

A Newsletter of the Minority Premedical Student Network

# The Voice



*Speak for Yourself*

Michigan State University College of Human Medicine

Volume 1, Number 1

May 2001



## **INSIDE....**

Personality Profile:

Dr. Anita Moncrease .. 2

CHM History

Retold .... 4

Senior Salute

Dinner .... 6

Next Turn:

Residency .... 7

Career

Affairs .... 8

# Personality Profile: Moncrease

She is gentle, soft-spoken and warm. Even her subordinates agree it's trite to list those qualities of Dr. Anita Moncrease, Director, Division of Health Professions Diversity at USDA's Health Resources and Services Administration, HRSA.

A native of Michigan, Moncrease graduated with a double degree in urban development and medical technology from Michigan State University, in 1978. In 1979 she did her post baccalaureate program and got her MD degree in 1984, both at Wayne State University, WSU, School of Medicine in Detroit, Michigan. She capped these with a master's degree in public health from Harvard School of Public Health in 1997, among others.

Moncrease has held different faculty positions between 1988 and now starting as an instructor in the Department of Internal Medicine and pediatrics at WSU School of Medicine where she rose to become associate program director from 1993 to 1998, and still holds an assistant professorial appointment.

She has at different times been the co-director of the medical office of special programs at WSU's department of Internal Medicine as well as research fellow, Department of Medicine, and instructor in the Department of Social Medicine, both at Harvard Medical School.

Moncrease's professional affiliations are with the Detroit Medical Society, the National Medical Association, the American Public Health Association, and the International Society for Hypertension in Blacks.

Her many laurels include her MSU College of Urban Affairs Distinguished Alumni award, and Honors in Internal Medicine, WSU School of



**Moncrease**

Medicine, in 1983 and 1997 respectively.

Moncrease has served in different capacities in numerous local, state, national and international organizations. She has also made myriad presentations, published in refereed journals and written a chapter in a health guide for African American men: Tabernacle Missionary Baptist Church African American Male Spirituality.

But her benchmark is her intense drive, the type that comes only from the heart of a tigress. Dr. Moncrease shared a bit of that with Ike Val Iyioke during this year's HRSA-organized Annual Project Director's meeting in April, in Rockville, MD.

Q: How do you feel being at the position you are?

A: Oh, I feel wonderful. It's a great opportunity for me to be over a program where I can make a difference in bringing in students to participate. This is an opportunity they wouldn't have normally had to pursue a career in health professions.

As you know, our programs, such as the Health Careers Opportunities Program, HCOP, are for students from disadvantaged backgrounds who often don't get exposure to the different health professions. Our HCOP programs go as low as the junior high and the high school students and provide them opportunities to go to the university

Life Sciences Building  
College of Human Medicine  
Michigan State University  
East Lansing, MI 48824  
Phone: 517/355-2404

Fax: 355-3305

<http://www.msu.edu/~coemmeh>  
<http://www.msu.edu/~hcop>

Make your voice heard in *The Voice*.  
Whether it is ideas, articles or pictures  
Your help is welcome.

**Wanda Dean Lipscomb, Ph.D.**, Assistant Dean and Director,  
Center of Excellence in Minority Medical Education & Health

**Karen Patricia Williams, Ph.D.**, Coordinator

**Ike Val Iyioke**, Editor/Information Resources Coordinator

**Lillian Arganian**, Secretary

Photos, layout design, stories & editing: Ike Val Iyioke, Contact: [ike@msu.edu](mailto:ike@msu.edu)

## **“To be successful in anything you must have a sense of self and a sense of grounding... remember your faith too.”**

campuses during the summertime and spend some six weeks getting exposure to what college life is about. They get the opportunity to be mentored by college students who came from similar backgrounds. In addition, there are tutorial and counseling services. I went through this so I know how beneficial it can be.

The COE program is targeted toward underrepresented students and faculty as well. The other program is the Minority Faculty Fellowship Program that's designed to increase and retain some faculty positions for Hispanics, Native Americans and Blacks. These groups make up less than 10 percent of the total health profession work force even in a state like California, according to recent census figures, Hispanics make up 43 percent of the total population. According to the same census figures soon Florida and Texas will experience the same “changing face of America”.

Q: How would you assess the program so far?

A: I came into this position last September (2000) so it's relatively new to me. But as I said, I was an HCOP student myself. I understand the need firsthand for a program like this.

We have anywhere from 6000-8000 in a given summer across the country in our programs. This may sound like a lot of students but it just begins to address the disparities that exist in the health professions. In terms of the numbers of students that we are able to reach, I think that if we had more resources to give institutions we could double that number over night and still we would just begin to address the problem. So we are addressing the need but we are by no means going to meet the need and get rid of the gap. The way we are operating now, we just don't have the resources to do so.

Q: How do you deal with increasing the resources for these programs?

A: Well, I can't increase the resources, but you can. It's people like you who vote and pay taxes in

this country, it's up to you to say where the dollars go. I think what I can do is help demonstrate the need with statistics and data showing the numbers of health professions in this country, where they practice, the disparities we are seeing in the health professions. But it's up to you and everyone else who vote to get the message to the people who can give us the resources.

Q: What is your vision of these programs in five to 10 years from now?

A: The vision that I want to see happen is that the programs will continue to grow. Like I said earlier, even if our resources were doubled we still couldn't address the need, but it would be nice if we can see these resources doubled within the next five years.

But if programs like these cease to exist, the high mortality rate that you see among underrepresented minorities, the disproportional level of diseases such as diabetes, HIV and even heart disease, you'd continue to see those disparities increase. Right now, if you look at the life expectancy, for example, of African Americans compared to European Americans you would see that it's a given that we can't live as long. Why is that? There is no reason if we live side by side someone, just because of the color of their skin, should live longer. And if we look back 10 years ago, 20 years ago, the same disparities existed as they exist today. So if we don't have programs such as this to directly address those disparities, it would only get worse.

Q: How did you get to this stage of your career?

A: Well, I already mentioned that I'm from Detroit Michigan. When I became a doctor, and that's something I always wanted to be, it didn't take me long to figure out I wasn't having the kind of impact I wanted to have. I love making people feel better. But that's the kind of job you do with a patient on one-on-one at a time. The health care need in the community that I came from was so great that I just couldn't do it alone. I thought about how I could have a

greater impact, I figured that that was not the level I could do that, not on one-on-one, I had to move further to where the policy is being made that affects the way I was practicing.

So with that I decided to go back to school. I went to Harvard, I did a fellowship in minority health policy. With this I can be at the table where the decisions are being made instead of waiting for somebody to tell me what to do. I graduated with an MPH, (master's degree in public health) from Harvard. Initially when I came back to Detroit I didn't have an opportunity to use that so I went to a field internship in Chicago. I was to do that for one year but within a few months of my doing that I became the acting director for data and analysis, mainly for the Midwest cluster. That just opened up many more opportunities for me and indirectly or directly, led to the opportunity to my being in this position today.

Q: How would you advise young people intending to go into the medical profession?

A: First of all, to be successful in anything, you have to have a sense of self and a little bit of grounding. I draw my strength from my faith and from my family. I know a lot of people don't have strong families they can depend on like I did. But they can have their faith. As one of our speakers said today, people who have faith tend to heal quicker and they tend to deal with life stresses better, there is science behind that.

No one can tell you what you can and cannot do. It's for you to decide. And it may not come at a time that you want it to come. But if you are serious about what you want to do and are willing to work hard to get what you want, then you will get it.

Second, because of my background and my experiences, I didn't let what other people thought or how they thought I should be doing, affect what I did. By that I mean, for example, the HCOP gives people an opportunity that you normally wouldn't have to have some type of challenge to be eligible for it. Just because you are challenged does not mean you shouldn't step up to the challenge. If you are serious about what you want to do and are willing to work hard to get what you want, then you will get it.

# CHM History Retold

Donald Williams, MD, Wanda Lipscomb, PhD., Vence Bonham, MD, Christine Shafer, MD and Kenya Sekoni, MD, were among the faculty and alumni members at the CHM Celebration Luncheon 2001, on Saturday April 28.

With about 30 attendees seated in a rectangular formation and everyone nicely identified, the setting made for an exciting interaction. Words of exhortation and advice flowed from all corners. Other personal and career experiences were also shared from faculty and students alike.

Lipscomb, Assistant Dean for Academic Affairs and Director, Center of Excellence for Minority Medical Education and Health, traced the unique history of the CHM, noting that it was a different kind of place, to which the hallways attest. "When you walk the halls," she said, "you get a sense of how very early in the history of the college, the CHM opened its doors to a more diverse student body than the rest of the medical schools in the country would do."

She stressed that from a historical standpoint, it is very important to recognize that this was a different kind of commitment at the institution.

The MSU CHM students are selected from varied back-

grounds and life experiences. Women comprise at least half the class and approximately 20% of matriculated students are from underrepresented minority groups. The mean age of the entering class is 26.5 years, with ages ranging from 21 to 40 years or more.

**"The medical school is hard. And as a non-physician I want it to be hard so when I'm rolled into the ER, I want you to be very knowledgeable. That is why medical education is a very different profession."**

And for those students who would be joining CHM as firstyear students in the fall, having that perspective, she said, is very important. "First of all, it tells you that we have a commitment to see you receive your MD degree. We are not successful at this until you receive your MD. The other thing that is important for you to recognize is that there are probably no experiences that you are going to have that someone didn't have ahead of you. So there is a lot of experi-



Lipscomb

ences of others that you can learn from if you choose to open yourself up to learn."

As if to emphasize the obvious, Lipscomb declared that, "The medical school is hard. And as a non-physician I want it to be hard, so when I'm rolled into the ER, I want you to be very knowledgeable. That is why medical education is a very different profession."

To drive home her point, she compared the demands of a medical degree to that of being trained as a Ph.D. "In medicine you are not only supposed to think profoundly, in addition you have to develop inter-personal skills to work with patients, work with other health care providers, the system, and you have to build on so many fundamental disciplines of knowledge to be able to practice as a physician."

Lipscomb highlighted the mindset of the college to recognize that the students walking into the door have the potential to become great physicians. "So the faculty at the college have worked very deliberately to develop a curriculum which we are very proud of. It's not perfect, and there is no perfect curriculum. But we try to expose our students to a broad range of not only the basic sciences but, the behavioral and social sciences. We hope that we help our students learn to interact with patients, so that they develop a comfort level because of the re-



**“We want to strongly urge you to seek it out and turn to people who want to be of help and support. Because we know you need to be here, we need you here and our people need you here.”**



**Fumi Kasali (right), Markeeta West (center) and Nashwa Watson.**

ality that if you don't connect with patients, you would not change the health status of anyone."

Following her was Williams, a CHM professor of psychiatry. Coming from a humble background like many of the people in the audience, Williams started with, "Like many of you, I was the first from my immediate family to graduate both from college and from medical school. So I can remember what kind of feeling I had."

On a lighter note, Williams added more in the list of his first scores. First, he noted that he was the first African American chair of the department to be a tenured professor in the medical school. Then he said he would turn 65 next October at which time he would be eligible to apply for social security, and as a

result of one of the unusual events of his life having become a father at 50, "I'm probably going to be the first tenured professor to use his social security check to pay for his daughter's tuition to high school."

More seriously, Williams reminisced one of his childhood memories. "The most revered person growing up was my family doctor, who was an African American. In those days (1930s and 1940s), when he was visiting, my mother would clean out the house and wash me up, and make me wear clean clothes, with no holes, for this honored man to come and treat me. And I think for us, both now and in the future, you have responsibilities to your patients, your family and your communities. A major part of why we are here is based on the support of our people, who see us as one of their leaders. That is something we must always keep in mind and remember."

He exhorted, "You are not here just to learn things. You are here also to share and help shape the profession into a more humane profession by your being here and by having the values and knowledge from your background and bringing that into medicine. Medicine can sometimes be very conservative, it could be really very inhumane especially when it treats people who are poor or minority. So I hope that no matter what the

outcome is that you would think that you belong here, we want to strongly urge you to seek it out and turn to people who want to be of help and support. Because we know you need to be here, we need you here and our people need you here."

**“In medicine you are not only supposed to think profoundly, in addition you have to develop inter-personal skills to work with patients, work with other health care providers, the system, and you have to build on so many fundamental disciplines of knowledge to be able to practice as a physician.”**



**Williams**  
May 2001



**Sekoni**

# Graduating Seniors Take the Next Turn: Residency



**Graduating Seniors**

With medical school done with and the "MD" title in their kitty, senior graduating minority students took the next turn to residency and were resoundingly recognized at the annual Minority Senior Recognition Dinner on Friday, May 11, 2001. They are: **Darrell R. Alley**, whose residency takes him to University of South Carolina for General Surgery; **Francisco J. Alvarez**, who is headed to the same place for Internal Medicine/Pediatrics; **Tanneisha Barlow**, Indiana University for Obstetrics and Gynecology; and **Bridget L. Cole** to Clinic of Fairview Hospital Cleveland, for Family Practice.

Others are, **Stephanie Escamilla**, to a yet-to-be chosen underserved area for General Pediatrics, LaTai Grant to Medical College of Virginia for Family Practice/Neurology; **Angel A. Lake**, to Sparrow Hospital, Lansing Michigan for Internal Medicine; **Lucila O. Barron**, for Obstetrics and Gynecology; **Aniefiok Uyoe**, to Howard University Washington DC for Orthopedic Surgery; and **Anthony R. Whitaker**, to

the University of Cincinnati for Family Practice/Psychiatry.

The occasion was organized by the Minority Medical Student Association, MMSA, Michigan State University, College of Human Medicine, and drew many participants, among them was Michael Bannish, MD the 2001 commencement speaker and Director, Africa Center for Health and Population Studies, Mtubatuba, South Africa. Bannish was a member of the CHM Class of 1977.

The MMSA serves as the umbrella organization covering the Latino Midwest Medical Student Association, LMMSA, and the Student National Medical Association, SNMA, and seeks to incorporate other minority organizations. Membership is open to all CHM students interested in addressing local and national minority social and health issues.

The Minority Medical Student Association was founded by Dr. Ralph Watson in 1972. As a student, he realized the need to address issues and conditions unique to minority students within the College of



**Out-going Acting Dean, Dr. Christopher Colenda**



**Bannish**

Human Medicine (CHM) and the health care field in general. The MMSA recommends to the administration solutions and alternatives to aid in the graduating of high-quality minority physicians.



**Dr Samuel B. Goss (second left) sitting in the audience while attending his 70th reunion.**

**"As you move to do your residency, you'll have the privilege to have the 'MD' title, use it to assist your patients and your communities anywhere you go."**

**Wanda Lipscomb, PhD.  
Assistant Dean., Academic Affairs**

**"Knowledge makes a physician not the name or the school."**

*Paracelsus (1493?-1514)*

## Send-off for LANE 2001 Seniors



**Brooks**

The LANE Premedical Society members and their families and friends, under the leadership of Dr. Karen P Williams, held a Senior Salute Dinner for eight of its graduating members, on April 27, 2001.

The LANE society is sponsored by the Michigan State University College of Human Medicine through the Center of Excellence in Minority Medical Education and Health (COE). The LANE Premedical Society is an enrichment program that recognizes students' early academic achievement and dedication to careers in medicine.

The graduands were: **Gina Louise Brooks**, who majored in Science and Technology Studies from MSU's Lyman Briggs School. She hopes to work in public health to make a difference in underserved populations.

**Jennifer Rachael Brown**, majored in Human Biology and plans to pursue a career in medicine as a physician.

Natalie Anne Debernardi, a major in Physiology, plans to enter medical school in the fall of 2002.

**Carl Anthony Johnson, Jr.** studied chemical engineering with



**Riddle**



**Watson and Koski**

a premedical emphasis. His career plans are to enter an MD/PhD program with a medical degree focusing on Surgery and a doctorate of philosophy in Biomedical Engineering.

**Nikki Vernique Johnson** majored in Medical Technology. Her plans for the future include entering medical school in the fall of 2003; in the meantime, she will be entering the Domestic Peace Corps.

**Karitsa Eileen Koski's** plans for the future include taking a couple of years to take part in pain therapy research, teaching English



**Debernardi**

*Once you start studying medicine you never get through it."*

*Charles H. Mayo (1865-1939).*

in Russia, and participating in a public health internship before applying to medical school.

**Latonya Antoinette Riddle**, a Chemical Engineering major with a Biochemical Engineering option, intends to attend medical school in the fall of 2002 to pursue an MD/MPH in Pediatrics.

**Brandy MiChad Watson**, majored in Health Studies and will join the Study Abroad Program in Rome, Italy this summer. Thereafter she will do a year's research, to be followed by medical school.



**Johnson and Brown**

May 2001

*"The education of most people ends upon graduation; that of the physician means a lifetime of incessant study."*

*Karl F.H Marx 1796-1877*



**Johnson Jr. and Dr. Williams**

## Career Affairs: Medical Specialties

The following seven areas summarize the "Characteristics" practitioners feel relate to their specialties in Pediatrics, Family Practice, Surgery, Internal Medicine, Obstetrics and Gynecology, Psychiatry, and Emergency Medicine. While there are many more specialty fields than are listed here, these should provide a starting point from which to look into similar, related specialty areas:

### **Pediatrics**

*Very Common:* Preventive Care, Comprehensive Care, Many Patients Daily, Child and Adolescent Patients, Treat Infectious diseases. *Common:* Beneficial Treatment, Use Lab Tests, Repetitive Standard Procedures, Use Family Information. *Rare:* Incurable and Disabling Diseases, Family Planning Counseling, Deal with Emotional Reactions to Illness, Use knowledge of Musculoskeletal System. *Very Rare:* Older Age Patients, Marital & Sexual Counseling, Use Complex Equipment, Do High-Risk Procedures, Dying Patients, Use Proctoscopies & Arteriograms.

### **Surgery**

*Very Common:* Life-Threatening Problems, Beneficial Treatment Results, Get Referrals & Give Consults, Use Your Hands, Outpatient Operative Procedures, Use Knowledge of Anatomy & Physiology, Use Proctoscopies & Arteriograms. *Common:* Many Major Diseases, Complex Problems, Dying Patients, Extensive Precise Workups, Use Lab Tests, Use Knowledge of Musculoskeletal System, Use Knowledge of Circulatory, Respiratory, Digestive, & Excretory Systems. *Rare:* Comprehensive Care, Preventive Care, Deal with Emotional Reactions to Illness, Intimate Personal Problems, Evaluate Neurological Functions, Psychosomatic Problems, Evaluate Reproductive Functions, Use Socioeconomic Information. *Very Rare:* Genetic Counseling, Marital Sexual Counseling, Family Planning Counseling, Psychological Ser-

vices.

### **Family Practice**

*Very Common:* Comprehensive Care, Use Lab Tests, Outpatient Operative Procedures, Child & Adolescent Patients, Older Age Patients, Many Patients Daily, Intimate Personal Problems, Use Family Information, Treat Infectious Diseases. *Common:* Many Major Diseases, Deal with Life-Threatening Problems, Psychosomatic Problems, Dying Patients, Home Health Care, Preventive Care, Marital & Sexual Counseling, Family Planning Counseling, Discuss Personal Relations, Patient Participation in Care, Beneficial Treatment Results, Repetitive Standard Procedures, Use Socioeconomic Information, Use Rehabilitation Services, Use Social Services. *Rare:* Genetic Counseling, Use Complex Equipment, Do High-Risk Procedures, Get Referrals & Give Consults.

### **Internal Medicine**

*Very Common:* Complex Problems, Use Lab Tests, Get Referrals & Give Consults. *Common:* Many major diseases, Treat infectious Diseases, Incurable and Disabling Diseases, Life-Threatening Problems, Psychosomatic Problems, Intimate Personal Problems, Older Age Population, Dying Patients, Comprehensive Care, Patient Participation in Care, Knowledge of Circulatory, Respiratory, Digestive, and Excretory Systems, Extensive, Precise Workups, Proctoscopies & Arteriograms, Use Family Information. *Rare:* Child & Adolescent Patients, Genetic Counseling, Family Planning

Counseling, Psychological Services, Use Knowledge of Musculoskeletal System, Evaluate Reproductive Functions. *Very Rare:* Outpatient Operative Procedures.

### **Obstetrics & Gynecology**

*Very Common:* Marital & Sexual Counseling, Use Your Hands, Family Planning Counseling, Intimate Personal Problems, Evaluate Reproductive Functions. *Common:* Many Patients Daily, Preventive Care, Beneficial Treatment Results, Use Lab Tests, Repetitive Standard Procedures, Get Referrals & Give Consults. *Rare:* Incurable & Disabling Diseases, Extensive, Precise Workups, Older Age Patients, Genetic Counseling, Dying Patients, Home Health Care, Use Knowledge of Musculoskeletal System, Use Complex Equipment, Do High-Risk Procedures, Use Socioeconomic Information, Give Psychological Services. *Very Rare:* Use Rehabilitation Services, Use Proctoscopies & Arteriograms, Evaluate Reproductive Functions.

### **Psychiatry**

*Very Common:* Psychosomatic Problems, Intimate Personal Problems, Emotional Reactions to Illness, Discuss Personal Relationships, Patient Participation in Care. *Common:* Get Referrals & Give Consults, Give Psychological Services, Use Social Services, Use Socioeconomic Information, Use Family Information, Marital & Sexual counseling, Complex Problems. *Rare:* Use Lab tests, Extensive, Precise

workups, Genetic Counseling, Home health Care, Life-Threatening Problems, Evaluate Reproductive Functions, Use Knowledge of Anatomy & Physiology, Use Rehabilitation Services. *Very Rare:* Use Your Hands, Do High-Risk Procedures, Outpatient Operative Procedures, Many Patients Daily, Use Complex Equipment, Use Proctoscopies & Arteriograms, Treat Infectious Diseases, Use Knowledge of Musculoskeletal System, Use Knowledge of Circulatory, Respiratory, Digestive, & Excretory Systems.

### **Emergency Medicine**

*Very Common:* Life-Threatening Problems, Many Patients Daily, Use Your Hands. *Common:* Use Lab Tests, Child and Adolescent Patients, Use Knowledge of Musculoskeletal System, Use Knowledge of Circulatory, Respiratory, Digestive, Excretory Systems, Use Knowledge of Anatomy & Physiology, Many Major Diseases, Beneficial Treatment Results, Outpatient Operative Procedures. *Rare:* Deal with Emotional Reactions to Illness, Preventive Care, Use Proctoscopies & Arteriograms, Incurable & Disabling Diseases, Discuss Personal Relations, Use Rehabilitation Services, Family Planning Counseling, Use Psychological Services, Evaluate Reproductive Functions, Home Health Care. *Very Rare:* Marital & Sexual Counseling, Genetic Counseling.

Source: *Getting into a Residency: A Guide for Medical Students*  
By Kenneth V. Iserson, MD.