundbreaking study. An MSM team, led by Dr. Frances J. Dunston, the A.J. McClung chair of Pediatrics, and professor and chair for the MSM Department of Pediatrics, has joined with Emory University and the Battelle Corporation as leaders in the largest study of child and human development ever conducted in the United States.

“The National Children’s Study will be a landmark that helps doctors and scientists understand how environment and genetics impact children’s health across the United States,” explains Dunston.

The study aims to follow a representative sample of 100,000 children from before birth to age 21 to understand the causes behind some of the nation’s most pressing health problems, from autism and birth defects to chronic diseases like diabetes, heart disease and obesity.

So far, the consortium handling the study has been awarded \$54 million dollars since 2007, and eventually the NCS will be conducted in 105 study locations across the United States.

To prepare for a study of this size and complexity, the NCS is starting with a pilot phase known as the Vanguard Study. Starting in just a few study locations, the Vanguard Study is testing the strategies used to recruit and enroll mothers and their children in the study and the procedures used to gather data and assess outcomes.

Baldwin County, Georgia was recently added to the list of Vanguard Study sites. Researchers deemed the county representative of the entire U.S. population based on a national probability sample that took into account race, ethnicity, income, education level, number of births and number of babies born with low birth weights, among other factors.

MSM, in partnership with Emory and Battelle, will lead the Vanguard Recruitment Pilot in Baldwin County. The pilot is designed to test the effectiveness of a specific

recruiting strategy that combines advertising, non-paid media coverage and community relations to boost public awareness, followed by face-to-face recruiting through health care providers and community partners.

“Baldwin County’s unique features will determine how we engage with the community to enroll pregnant participants throughout the course of the study,” says Dunston. “We’re working in close partnership with community-based organizations and agencies who serve the children and families that will be a part of this major undertaking.”

The NCS emphasizes the importance of building strong relationships in communities where research is taking place, notes Dunston. To enhance outreach efforts, her team engaged a community advisory board in Baldwin County that communicates local values to NCS researchers and serves as an advocate for the community and study participants.

Members of the community advisory board are volunteers. They are health care providers, educators, child care providers and advocates, leaders of faith-based organizations, government officials, community members, business leaders and parent representatives. Because the Baldwin County NCS team wants to engage directly with a broad range of residents, team members also support other events that benefit the community – from local festivals to annual meetings.

The Baldwin County study’s ultimate goal is to enroll and gather data from 1,000 local families for use in the national study over the next three years, while determining which recruiting methods are most effective. Researchers will apply the most successful recruiting techniques from the Vanguard sites to other test sites around the country, making the study more efficient and affordable long-term.

For her part, Dr. Dunston exudes enthusiasm about the work. “This is one of the most important – if not the most important – pediatric health studies ever conducted, and we are extremely proud to play a role in it.”



Frances J. Dunston M.D., M.P.H., (right) occupies the prestigious A. J. McClung Endowed Chair of Pediatrics at MSM. The A.J. McClung Chair allows the department to develop its research capacity by promoting the development and productivity of MSM's talented researchers.

Jose A. Ventura, M.D.
Family Medicine
Morehouse School of Med

MD
JOSE VENTURA-LOPEZ
PGY-1
FAMILY MEDICINE
6/2016

Frances J. Dunston, M.D., M.P.H.
Chairperson
Department of Pediatrics
Morehouse School of Medicine



MSM extends “Helping Hands” to community

Local advocacy and education in action

As fourth-year medical students at MSM, Ajani Jackson, Charles Jaiyeoba and Darshan Patel blazed new inroads into disadvantaged communities to improve health. And national leaders and funders took notice. The students’ focus on an often-overlooked health issue in underserved communities – mental health – is what raised eyebrows. The students worked for almost a year with disadvantaged youth on issues surrounding mental health and the American Psychiatric Foundation honored their effort by awarding MSM a Helping Hands Grant in early 2009.

If health care issues in this country were rungs on a ladder in terms of the attention and funding they get, mental health might be one of the lowest. So a student-driven project to make a difference in this difficult area really stands out. Helping Hands

Grants are designed to raise awareness of mental illness and the importance of early recognition, and build interest among medical students in psychiatry and working in underserved communities.

The grant awarded a year of unrestricted funding up to \$5,000 to MSM’s student-driven project to help 6th-grade students in Southwest Atlanta understand the social norms that can influence their behavior and mental health.

“This award will help us teach these young people how to deal with violence, suicide, substance abuse, interaction with law enforcement and other stressful social norms in their communities using cognitive behavioral therapy and group activities,” said Jackson upon receiving the award. “We are teaching them how to cope and learn to be

more accountable for their choices at the same time.”

Both Patel and Jackson plan careers in psychiatry, while Jaiyeoba plans to practice internal medicine.

Dr. Meryl S. McNeal, director of MSM’s Center for Community Health and Service Learning and associate professor in Department of Community Health and Preventive Medicine, served as the team’s advisor.

“These students set a wonderful example of service learning at its best because they were preparing for their careers in the real world and giving back to their community, too,” she said. “The project was also a tribute to the outstanding faculty at MSM who have led our students to deliver on MSM’s mission to serve the underserved.”

Kharia Jé Nai Holmes –

aspiring to inspire

While a fourth-year medical student at MSM, Kharia Jé Nai Holmes (Class of 2009) was recognized with the 2009 Outstanding Medical Student in Volunteerism and Advocacy Award by the American College of Physicians - Georgia Chapter. She was the first MSM student to be honored with the award, which recognizes outstanding Georgia medical students for “dedication to the service of others and who have demonstrated a significant and sustained commitment to the service of others at a local, state, national, or international level.” We asked Dr. Holmes, who just completed here first year residency at Virginia Commonwealth University, to share a message to incoming MSM students about the importance of volunteerism.

Dear Friends,



We do not operate in a vacuum. As human beings we affect and are affected by the world that we inhabit. As a young child I learned quickly that complaining about problems never made them disappear. It wasn't until someone (like my mother or father) stepped into the void and acted that progress was achieved. This concept is at the core of service.

As I grew up, I realized that we each must take initiative and fill the niche as best we can with whatever gifts and talents we have. To enter the medical profession is an honor. Whether our focus is on the science of medicine, the caring for patients, or the implementation of health policy we are in the unique position of changing the lives of people and helping people in some of the most difficult and challenging times in their lives. The best we have to offer them is part of ourselves and our time. To endure the hours of studying, learning and preparing, it is important to keep in touch with why we embarked on this road to medicine.



By being active in community service and volunteerism we remain true to our first love and passion, which is reaching out to help others in need. We become servants and advocates for those in need and stronger clinicians, scientists and policy shapers because we speak not only from our book knowledge but from the firsthand experience of those we are seeking to aid.

Mother Teresa said that “Love cannot remain by itself—it has no meaning. Love has to be put into action, and that action is service.” That is why, in all that we do, we must look at the person in the mirror and try to be a reflection of what we want to see. Service is the ultimate sacrifice and gift all wrapped up with a great big bow! When you serve I promise that you will find that you definitely get more than you ever could give and your cup will always overflow.

Kharia Jé Nai Holmes

PGY-1 Department of Internal Medicine at Virginia Commonwealth University
2009 Graduate of Morehouse School of Medicine



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Elizabeth Morgan Spiegel, philanthropist; member of the Friends of Morehouse School of Medicine

Aaron Turpeau Sr., CEO 3T Unlimited

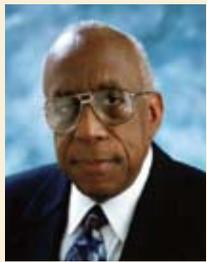
Kimberly Y. Wright-Lavender, M.D., '87, psychiatrist

MSM SALUTES

BEACONS IN PHILANTHROPY

A bright light on a hill draws attention from miles around, and from our earliest days, beacons have shown people the way to progress. At MSM, our donors serve as beacons in philanthropy, leaving a legacy for others to follow and helping ensure that MSM has the means to carry out our mission. MSM pays tribute to some of these extraordinary donors who recently passed away. Their light continues to shine in the faces of our students, the impact of our work, and the patients and communities we serve.

When MSM speaks of beacons, one must remember **M. Delmar Edwards, M.D.**, a founding trustee



and leading supporter of MSM. Edwards understood the financial burdens

facing medical students and through philanthropic support he assisted many medical students in fulfilling their dreams. Edwards' contributions were invaluable to the institution and his legacy continues through the M. Delmar Edwards M.D., Endowed Scholarship Fund. Established in 1986 as the Columbus-Fort Benning Scholarship by residents of that area, the scholarship was renamed in Edwards' honor in 1996. At the 2009 fall Convocation, nine students were awarded the M. Delmar Edwards, M.D. Endowed Scholarship. Edwards passed away Sept. 11, 2009, yet his legacy continues through the scholarship that bears his name. A Civil Rights activist, educator, and the first African-American surgeon in Columbus, Georgia, Edwards will be remembered for his philanthropy to MSM and the impact he made on the lives of aspiring African American physicians in the Columbus area.

Juanita Gilchrist sought a special way to honor her husband and support MSM students. She

established the Dr. Johnnie A. Gilchrist Endowed Scholarship in her husband's memory after his death in 1983. Mrs. Gilchrist was a longtime donor of MSM. She also was a life member to the Auxiliary of the National Medical Association and its Georgia and Atlanta chapters. On Dec. 16, 2009, Juanita Gilchrist passed away. The scholarship was renamed the Dr. Johnnie A. and Juanita H. Gilchrist Endowed Scholarship to honor their legacy.

Michael J. Calhoun J.D., former MSM trustee, made enormous contributions to MSM in its formative years. A lawyer who was a top official in the Department of Health and Human Services during the presidency of George H. W. Bush where he served as chief of staff to HHS Secretary Louis W. Sullivan, M.D. Calhoun was a leader in the global fight against AIDS, serving as chief operating officer of Pangaea Global AIDS Foundation. When Calhoun passed away Feb. 24, 2009, MSM lost a champion and a friend.

Yvonne I. Johns, a 23-year kidney cancer survivor, established the Yvonne Johns Kidney (YJK) Foundation in 2004. The foundation focuses on eliminating suffering and death from kidney cancer and related diseases, and awards scholarships for researchers at medical institutions and provides outreach and education. On Dec.

28, 2008, Johns lost her battle with cancer, yet her extraordinary philanthropy continued to change lives. Through her life insurance policy, Johns made a gift to Morehouse School of Medicine. Her extraordinary philanthropy benefitted students at MSM.

Joseph N. Gayles, Jr., Ph.D., was a visionary and esteemed founder of MSM. In 1971, Dr. Hugh M. Gloster, then president of Morehouse College, called upon Gayles, a chemistry professor at the college, to chair a feasibility study team to investigate the viability of a medical education program at Morehouse. The study resulted in MSM receiving substantial federal funding to support the planning and development of a two-year medical education program which would become Morehouse School of Medicine. Gayles had an unwavering commitment to MSM. Among his many accomplishments, he led the school through two successful campaigns that funded the construction of the Medical Education Building, and endowed chairs and scholarships. In honor of his contributions to MSM, Gayles received the Presidential Leadership Award in 1986 and an honorary Doctor of Science degree in 2000. Gayles passed away Oct. 2, 2008. Morehouse School of Medicine bears a lasting imprint of his commitment to hard work, excellence and achievement.



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