



Bulletin

THE OFFICIAL JOURNAL OF THE KENT COUNTY MEDICAL SOCIETY & THE KENT COUNTY OSTEOPATHIC ASSOCIATION

FALL 2022

— *Serving Physicians in Kent, Ottawa, Barry, Ionia, Montcalm, and Kalamazoo counties* —



SUICIDE PREVENTION AWARENESS MONTH

Together for Mental Health

Shifting public perception, spreading hope, and sharing vital information to people—including doctors—affected by suicide.

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KMF Launches Annual Holiday Campaign

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Cover Photo

September is Suicide Prevention Awareness Month. After years of advocacy and preparation, 988 is now available nationwide as the new number to contact for mental health, substance use, and suicide crises—a simple, easy-to-remember way for people to get help.

CONTRIBUTORS

- 20 MSU - College of Human Medicine
- 21 Kent Medical Foundation
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- 24 Kent County Health Department

GET INVOLVED:

Learn more about the Kent County Medical Society at www.kcms.org.

Learn more about the Kent County Osteopathic Association at www.kcoa-mi.org.



BULLETIN

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- Kent Medical Foundation
- Ottawa County Medical Society

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KCMS MEETINGS OF INTEREST

OCTOBER 31, 2022

LEGISLATIVE COMMITTEE OF KENT, OTTAWA, BARRY, KALAMAZOO

Noon-1pm | Hybrid event

JANUARY 19, 2023

KCMS ANNUAL MEETING OF THE MEMBERS

6:30pm

More information to follow

APRIL 22-23, 2023

MSMS HOUSE OF DELEGATES

Dearborn, Michigan

OUR MISSION:

The Kent County Medical Society is a professional association, uniting the physicians in Kent County into a mutual, neutral organization; preserving and promoting the health of the citizens of Kent County, the physician/patient relationship, the medical profession, and the interests of physicians.

Visit us

For event details, check out our website kcms.org



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Check Your Referral Guide Information

Have you updated your West Michigan Doctor Referral Guide listing? If you have yet to do so, please visit www.WestMichiganDoctors.com and check to be sure your listing information is up to date. Contact the office at (616) 458-4157 or kcmsoffice@kcms.org with any changes.

It's Time to Renew Your Membership for 2023

Member dues notices will be arriving in your email inbox or home mailbox soon. Your renewed membership in KCMS enables our Board to continue work to improve health care in our communities.



DON'T
FORGET

Did you know that you can save KCMS and MSMS valuable administrative resources by paying your dues promptly? Your 2023 membership dues are due by December 31.

RENEWING ONLINE IS EASY

Renew today by visiting [MSMS.org/renew](https://msms.org/renew) and following the prompts. As a thank you, all physicians who pay their 2023 dues in full by November 30 will receive a \$100 coupon good towards a CME course at an MSMS educational session.

2023 DUES DEDUCTIBILITY

Contributions or gifts to the Michigan State Medical Society (MSMS) and Kent County Medical Society (KCMS) are not tax deductible

as charitable contributions for federal income tax purposes. However, a portion of your dues may be tax deductible as ordinary and necessary business expenses.

MSMS estimates that 18.9% of your 2023 dues will be nondeductible as this portion is allocable to lobbying as defined by law. If you pay for your 2023 MSMS dues prior to December 31, 2022, you may deduct up to 81.1% of that as a business expense.

KCMS estimates that 2% of your 2023 dues will be nondeductible as this portion is allocable to lobbying as defined by law. If you pay for your 2023 KCMS dues prior to December 31, 2022, you may deduct up to 98% of that as a business expense.

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Reclaiming One's Soul



PRESIDENT'S MESSAGE

A Plea for Physicians to Recognize How Our Work Can Create Trauma



Belén Amat, MD
2022 KCMS
President

During the month of September physicians will be reminded of the importance of preventing occupational-induced trauma. No matter what discipline we have chosen, we all have those moments of sounds, visions, scenarios and senses that remind us of the human suffering, grieving, shock and disappointment that we witness. Whether it is the sounds of patients crying after a surprise diagnosis, to mutterings of regret overhead from family members to the feeling of our own sadness for having to deliver sad news to patients, family and our partners in medicine, nurses and staff who have come to care about patients.

This trauma, can lead to a post-traumatic situation that physicians and their family need to be reminded of, and should be considered routinely. In our stress reduction practices of self-care, camaraderie, and debriefing, we need to be free to admit our stress levels have been too high, our

mood has been altered and may not be resilient to some therapy or even medications.

I recently became aware of a story shared by an Emergency physician who had attempted suicide in response to a feeling of hopelessness. The physician-supporting podcast of KevinMD featured the rare opportunity to hear from a physician who had attempted suicide, only to be fortunately revived. He was able to return to his young family, and to share his insight with other physicians.

Sadly, physicians are rarely encouraged to recognize their work-related mental health issues, talk about them and work with others to prevent increased continued stress building on top of them. As physicians, we fear that exposing their vulnerability, exhaustion and mental fatigue may be written up, reported to a Licensing Board or have their employment challenged. In fact, we are asked when

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PRESIDENT'S MESSAGE

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renewing or applying for licensing and hospital privileges if we suffer from depression or take medications for it. Having to disclose this, becomes a barrier for physicians to seek help out of fear of losing the ability to practice. This is discrimination that affects the health and well-being of physicians, care teams, patients we serve and a community that needs to have professional, safe and important health care—delivered by a trained human. Physicians shouldn't be expected to operate without emotion and compassion. Hospitals, organizations, corporations, and our own practices need to function, and we have to balance our own mental health and trauma with the demands of being a physician.

Michael's Story

I share a transcript (or excerpts) of Michael's story. He is an Emergency physician on the front lines of encouraging healing:

I've never been so happy to fail at something in my life. Four weeks ago today I died. Cardiopulmonary arrest in jail. Why was I in jail? My wife alerted the

CONTINUED ON PAGE 8

There's a saying we have in the emergency room when we witness trauma and death among the innocent:

“A little piece of my soul died.”

We're never offered counseling, and in the end, you get the jaded emergency doctor who struggles to care. My psychologist says it wasn't just the last girl. It was trauma after trauma after trauma.

EMERGENCY DOCTOR REVIVED AFTER NEAR SUICIDE

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- Patient Care Issues
- Quality Assurance and Risk Management

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PRESIDENT'S MESSAGE

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police. Sheriff deputies were upset when I did not pull over to talk to them after overdosing. After boxing me in, they threw me from my truck into the slushy street and tased me. After charging me with a felony and two misdemeanors, they nearly provided the perfect assist to my suicide. Through a series of miracles, I was brought back. I am missing four days of my life including three on life support, but I am alive. I have to repair almost every relationship I treasure from the betrayal of my weakness, a chore I will perform with as much love and patience as I can muster. I may never practice my specialty again, but I am alive. My family has a husband, father, son, and brother.

My wife once asked how we do it in the ER, to be there for everybody's worst day and also for their best. My worst day was almost my last. Funny thing is I was as happy as I had ever been in my personal life. My decision to end it all was 100 percent work related.

I had just lost a young girl in the ER a few weeks before. Influenza. I followed proper protocol, gave her a couple of treatments and she felt better, so I discharged her home with appropriate warnings. Thirty hours later she came back, in respiratory arrest. She ended up on life support with family refusing to withdraw care. They, of course, blamed me. And, of course, complained.

My review was days later. While my employers were very sorry about the case and stated support for me, the result would likely lead to termination due to this incident and a few other cases that were trivial. I thanked them for their honesty. At first, my wife and I talked about it, and I was fine. I could likely go back full time where I used to work. I returned to work that night sad, but comfortable with my likely outcome. When I got home in the early morning hours, I was just sad. I cried for the girl and her family. I cried myself to sleep and woke up still sad.

There's a saying we have in the emergency room when we witness trauma and death among the innocent: "A little piece of my soul died." We're never offered counseling, and in the end, you get the jaded emergency doctor who struggles to care. My psychologist says it wasn't just the last girl. It was trauma after trauma after trauma.

Pretty sure I have PTSD from the Haiti rescue and recovery trip. From bloated bodies liquifying in the heat to starving kids begging in the street. Years later, walking into a Mexican hotel with similar tiles and stucco walls, I was overwhelmed



TIP OF THE ICEBERG. HORRIBLE CASES. A DRUG-RELATED KILLING WHERE A KID WAS BLUDGEONED TO DEATH WITH A BASEBALL BAT. BARELY ALIVE WHEN HIS DRUGGY FRIENDS DROPPED HIM IN THE AMBULANCE BAY. CHILD SHOT THROUGH THE HEAD WHEN CRACK ADDICT MOM DIDN'T PAY UP. I HAD TO ASSIST TAKING CLOTHES OFF SIBLINGS TO OBTAIN AS EVIDENCE SINCE THEY WERE COVERED IN BLOOD AND BRAINS. SHOOTINGS. STABBINGS. WE DO THIS EVERY DAY.

Yet I've never been depressed per se and never suicidal. I just snapped.

by the smell of rotting flesh. Other times when opening a large perirectal abscess, I could smell dead bodies.

Tip of the iceberg. Horrible cases. A drug-related killing where a kid was bludgeoned to death with a baseball bat. Barely alive when his druggy friends dropped him in the ambulance bay. Child shot through the head when crack addict mom didn't pay up. I had to assist taking clothes off siblings to obtain as evidence since they were covered in blood and brains. Shootings. Stabbings. We do this every day.

Yet I've never been depressed per se and never suicidal. I just snapped.

Sitting alone with my grief, I grabbed what I needed and drove up to the mountains. I thought my wife would be better off without me. I texted: "I'm so sorry. You deserve better. I have tried to be strong. I can't take it anymore. To have that girl die was too much. To have to face being terminated for it? I can't go on. I'm sorry. I love you to the end of the world and back, but after one final hurt, I can finally stop hurting you. You have your family and church to help you, and you have your finances taken care of."

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PRESIDENT'S MESSAGE

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I took a handful of pills with the final thoughts that my student loan debt would not pass on to my wife, and at least she has my life insurance to take care of her. Then came the police cars. I don't know why, except not wanting to talk to them or face my wife, I continued driving. I obeyed all traffic laws, never exceeded 22 mph and in no way endangered pedestrians or other motorists. At one point I pulled to the side, and multiple officers took cover and aimed guns at me. They wanted to know if I had guns, and I told them that they were in the vehicle and they could have them. I kept my hands visible as directed but refused to exit the truck because I did not want to talk to them. Ultimately, I was thrown from the truck, tasered, cuffed, and put in the back of a police car.

I requested to go to the hospital. I was surprised that they took me to jail. Seemed weird because I thought all suicidal people came to the hospital first. I started to get sick from the overdose. Sweating and nauseated and a little unstable on my feet. They had me sit in a holding cell in the booking area, and that's the last I remember.

Of the next four days, I have almost no memory. I am told I went into respiratory then cardiac arrest in the jail and they started CPR. I was finally transported to the hospital, where they got a pulse back. I was critically ill on ventilator support. My family was told I was going to die. Then my sweet daughter found what I took, and the appropriate meds were given. I improved. Couple days later I was off the vent and out of the ICU.

Almost every day, since that worst day, my wife just looks at me and repeats "I can't believe it even happened!" The people I've told about this are utterly shocked. I have spoken with a few residents I used to teach, and they can't believe it. I can't either. Could happen to any doctor. Seemingly without warning.

Nobody would have ever guessed this would happen to me.

I, however, have the residual aches and pains to prove it happened. As we try to heal, I spend my time reading scriptures, praying, and trying to get some level of fitness back (you might be surprised how hard a few days on life support can be on your body, not to mention chest compressions).

I am not sure of my return to the ER. Those few shifts worked after the girl died were awful. I was very unsure about everything. I could not make a decision on patients. If you can't discharge a young patient with the flu, who can you discharge? Even though I did everything right, I still have trouble sleeping. I mourn for that family. Emergency medicine once defined me. I loved going to work every day. I think at one point I was a good doc who cared about his patients. Now I am just very anxious even thinking about going back to work.

Still, I'm trying to make sense of this. I'm certain of one thing—the Lord saved me for a reason! I am just horrified as I read through my chart of how very close I came (pH of 7.1, lactic acid of 15, heart failure, renal failure, elevated cardiac enzymes, and rhabdomyolysis).

Thank you again for all you do to educate and advocate for those that did not make it, and for helping to prevent even more suicides. Of course, you can do anything you want with the story. I don't want the attention drawn to me specifically, but I hope it can reach someone before it is too late.

–Michael

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CME Opportunity for KCMS Members

Implicit Bias Training

Implicit bias training was one of the recommendations made by the Michigan Coronavirus Task Force on Racial Disparities, which Governor Whitmer created in response to the devastating and disproportionate impact the pandemic has had on communities of color.

“This is an excellent step in the right direction, I applaud our Governor for addressing this issue and as Chair of the Board of Medicine, I stand ready to work with our board and the Administration to establish implicit bias training for physicians,” said Michael Chafty, MD, Kalamazoo Academy of Medicine Member, Chair of the Michigan Board of Medicine.

MSMS SESSIONS

MSMS is hosting sessions on reducing unconscious bias. For more information, [click here](#).

• Part One

One-hour webinar sessions available via the MSMS website. They are one hour for one CME credit.

• Part Two

To meet the implicit bias requirement, physicians will need to return for a live, online virtual session. Physicians will receive another credit for this session.

Anyone who has completed the archived recording can choose any live, online virtual session to complete the implicit bias credit:

- **September 21** | Noon–1pm
- **October 12** | Noon–1pm
- **November 16** | Noon–1pm
- **November 30** | Noon–1pm

OFFERINGS FROM WEST MICHIGAN
OSTEOPATHIC ASSOCIATION

WMOA Fall Conference

WEDNESDAY, OCTOBER 19, 2022

7am Breakfast and registration

Trillium Events & Catering
17246 Van Wagoner Rd, Spring Lake, MI

TOPICS/PRESENTERS

- **Sleep Medicine Updates for Primary Care: New Paradigms of Care**
Christopher Morgan, MD
- **Seasons of Life: Contraception, AUB, and Menopause**
Karissa Tryska, DO
- **Diagnosis and Management of Common Fractures in the Pediatric Patient**
John Swartz, DO and Brian Paff, DO
- **Gun Violence in West Michigan—The SafERteens Intervention**
Brian Stork, MD
- **Implicit Bias in the Patient/Provider Relationship: Are You Aware?**
Heather Wallace, PhD

5.0 AOA Category 1-A CME Credits

WMOA Fall Interface

TUESDAY, NOVEMBER 8, 2022

6pm Social time | 6:30pm Dinner and presentations

Trillium Events & Catering
17246 Van Wagoner Road, Spring Lake, MI

TOPICS/PRESENTERS

- **Cervical cancer screening, Vaginal Health/Vaginitis, and Pre-op Optimization**
Katherine Betcher, MD, FACOG
- **LADA and Other Diabetes Variants**
Anita Eapen, MD

2 AOA Category 1-A CME Credits

There is not a better time to take inventory of your annual CME Numbers!

Congratulations Dr. Nirali Bora

Kent County Health Department Medical Director and KCMS member, Dr. Nirali Bora, was recognized at the India Day Gala on August 19th



Nirali Bora, MD

for her notable contribution to the COVID-19 Pandemic Response. Dr. Bora has collaborated with the hospital systems and community agencies to connect, educate, provide resources, and reduce the racial gap and other barriers to health services for the minority community. Dr. Bora was appointed by Michigan Governor Gretchen Whitmer to the Protect Michigan Commission to serve in an advisory capacity to identify barriers to minority groups in accessing or accepting the COVID-19 vaccine and developing an outreach action plan.

Dr. Cara Poland Appointed to Key Commission

Congratulations to KCMS member, Dr. Cara Poland, on her appointment to Michigan's new Opioid Advisory Commission. Dr. Poland who also



Cara Poland, MD

chairs the MSMS Task Force on Opioid Stewardship, was nominated by MSMS and appointed by Senate Majority Leader Mike Shirkey (R-Clarklake). Doctor Poland is nationally known for her work in training physician-level addiction specialists to improve care for patients with substance use disorders and alcohol use disorders. Doctor Poland's leadership has also been integral to implementing curricular changes in medical schools to offer more training in treating persons with substance use disorders.

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TUESDAY, NOVEMBER 8

Election Resources

To view your registration status or track your absentee ballot, visit <https://www.michigan.gov/sos/elections/upcoming-election-information>. Sample ballots as well as polling place locations and hours are also available at this site.

Find Your Representative

<https://www.house.mi.gov/#findarepresentative>



Find Your Senator

<https://www.senate.michigan.gov/fysbyaddress.html>

Important Dates for the Statewide General Election

Voting early in person by absentee ballot begins at [your clerk's office](#).

Thursday, September 29

Last day to register to vote [online](#).

Monday, October 24

Return absentee ballot by mail to avoid potential for mailing delays.

Monday, October 24

Last day to request an absentee ballot online or by mail.
To avoid mailing delays, it is strongly recommended to request an absentee ballot no later than Monday, October 17.

Up to 5pm on Friday, November 4

Vote early by absentee ballot at [your clerk's office](#).


Through Monday, November 7 at 4pm

Register to vote in person at [your clerk's office](#).
Eligible residents must provide official proof of residency if registering to vote between October 9 and November 8.

Through Tuesday, November 8 at 8pm

Return absentee ballot to your designated drop box or local clerk's office by hand.

By 8pm on Tuesday, November 8



988
SUICIDE
& CRISIS
LIFELINE

Changing the Conversation

September is National Suicide Prevention & Awareness Month—help us spread the facts about suicide and educate others on how we can help those who may be struggling.

Recently, a new and easy-to-remember mental health crisis 988-dialing code was implemented nationwide. The goal of the [988 Suicide and Crisis Lifeline](#) is to provide people in need with easier access to the National Suicide Prevention Lifeline (NSPL) and its related crisis stabilization resources. If you or someone you know is struggling or in crisis, help is available. Call or text 988 or visit the [Lifeline Chat](#) to connect with a trained crisis counselor.

The [988 Suicide and Crisis Lifeline](#) provides a direct connection to compassionate, accessible care and support for anyone experiencing mental health-related distress—whether that is thoughts of suicide, mental health or substance use crisis, or any other kind of emotional distress. People can also dial 988 if they are worried about a loved one who may need crisis support.

For more information, visit Michigan's [988 website](#) or check out the following resources:

- [SAMHSA 988 Partner Toolkit](#)
- [988 Crisis Response State Legislation Map](#)
- [How a 988 Crisis Response System Will Change How We Help People Experiencing Mental Health Crises](#)
- [Reimagine Crisis Response](#)

Resources for physicians, office teams, and patients

ADDRESSING ADULT SUICIDAL IDEATION IN THE PRIMARY CARE SETTING

Building off of the [Practical Strategies for Managing Suicidal Ideation & Reducing Risk](#) webinar, this [pre-recorded webinar](#) will focus on how primary care practices can address suicidal ideation within their adult patient population. Hear from experts about pragmatic implementation strategies, including one practice's key lessons learned from putting them into action.

ELECTRONIC HEALTH RECORD OPTIMIZATION

AMA STEPS Forward® Podcast Episode 29

Dr. Daniel Dunham, Chairman of Medicine at Lenox Hill Hospital, discusses how eliminating unnecessary clicks in the EHR ultimately decreases physician burnout and allows care teams to focus their time on what matters most—patient care.

Listen here: [Apple Podcasts](#) | [Spotify](#)

SMALL INTERVENTIONS MATTER

AMA STEPS Forward® Podcast Episode 30

Dr. Alfred Atanda, a pediatric orthopedic surgeon and Director of Clinician Well-Being at Nemours Children's Hospital, discusses how to minimize unnecessary patient transfers using digital technology and how small interventions can lead to big improvements.

Listen here: [Apple Podcasts](#) | [Spotify](#)

FOR ADDITIONAL CME OPPORTUNITIES, please see page 10.

Mental Health in Michigan



1 in 5 U.S. adults experience mental illness each year.



1,469,000 adults in Michigan have a mental health condition.

That's more than **7X** the population of Grand Rapids.

It is more important than ever to build a stronger mental health system that provides the care, support and services needed to help people build better lives.



More than half of Americans report that **COVID-19** has had a **negative impact** on their mental health.

In February 2021, **39.9% of adults in Michigan** reported symptoms of **anxiety or depression**.

27% were unable to get needed counseling or therapy.



1 in 20 U.S. adults experience serious mental illness each year.

In Michigan, **355,000 adults** have a **serious mental illness**.



1 in 6 U.S. youth aged 6–17 experience a **mental health disorder** each year.

119,000 Michiganders age 12–17 have depression.

Michiganders struggle to get the help they need.



More than half of people with a mental health condition in the U.S. **did not receive any treatment** in the last year.

Of the **421,000 adults in Michigan** who **did not receive needed mental health care**, **38.4%** did not because of cost.

5.8% of people in the state are uninsured.



Michiganders are over **5x more likely to be forced out-of-network** for mental health care than for primary health care — making it more difficult to find care and less affordable due to higher out-of-pocket costs.

4,224,425 people in Michigan live in a community that **does not have enough mental health professionals**.

An inadequate mental health system affects individuals, families and communities.



High school students with depression are more than **2x more likely to drop out** than their peers.

57.8% of Michiganders age 12–17 who have depression **did not receive any care** in the last year.



8,638 people in Michigan are homeless and **1 in 7 live with a serious mental illness**.



On average, 1 person in the U.S. **dies by suicide every 11 minutes**.

In Michigan, **1,548 lives were lost to suicide** and 319,000 adults had thoughts of suicide in the last year.

1 in 4 people with a serious mental illness has been arrested

by the police at some point in their lifetime –



leading to over **2 million jail bookings** of people with serious mental illness each year.

About **2 in 5 adults** in jail or prison have a history of mental illness.



7 in 10 youth in the juvenile justice system have a mental health condition.



NAMI Michigan is part of NAMI, National Alliance on Mental Illness, the nation's largest grassroots mental health organization dedicated to building better lives for the millions of Americans affected by mental illness.

This fact sheet was compiled based on data available in February 2021. For full citations, visit: nami.org/mhpolycystats.

In Memoriam

Kalamazoo Academy of Medicine

JEFFREY F. BLOCK, MD

Dr. Jeffrey Block passed away on May 31, 2022. He graduated from Georgetown University and the University of Chicago Medical School and completed his nephrology residency at Northwestern Memorial Hospital in Chicago. Dr. Block served as a physician in the US Army Medical Corp. during the Vietnam War.

KCMS

SANDRA (SANDY) GLADDING, MD

Dr. Sandy Gladding passed away on April 21, 2022. She graduated from medical school in 1988 and was accepted to a general surgery residency at Blodgett Memorial Hospital in Grand Rapids, MI. Dr. Gladding was the only female in her medical school graduating class to be accepted to a surgery residency and was the second woman to have gone through that residency program. Ever a trailblazer, she excelled as a resident and, in 1993, joined a private practice in Grand Rapids, MI. As a practicing surgeon, she led Blodgett Medical Center to obtain its trauma certification, received awards for her practical research on wound care, and established a reputation as a warm and caring physician who was a fierce advocate for her patients.

ROBERT LEVINE, MD

Dr. Robert Levine passed away on June 21, 2022. He attended Hyde Park High School in Chicago, and graduated from Illinois Wesleyan University in 1948. In 1949 he entered the University of Chicago Medical School. After graduating from medical school in 1953, Dr. Levine served as a flight surgeon in the United States Air Force. In 1963, he moved to Grand Rapids where he became a partner in a private surgical practice. In addition to serving the medical needs of people in the greater Grand Rapids area, Dr. Levine helped develop what would become the surgical team of St. Mary's Renal Transplant Program in the mid 1970s, greatly contributing to the early and sustained success of the kidney transplant program in Western Michigan.

EDWARD JAMES POTCHEN, MD, JD

Dr. Potchen received his B.S. in horticulture from Michigan State University, and his M.D. from Wayne

State University. He also achieved a Master's of Science in management from the Massachusetts Institute of Technology and earned a Juris Doctorate from the University of Michigan. Dr. Potchen practiced general medicine in Grand Rapids before completing his Residency at Harvard Medical School, where he was the Chief Radiology Resident. In 1975, he accepted the position as the first Professor and Chairman of the new Department of Radiology at Michigan State University. While at MSU, he taught numerous courses for the College of Osteopathic Medicine, the College of Human Medicine, and the School of Business. In 1990, he was awarded the title of University Distinguished Professor.

He wrote, edited, and published books and co-authored medical texts. He established endowed scholarships and was also driven to learn, as evidenced by his numerous academic achievements.

ROBERT E. RIBBE, MD

Dr. Robert Ribbe passed away on July 10, 2022. He attended Wheaton College and received his medical degree from University of Pennsylvania Medical School. Dr. Ribbe began his medical practice in the United States Army with an internship at Madigan Army Hospital in Tacoma, Washington. He completed his residency in general surgery in Ft. Knox, Kentucky, followed by a residency in orthopedic surgery at Tripler Army Hospital and Shriners' Children Hospital in Honolulu, HI. During the height of the Vietnam war, Dr. Ribbe deployed to the 311th Field Hospital where he served from 1968-1969. After his time in Vietnam, he practiced at the West Point Army Hospital. In 1971, Dr. Ribbe moved to Grand Rapids and began his tenure as active senior staff of orthopedic surgery for Butterworth Hospital. He served in this position until his retirement in 1994.

GENE VAN ZEE, MD

Dr. Gene Van Zee passed away on February 27, 2022. He graduated from Calvin College, and University of Iowa College of Medicine. Dr. Van Zee entered the military and moved to Pensacola, Florida. After his training, he was transferred to Atsugi Naval Air Facility in Japan (1956-58). Returning to the US, Dr. Van Zee set up a medical practice in his hometown of Pella, Iowa, beginning what is now known as Pella Regional Health Centers. During his 40-year medical practice he was known as a kind, gentle and caring physician. Even after retirement he continued to advise and care for so many.

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Join Us

KCOA MEETINGS OF INTEREST

OCTOBER 19, 2022

WMOA FALL CONFERENCE

7am | Trillium Events & Catering | Spring Lake
5.0 AOA Category 1-A CME credits

OCTOBER 28-30, 2022

MICHIGAN OSTEOPATHIC ASSOCIATION AUTUMN SCIENTIFIC CONVENTION

Amway Grand Plaza Hotel | Grand Rapids
See link at bottom of Page 18 for Registration

OCTOBER 31, 2022

WEST MICHIGAN REGION LEGISLATIVE COMMITTEE

Noon | Hybrid event

NOVEMBER 8, 2022

WMOA FALL INTERFACE

6pm | Trillium Events & Catering | Spring Lake
2 AOA Category 1-A CME Credits Interface

OUR MISSION:

Kent County Osteopathic Association seeks to advocate for the physicians of Kent County, advance the science and practice of osteopathic medicine, and provide an arena of osteopathic physicians to support and educate each other and their community.

Visit us

For event details, check out our website kcoa-mi.org





Adam Wolfe, DO
2022 KCOA President,
Board of Directors

Intentional Resilience

Recently, as I looked at the calendar in preparation for a meeting of the KCOA Board and I was reminded that I have been serving in this role for two terms! It is always an honor to serve the KCOA Board and this special group of Board Members—colleagues and friends.

While our Board members' input and ideas to be critical to our mission and goals, we continue working on your behalf to celebrate physicians and strengthen our member benefits. Recently, we have worked to strengthen our current collaborations with the KCMS, and in our region with our Muskegon colleagues at the West Michigan Osteopathic Association (WMOA). We are excited about future collaborations with our Kalamazoo colleagues as well.

It has been said that both teamwork and collaboration involve a group of people working together to complete a shared goal. The key difference between collaboration and teamwork is that the teamwork combines the individual efforts of all team members to achieve a goal, people working collaboratively complete a project collectively.

Last spring, a few of the doctors from West Michigan met to connect, share ideas, and plans for the upcoming summer. Representatives from West Michigan physician organizations discussed various challenges experienced in most membership organizations. One theme continued to surface—**responding to the stress**. Your KCOA Board and regional physician leaders have continued to advocate for and search for ways to support you in any way possible through the challenges that we have all dealt with over the last 2+ years. We have been impressed with your resilience;

however we know and understand that your need for professional and personal support is just starting. We have made great strides, but still have a journey ahead of us.

Retrospectively, organized medicine was created to assist physicians in West Michigan and other areas of the country to promote their practices, maintain continuing medical education, and foster future generations of medicine to practice with the passion and resolve that we have seen in our careers. The KCOA, initiated more than 60 years ago, and formerly known as the Kent County Association of Osteopathic Physicians and Surgeons, had initial goals to strengthen Osteopathic principles, identity, and reputation, which allowed for collegial connections and referrals, promoted practices, relationships and grew medical education. While the KCOA has met some initial goals, we recognize the need to continue to evolve in the current medical climate, and your KCOA Board is ready and willing to take on the challenges that lie ahead. Your Board appreciates your input and suggestions, particularly for what you may need to improve your practice, and/or what challenges you encounter in your practice of medicine. We are excited about this year—we hope that you are as well.

Please plan to join your Osteopathic colleagues (virtually or in person) at upcoming medical education opportunities or social gathering!

MICHIGAN OSTEOPATHIC ASSOCIATION



2022 Autumn Scientific Convention

October 28-30, 2022 | Amway Grand Plaza

[Agenda](#) [Registration](#) [Hotel reservations](#)

The MOA will offer sessions from the Autumn speakers on-demand (Available November 15, 2022). To pre-register for the on-demand sessions, [click here](#).



Tax Deductibility of Your Dues as a Business Expense

Kent County Osteopathic Association estimates that 1% of your 2023 paid membership dues will be nondeductible as this portion is related to lobbying (as defined by law). If you pay your 2023 KCOA dues prior to December 31, 2022, you may deduct up to 99% of that amount as a business expense.



In Memoriam

CHARLES ZICKUS, DO

Dr. Charles J. Zickus, III, of Byron Center, MI lost his battle with Parkinson's disease on June 14, 2022. He was born on December 5, 1952 in Grand Rapids, MI, to Charles J. and Irene Zickus. Upon graduation from high school, Charles went on to college to earn his registered nurse and physician assistant degree, obtaining his internal medicine degree as a doctor in 1995. Dr. Zickus served at many local hospitals including Metro, Spectrum, Hackley Select, North Ottawa, and Mercy.



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KCOA

Welcome Class of 2026

The White Coat and Matriculation Ceremony is a tradition at the College of Human Medicine as the symbolic beginning of the journey into the medical profession and a formal MSU welcome to the MD Class of 2026.



Angela Thompson-Busch, MD, PhD
Community Assistant Dean,
Grand Rapids Campus
Michigan State University
College of Human Medicine

Faculty, alumni of the college, and physician family members of some students, participate in the ceremony by assisting with coating the students.

We are always proud of the diversity of our incoming class, and this year is no exception. MSU received 9,212 applications for 190 seats.

A LOOK AT MSU-CHM'S INCOMING CLASS

- 79 men (41%), 110 women (58%), and 2 gender diverse individuals (1%).
- The age range is 22-35.
- 84% of these students are from Michigan.
- Approximately 22% of this class came from areas designated as rural; 54% of the entering class self-reported disadvantage or were identified as disadvantaged by the American Medical College Application Service based upon family income or parental level of education and occupation.
- 22 students entered medical school through our Early Assurance Program.
- 11 entered through the Advanced Baccalaureate Learning Experience (ABLE) Program.



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ABLE PROGRAM

We are very proud of our ABLE program. This is a one-year preparatory program for students who might otherwise not be admitted to medical school. During the application review process, the admissions committee identifies candidates who embody the mission of the College of Human Medicine but do not have the science background from their college education that would lead to success in a rigorous medical school curriculum. These students are offered this preparatory program. If they are successful, they are guaranteed entrance into medical school the following year. Many wonderful physicians have graduated successfully after completing this program.



KENT MEDICAL FOUNDATION



Jayne E. Courts, MD
2022 Kent Medical
Foundation, Board Chair

Board Welcomes New Members

It is my pleasure to introduce our Regional Members of new Board Trustees serving on the Kent Medical Foundation Board.

RYAN DUFFY

Miller Johnson Attorney

Ryan Duffy a member in the firm’s healthcare reimbursement practice group. He has provided litigation and counseling to medical providers seeking insurance reimbursement on patient accounts. Mr. Duffy also pursues wrongful denials of hospital claims by third-party payers, including ERISA health plans, no-fault carriers, health insurance plans and government plans. Prior to practicing law, Mr. Duffy served for nine years in the United State Navy as a pilot and flight instructor. For his efforts flying missions during Operation Iraqi Freedom, he was awarded a Naval Commendation medal.

Mr. Duffy received his law degree, J.D. Magna Cum Laude from the Thomas M. Cooley Law School in 2011. Prior to that, he graduated B.A. Degree in 2000, from the United States Naval Academy.

JENNIFER BAGULEY

Kent County Medical Society Alliance

Jennifer Baguley is an active member of the Kent County Medical Society Alliance and the Kent County Medical Society Alliance Foundation. She has a BBA degree from University of Michigan Business School with a background in accounting and has served as Treasurer in both organizations and on committees to plan KCMSA/KCMSAF fundraising events. She is beginning a term as an At Large member of the KCMSA Foundation this fall. Her history in the community volunteerism, association with the KCMS Alliance and skills will be a great asset to the Kent Medical Foundation.

She and her husband, Dr. William Baguley, share two adult children. She likes to kayak, hike, watch college basketball & spend time as a family.

KMF



KENT MEDICAL FOUNDATION

Holiday Card CAMPAIGN

PLEASE SEE PAGE 27 TO CONTRIBUTE

Holiday Card Campaign Kicks Off

The annual Holiday Card Campaign supports the Kent Medical Foundation with community outreach endeavors and health promotion projects. Gifts received by November 28 will be included in the annual Holiday Card, which will be mailed the first week in December.



heartbeat

MESSAGE FROM THE PRESIDENT

On August 10th, members of the Alliance and I participated in a unique and joyful service project called S.H.O.E.S at In the Image in Grand Rapids.

At this event, local children in preschool through fifth grade could come and find shoes for school at no cost. Donors throughout West Michigan provided funds for hundreds of pairs of shoes in all sizes, and it was both touching and powerful (not to mention hard work) helping these children in-need find just the right pair.



At our volunteer orientation, I was moved by the staff at In the Image, who explained that we may encounter very picky children who weren't satisfied until they tried on

ten or more pairs! We found out soon enough that this was very true. "Be patient," our mentor cautioned, "in their daily lives, these children get to exert very little control. They have very few choices about clothing, school supplies, food and more." This touched me deeply. Choices. I am fortunate to have many choices in life, as do my children.

As members of the Alliance, we are privileged to choose daily what we wear, what we eat, where we go and what we do. I am so proud to be a part of this organization that uses our privilege to choose kindness, philanthropy and community education. I look forward to a full year of gathering, growing and connecting.

Sincerely,

Laura Kozminski

kcmsa Calendar

October 7 Membership Meeting
Mary Free Bed

October 14-16 Northcentral Regional Meeting
Fort Wayne, IN

October 18 Book Club

October 27 Volunteer at Kids Food Basket

November 15 Book Club

ONLINE CALENDAR

Member yoga class and other social and small fundraising shopping event dates to be determined. Check our calendar for updates at www.kcmsalliance.org/get-involved/calendar/.

2022 | 2023

kcmsa board of directors

- President *Laura Kozminski*
- Past Co-Presidents *Nancy Fody & Suhair Muallem*
- Recording Secretary *Jennifer Bruce*
- Treasurer *Judy Sopeland*
- Treasurer Elect *Jennifer Baguley*

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www.kcmsalliance.org

Event Recap summer 2022

June

AMAA Annual Meeting

The KCMSA sent a team of members to the annual meeting held in Chicago this spring. While there, we received an award for our Lab Coats & Libations event in Fundraising Excellence.



Members Alexis Boyden and Eileen Brader are presented with the award by Past President Heather Rifkin.



Michigan had one of the largest contingencies at the annual meeting, with several of our local members serving nationally this year. Top L-R: Beth Junewick, Jennifer Bruce, Rula Ali, Val Doane, Karen Begrow. Seated L-R: Nancy Fody; Eileen Brader; Jean Howard, past AMAA President; Suhair Muallem; Clara Smegedy; Alexis Boyden.

Foundation Spotlight

On Friday, August 19th our Foundation Board met to review several mini-grant applications. We are proud to distribute over \$6,000 this cycle to the following local organizations:

- **Our Hope**
Medical supplies for their new detoxification program for women.
- **No Surrender Running Club**
Running clothes, shoes and race entry fees for low-income runners.
- **Revive & Thrive**
Healing Meals program that serves meals to patients and their families during the process of medical diagnosis and treatment.

We fundraise every year to provide generous support to the community through our Foundation. If you are interested in giving, or know of an organization that might like to apply for a grant, please reach out to Foundation President, Nancy Fody at foundation.president@kcmsalliance.org.



Nirali Bora, MD
Kent County
Health Department
Medical Director

Monkeypox Outbreak of 2022

Nirali Bora, MD and Brian Hartl, MPH

On July 23, 2022, the World Health Organization declared that monkeypox is a public health emergency of international concern. An outbreak of monkeypox in the United Kingdom was first confirmed in May 2022. Since then, as of August 25, 2022, over 45,000 cases have been detected in 98 countries and territories including nearly 17,000 cases in the United States, 157 cases in Michigan, and 10 cases in Kent County.

Monkeypox is a disease caused by infection with the monkeypox virus that is a member of the Orthopoxvirus genus and in the same family as variola virus that causes smallpox. It was first discovered in 1958 in captive monkey colonies in Copenhagen. The first human case was documented in 1970 in a 9-month-old boy in the Democratic Republic of Congo and since then has been reported in 11 countries in central and West Africa. As smallpox vaccine coverage has waned over the past 30 years, some of these countries have seen a significant rise in cases of monkeypox. In May of 2022, multiple cases were reported in non-endemic countries.

TRANSMISSION

Monkeypox virus can be transmitted from animals to humans through direct contact with body fluids, blood, and lesions of an infected animal. Human to human transmission occurs through close contact with respiratory secretions, skin or mucosal lesions, and objects shared with an infected individual such as clothing or bedsheets. Transmission can occur from the mother to the fetus in utero and during close contact after birth.

Most cases in this outbreak have occurred among men who have sex with men (MSM). For those cases in whom HIV status is known, 45% have HIV. Cases have also been reported in household members including children, heterosexual contacts, and other nonsexual contacts.

Patients who need
to schedule a vaccination
can call KCHD
at (616) 632-7200.

SIGNS AND SYMPTOMS

Symptoms generally begin 1-2 weeks after exposure. Most clinical presentations have been mild to moderate in severity. Of cases reported to the Centers for Disease Control and Prevention (CDC), nearly all have a rash. At least 75% of cases have systemic symptoms that can include fever, lymphadenopathy, vomiting, diarrhea, fever, myalgias, and fatigue. A rash usually begins within 1-3 days of fever onset and usually affects the face, palms and soles, oral mucous membranes, genitalia, conjunctivae and can affect the cornea. The skin lesions evolve from macules to papules to vesicles then pustules which become crusted, dry, then fall off.

Symptoms tend to resolve after 2-4 weeks. Severe cases are more common among children and those who are immunocompromised.

CONTINUED ON PAGE 25



Learn more

A MDHHS MONKEYPOX OVERVIEW
IS AVAILABLE AT [MICHIGAN.GOV/MPV](https://michigan.gov/mpv)

MONKEYPOX OUTBREAK CONTINUED FROM PAGE 24

DIAGNOSIS

The differential diagnosis is broad and includes syphilis, chickenpox, measles, and bacterial skin infections. If monkeypox is suspected, specimens should be collected from the lesions and sent to a lab for testing. Further information on specimen collection and testing is available on the MDHHS monkeypox virus website: [Michigan.gov/mpv](https://michigan.gov/mpv).

VACCINATION

There are two vaccines that can be used to prevent monkeypox disease, Jynneos and ACAM2000. Kent County Health Department (KCHD) has limited doses of Jynneos vaccine for the West Michigan region. Jynneos is approved for people aged 18 and older and is under an Emergency Use Authorization for those under 18. It is being administered intradermally as a series of two doses administered 4 weeks apart. Over 200 doses have been administered by KCHD to date.

Currently, people eligible for a vaccine include:

- 1. People exposed to someone with diagnosed with or suspected to have monkeypox in the past 14 days**

2. People who meet one of the following criteria:

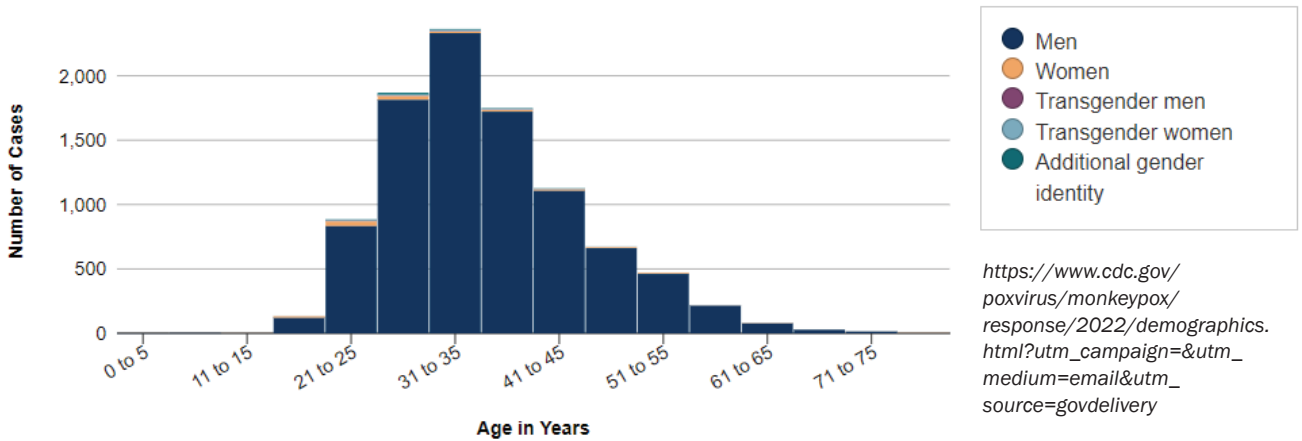
- Partner or a close/household contact of someone exposed to monkeypox in the past 14 days
- Identify as a man who has intimate or sexual contact with other men and has a history of an STI in the last year
- Partner or close/household contact of someone who engages in higher-risk sexual activities
- Engaged in any type of sex work
- Has had multiple or anonymous sex partners in the last 14 days
- Has had direct close contact at a high-risk event or venue within the last 14 days or plans to in the near future
- Takes PrEP for HIV or is an individual living with HIV

MONITORING

KCHD nurses interview each individual who tests positive for orthopox virus and gather information on close contacts in community settings. These contacts are

CONTINUED ON PAGE 26

TABLE 1
Monkeypox Cases Reported to CDC: Age and Gender



categorized by risk of exposure according to the CDC. All identified contacts are contacted and sent information on monitoring for symptoms for 21 days after last exposure to the case, as well as what to do if they experience symptoms. High risk contacts are offered the vaccine and periodically contacted by a nurse to check in. Referrals are made to other local health jurisdictions or states for contacts that do not live in Kent County. Michigan Department of Health and Human Services (MDHHS) has some ability to provide assistance locating close contacts through some dating apps, if that is the only identification available.

TREATMENT

Tecovirimat, also known as Tpoxx, is approved for the treatment of smallpox, and is under a non-research expanded access Investigational New Drug (EA-IND) protocol for treatment of monkeypox in children and adults. It should be considered for people infected with monkeypox virus who have severe disease or are at high risk of severe disease. Further information on indications for Tpoxx use can be found on the CDC website: [Guidance for Tecovirimat](#).

KCHD has some pre-positioned Tpoxx oral treatment courses for the region. If you have a patient who you believe would benefit from treatment, please email KCHD at KCHD_TPOXX@kentcountymi.gov to coordinate pick-up of the medication. The prescribing physician or provider will need to obtain informed consent and provide documentation to the CDC.

References

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- *2022 Monkeypox Outbreak Global Map*. (2022, August 25). Centers for Disease Control and Prevention. <https://www.cdc.gov/poxvirus/monkeypox/response/2022/world-map.html>
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- *WHO Director-General declares the ongoing monkeypox outbreak a Public Health Emergency of International Concern*. (2022, July 23). World Health Organization. <https://www.who.int/europe/news/item/23-07-2022-who-director-general-declares-the-ongoing-monkeypox-outbreak-a-public-health-event-of-international-concern>
- *Monkeypox Key Facts*. (2022, May 19). World Health Organization. <https://www.who.int/news-room/fact-sheets/detail/monkeypox>



KENT MEDICAL FOUNDATION

Holiday Card CAMPAIGN

SHARE YOUR HOLIDAY WISHES

WHILE HELPING THE KENT MEDICAL FOUNDATION RAISE FUNDS TO SUPPORT COMMUNITY PROGRAMS

Contribute to this annual campaign and your name will be listed among other donors who have helped make the annual Holiday Card possible!

CONTRIBUTIONS

Holiday Card Campaign Gifts received by November 28 will be included in the annual Holiday Card, which will be mailed the first week in December. You can contribute in two ways:

CHECK

Please make check payable to Kent Medical Foundation. Complete donor form at right and mail to:

Kent Medical Foundation
233 East Fulton, Suite 224
Grand Rapids, MI 49503



ONLINE VIA PAYPAL

Go to kentmedicalfoundation.org or simply scan this QR code.

QUESTIONS?

Please contact the Kent Medical Foundation at 616-458-4157.



KENT MEDICAL FOUNDATION

Holiday Card CAMPAIGN

DONOR REGISTRATION

YES! Count me/us in to continue the mission to assist The Kent Medical Foundation in community outreach endeavors and health promotion projects. Please find my/our check enclosed for the following amount (contribution amounts are NOT disclosed on the card):

\$1,000 \$750 \$500 \$250 \$100 \$ _____ Please keep my donation anonymous.

Please print your name(s) below exactly as you would like to be presented on the Holiday Card insert.

Name(s): _____

Address: _____

Email: _____ Phone: _____

Please return to: Kent Medical Foundation | 233 East Fulton, Suite 224 | Grand Rapids, MI 49503

Contributions are tax deductible.



KENT MEDICAL FOUNDATION

Holiday Card CAMPAIGN

YOUR SUPPORT IS APPRECIATED

THANK YOU TO OUR DONORS FOR ALLOWING THE KENT MEDICAL FOUNDATION BOARD OF TRUSTEES THE OPPORTUNITY TO SUPPORT COMMUNITY PROGRAMS. THE FOLLOWING GRANTS WERE MADE TO DATE IN 2022:

Calvin HEALTH Camp \$5,000

This unique, five-day camp on Calvin University's campus for girls ages 9-15 years who are living in low socioeconomic and diverse racial backgrounds in Grand Rapids. Using faculty and health professionals for instruction, the camp promotes health by introducing participants to basic health concepts including the importance of nutrition, exercise, reproductive health, maintaining mental health and self-esteem, addressing anxiety, chronic diseases, social factors of health, genetics, and cancer. The girls also learn to understand and explore careers in health care.

Exalta Health Childhood Obesity Initiative \$4,000

Childhood obesity is a serious healthcare issue and Kent County has seen an increase in obese patients. Exalta Health is a primary care clinic focusing on addressing obesity, beginning with young patients, and encouraging the entire family to learn the importance of eating healthfully, being physically active and avoiding excessive weight gain. Bilingual physicians, nurses, and medical personnel make it possible to communicate the educational sessions with the 40 patients and families. A grant was made for scholarships for 40 qualified patients and their families to participate in the program; as well as gifts of a soccer ball to graduates to remind them of the importance of exercise.

GRIEF: Preparing the Pathway to Healing for the Bereaved and the Professional \$500

An educational seminar for physicians, health care teams and front-line staff to assist patients, advocates and families experiencing acute

grief. The seminar prepares care teams on appropriate responses and comments, and how to avoid awkward or harmful situations in speaking with individuals in grief. Attendees learned how to gain clarity by looking at personal and professional experiences and learning what early interventions are possible to ensure positive support to patients grieving from loss, depression, and sadness. Scholarships for front-line staff to attend who work for local hospice programs and other health care facilities, as well as support for the educational event.

Hand2Hand \$2,500

Hand2Hand delivers nutritious food to students over the weekends and on extended school breaks by mobilizing churches, schools, individuals, and businesses to join together to provide a backpack filled with supplemental food that bridges the gap of weekend hunger. Food sent home includes breakfast, lunch, snacks and dinner items as well as recipe cards.

Physician Volunteerism Grants \$250 EACH

The following physicians were recognized for their donation of time and leadership to local non-profits. KMF Board grants \$250 to West Michigan health-related charities that physician members choose to share their free time and guidance. Grants were made to the following organizations in 2022:

- Comprehensive Therapy Center in honor of Adam J. Rush, MD
- Gilda's Club in honor of MSU-COM III Student, Samantha MacKay-Forton

Jayne E. Courts, MD
President

Brian Janssen
Past President

Paul Nicholson
Vice President

Alexis Boyden
Secretary/Treasurer

Jennifer Baguley
Trustee

Ryan Duffy, JD
Trustee

The Trustees of the Kent Medical Foundation Board know there is competition for your generosity. It is hoped that you will continue to support the efforts of the Kent Medical Foundation and its grant-making efforts. Thank You!

The Kent Medical Foundation welcomes grant applications from local non-profits and health organizations that work to improve the health and wellbeing of our community. Contact Executive Director for more information and granting timelines at patricia@kcms.org.