Wondering if things might go BUMP in the NIGHT?... The Phantom of the Opera is here... Who You gonna call? GHOSTBUSTERS... 'Tis now the very witching time of night--Shakespeare... Hold on, man. We don't go anywhere with “scary,” “spooky,” “haunted,” or “forbidden” in the title--Scooby-Doo... Charlie Brown is the one person I identify with. C.B. is such a loser. He wasn't even the star of his own Halloween special--Chris Rock... I would rather sit on a pumpkin and have it all to myself than be crowded on a velvet cushion--Henry David Thoreau... Double, double toil and trouble; Fire burn and cauldron bubble--Shakespeare... Quoth the Raven, “Nevermore.”--Edgar Allan Poe...
President's Column

You are ever running the stairs in the medical center, keep in mind that there is not a floor named "M." It is very important to make this connection before you attempt to sprint from the basement to "M." The elevator gives you a false sense of security of the global existence of "M"; however, you will quickly find, as I did, that running the stairs you will make it to the roof, before you will ever see "M."

Today I had the awesome opportunity to fly with AirCare, as part of my emergency medicine rotation. The day started with receiving the coveted pager, which within five minutes from beeping, allow you to lift off from the top of the hospital and pretty much land wherever you want to. The key point here is that within five minutes, the helicopter is going, whether you are there or not. At around 11:00 AM the pager came to life and three minutes later I was standing in the basement elevator boy staring in horror at the elevator apparently trapped on the fourth and fifth floor. I took off on a dead sprint for the stairs knowing that it was do or die if I wanted to fly. By about the fifth floor my legs were burning. By the time I passed the sixth floor, I was praying for the sweet release of death. No "M"!!! Rejected. I healed back down the stairs, discovering that the muscles that I had burned out running up the stairs are the same ones that keep you from falling as you walk down the stairs.

Fortunately I caught myself on the wall of the sixth floor landing, nearly dropping the pager that I had taken out in hopes of seeing a message saying, "We're waiting." Deciding that I had better head to the elevator not only to find "M," but also for personal safety reasons, I went through the door onto the seventh floor, and there it was, "M." I pounded on the restricted access door and was relieved to see our pilot, Paul Reihle, emerge from his office. He opened the door and invited me in, breaking the news that the flight had been cancelled due to weather. At that point, I think Paul realized the severity of how out of shape I was and invited me to sit down, catch my breath, and join him for a Coke. I sat on the sofa with John Barham, Flight Paramedic, coughing due to exertion and hoping that my vision would soon return as I was able to once again deliver oxygen to my vital organs.

Later that day, joined by Paul Boddie, Flight Nurse, we did get the opportunity to fly. John, no doubt fearing for his health, came to the emergency department and grabbed me, and together we rode the elevator to "M" and then to "H," where it all happens. I learned a lot on that mission to Starkville. We talked about IVs, chest tubes, intubation, Vancocyn, sepsis, and what can happen to an ostomy bag in high altitude, low atmospheric pressure situations (we learned by past and fortunately we rode the elevator to "M" but also for personal safety reasons, I went through the door onto the seventh floor, and there it was, "M." I pounded on the restricted access door and was relieved to see our pilot, Paul Reihle, emerge from his office. He opened the door and invited me in, breaking the news that the flight had been cancelled due to weather. At that point, I think Paul realized the severity of how out of shape I was and invited me to sit down, catch my breath, and join him for a Coke. I sat on the sofa with John Barham, Flight Paramedic, coughing due to exertion and hoping that my vision would soon return as I was able to once again deliver oxygen to my vital organs.

Mr. Kenneth Kelley......on the job.

ASB Calendar of Events

September-October: College Football Pickem

October 30: Halloween Party at Hal and Mals

November 2: New Stage: Tennessee William’s “Cat on a Hot Tin Roof”

November 14: ASB’s Family Day at the Jackson Zoo

December-January: College Bowl Pickem

December 4: Claus Ball at the Mississippi Museum of Art

December 18: Ballet Magnificat’s performance of “A Christmas Dream”

Excellence in Service

A s students pursuing a career in the health care field, we are often bombarded by thoughts of ourselves. The test that is tomorrow, the project due next week, or the long hours of class to sit through. For most of us, we sometimes lose sight of the reason we sought after a career in health care: Service.

There are many men and women working on this campus who serve us each day that deserve special recognition. For this reason, we would like to thank those people who encourage us daily on our journey to becoming health care professionals. During the month of October, we want to show our appreciation for our campus’ Shuttle Drivers.

There are twelve men and women on the team that keep our shuttle service in order. Megan Slay, a first year occupational therapy student says, “A great day is one that starts off with a ‘Good Morning’ from Ms. Jessie when we board her shuttle. If there were an award for the ‘Most Bubbly Driver,’ it’d be Ms. Jessie. And we need bubbly most days!” Kelly Shoemake, a second year medical student, says, “I like Mr. Kelly because he says ‘Good Morning’ to every single person that gets on his shuttle.”

We want to show our appreciation to the drivers for their outstanding attitudes, constant smiles, and serving hearts. We will be hosting a lunch in October in their honor from the student body. So students, as you see these men and women, take a few seconds and say ‘Thank You,’ and let them know they are doing a great job and making a difference.

ASB Hospitality Committee

Shuttle Drivers: Victoria Bulley, James Goodrich, Raynetha Terry, John Sible, Kenneth Kelley, Michael Smith, Michael Wright, Jessie Hill, Delondrey Terrell, Eddie Cavetti, Barry Newsome (Manager), Patrice Marbra (Manager).
This I believe: The Urgency of Health Care Reform

Health Care Reform is a broad wheelbarrow with multiple potholes that will affect all walks of life. Opponents fear the disruption it might bring to our worn-in and worn-out system of health care delivery. Advocates, such as myself, see this as a time to finally put into action a long-term, sustainable solution to provide health care for all – not just the 46 million uninsured but the many Americans underserved by the current, failing system.

I could spend the entire article giving health and economic statistics that show the needed benefits to this reform, but I'll only discuss a few. We are an institution that teaches its pupils to practice evidence based medicine. However, the "town hall" meeting with Sen. Roger Wicker a couple months ago disappointingly showed me that sound evidence has yet to make its way into the language of our policy-makers.

Are we getting the most bang for our buck? Currently the rate of growth of this country's expenditures on health care (% of GDP) continues to exceed the overall economic growth by 2.5%. Despite increased health care spending year after year in the U.S., our country scores only average or worse on standard quality of health measures compared to other industrialized countries.

As more and more people lost employment and private coverage, the number of bankruptcies filed in the U.S. due to medical reasons. Sadly, nearly three-quarters of these filers had health insurance at the onset of illness.

Is our current, private system safeguarding its clients through thick and thin? Our Blue Cross, Blue Shield insurance is doing the job despite the large percentage of my student loan I use to pay for it. And, I'm a healthy, young adult – a highly sought-after commodity for the private insurer. For those requiring expensive and extensive medical care, however, bankruptcy is not uncommon. In 2001 nearly half of bankruptcies filed in the U.S. were due to medical reasons. Sadly, nearly three-quarters of these filers had health insurance at the onset of illness.

Another difference between ours and other health care systems is the lack of focus on primary care. Our country excels in quaternary care and research to cure cancer, affecting a small portion of the population. We have plenty of room to improve our public health and primary care infrastructure that will impact large areas of the population and prevent cancer and other diseases that later require expensive care, i.e., dialysis.

Performance measures and accountability on behalf of health care providers must be in place and enforced. For example, we should be working to reduce the number of unnecessary tests such as substituting a CT scan for a good history and physical exam or ordering the daily Chem-8 and CBC for an in-patient without cause. We've also got to regularly evaluate our practices with patient outcomes and satisfaction measures to learn which methods are most effective and fiscally responsible.

Lastly, no health care system will flourish without continued education of its constituents and personal responsibility over one's own body and mind. But, first our society must be able to nurture that environment and provide the avenues to empower its people.

This is certainly not an exhaustive review of health care reform, but please contact me on Groupwise if you'd like to continue the discussion.
That’s What She (and He) Said

Patrice Jones, D3 and Jenny Young, D3

It’s that time of year again—Halloween. It is widely known around UMC that the Halloween party is one of the greatest events thrown by the ASB. The costumes in recent past have run the gamut of traditional (witches, princes, and pirates) to celebrities (Flavio Flav, the Beckhams) and current events figures (remember the Sarah Pearis and Michael Phelps last year?) to childhood heroes (Ghostbusters, Inspector Gadget, Mr. T, Teenage Mutant Ninja Turtles, and the entire cast of Saved by the Bell!) and have spanned the decades with flappers, poodle skirts, hippies, and 60’s attire. We are really excited to see what UMC students have planned for this year. Our question for this month—What are your plans for Halloween, and what do you plan to be? See you at the UMC party October 30!

Jessica Diamond, senior, SON

I am going to be a majorette for Halloween because I am not a good dancer, so it’s fun to dress like one... and bottoms are fun.

Blaine Mahaney, D3

I plan on taking the torch from Lt. Dr. Frazier Williams and throwing a Halloween party of heroic proportions. I plan on going as Greg Oden.

Joel Nutt, M3

I plan on going to the ASB Halloween party this year. It's the best party that the ASB has. Everyone always put a lot of effort into their costumes, and the competition adds extra intensity. As for my costume, that’s yet to be determined. I usually have to come up with something last minute. Maybe something combining my three favorite things—Beans, Bears, Battlestar Galactica.

Franco Williams, DMD (SOD 2009)

Since Halloween falls on a weekend this year, I think I’m actually going to be back in Mississippi. After four years of throwing what some would call an epic Halloween party, I’m going to pass the torch and leave that duty to my successors in Jackson. Maybe I’ll even stop by to make sure everything’s going as it should. As for the costumes, since we’re in the midst of a recession, I think it’s only right to recycle some of my costumes from the past by combining them. I have not completely made up my mind, but I am considering either Ace Ventura dressed as Zorro or Elvis posing as a good ole redneck. Thankfully I’ve got time to decide.

Missy Owen, SN4

I was asking Andrin and Lulie Stewdoller and a lady bug to a Halloween party in Meridian. At this party they will see their grandparents, cousins, and get to trick-or-treat with a large group of children. We are home and count the candy, give the Halloween Queen (or King) prize to the child who has the most candy. We dump all the candy in a big bowl on the table except the snickers, they go in mommy’s purse. Then I get dress and leave my precious sugar babysitter with their babysitter.

As for my costume: any ideas? See you at Hal and Mal’s!!

Maggie Lee... For Good.

One Day, One Deed, One Difference

As is common amongst nursing students, I participated in a summer externship in the area of my choosing—the Pediatric Intensive Care Unit. It is there where I had the privilege of meeting John, Jinny, Jack, and Maggie Lee Henson. My words are far too inadequate to do justice in characterizing Maggie Lee and in explaining the magnitude of her life’s influence. To say that Maggie Lee was an impressionable young lady is quite an understatement. From her bed in the PICU, she impacted the lives of countless people through her CaringBridge site, the media, and through stories told by her precious family. Maggie Lee arrived in the PICU on July 12, 2009, after a tire blew out on the Shreveport Baptist Church bus. She suffered a traumatic brain injury after being ejected from and trapped under the bus. After three weeks of fighting for her life, Maggie Lee was carried into the arms of her Lord and Savior Jesus Christ.

At the Celebration of Life Service for Maggie Lee, her cousin and best friend, Madeline Richardson, said “I remember you telling me you wanted to be famous, to be a star one day. A real star is someone who touches people’s hearts and accomplishes great things. You did exactly that. You have touched the hearts of people you met. You also have accomplished more in the last few weeks than most people accomplish in a lifetime. You have brought families closer together and closer to God. On top of that you have also saved two lives. You provided miracles for two other children through organ donation. Maggie Lee, you truly are a star.” Hanson’s younger brother, Jack, read one of thousands of tributes to his sister posted on CaringBridge.org: “Anyone who got to know Maggie knew that she wanted to be a singer and an actress when she grew up,” he said. “But instead, God used her to show thousands of people his love and mercy.”

Maggie Lee... For Good

is an event to take place on October 29, 2009, what would have been Maggie Lee’s 13th birthday. The name “Maggie Lee... For Good” comes from the song “I Have Been Changed For Good” from her favorite Broadway musical, WICKED. Honor Maggie Lee on her birthday, and participate by committing to doing an act of kindness. Join the Facebook group Maggie Lee... For Good! or visit [http://www.maggieleeforgood.org/](http://www.maggieleeforgood.org/) to sign up. If you wish, post your act of kindness for her parents to read. Sign up now and don’t forget October 29th! Maggie Lee For Good. One Day, One Deed, One Difference.

Jessica Diamond, SON

See you at Hal and Mal’s!!
You and your friends embark on a lazy overnight canoe trip. You have just found a crisp white sandbar to make camp and are gathering firewood while you see a young woman running down the beach. She gasps out, "My friend just fell from a rope swing, and he's not moving!" before collapsing to the ground.

What do you do now?

As students, much of what we learn in the hospital setting is not very applicable at the top of a mountain or in the middle of the woods. There is no crash cart. There is no cervical collar. Even if you know what to do, being asked to put your knowledge to practice is far harder than it appears.

The focus of this year's 3rd annual canoe trip was to equip healthcare professionals with the knowledge and means necessary to handle scenarios just like the one above. Dr. Phillip Blount took a group of students from various UMC schools and differing levels of training through the steps needed to stabilize and treat someone in the wilderness. Taking knowledge and putting it into practice was a challenging learning experience.

It was also incredibly fun.

At 8am, Saturday, September 19th, 17 students, one attending, and a dog (Monty the "Pitador") met in the Student Union parking lot. I only knew the names of 2 of the 18 people there, but it didn't take me long to learn everyone else's. It was an amazing group of people. We piled in with our gear and headed to Black Creek.

We began our trip in Brooklyn, MS, paddling 20 miles through the Desoto National Forest down to Cypress Creek Boat Landing. The weather, which had threatened to make the trip a wet experience, turned out to be perfect. The trees were an incredible green, and the water was smooth and clear. We could not have asked for a better day for canoeing. Monty ran along the bank, swam beside his owners, or jumped into the kayak with them.

The next morning a mist hung over the river. We ate breakfast and broke camp. The mist slowly burned away as we paddled downstream. We enjoyed another beautiful day on the river. At noon, we found a soft sand bar and set up camp. Roasting hot dogs and marshmallows over an open fire was a nice change from our usual hectic life pace. Amazingly, no mosquitoes attacked during the night, and early in the morning, we knew the names of 2 of the 18 people there, but it didn't take me long to learn everyone else's. It was an amazing group of people. We piled in with our gear and headed to Black Creek.

For more information about canoeing the Black Creek, check out http://www.blackcreekcano.com
For the Ramen-Munching Future of American Health Care
Ben "Lambo" Lambert, MS

Another option for the firearm enthusiasts out there combines the outdoors with a little friendly competition. Turcotte Shooting Facility is located right off the Trace via the Canton exit, adjacent to the Pearl River Wildlife Management Area on Hwy 43. There are several options available for shooters, whether you’re brushing up for bow season, getting ready for duck season, or just want to hone your rifle or handgun skills. The sporting clays cost $12.50 for a 50 shot round, and rental carts are available. Otherwise, use of the facility is free with a valid Wildlife Management Area permit. An annual WMA permit can be picked up for about $15 anywhere hunting licenses are sold, including the sporting goods store of your local Walmart. The range is open Thursday and Friday from 10am to 6pm, Saturday 10am-6pm, and Sunday 1pm to 5pm until November 1st. Winter hours will begin in November and are the same as above, except 5pm is closing time everyday. Contact Range Master Jim Brown at 709.798.8852 for additional information. More info can also be found at www.mdwfp.com.

The historic Natchez Trace offers plenty of opportunities to welcome the coming fall. From hiking and biking to grillin’ and chillin’, the Trace has something for everyone. So until next month, think cool, be cool, and happy trick-or-treating.
The weather is getting cooler, the fair is in town, and football season is well underway. Yes, fall is certainly here.

October is one of my favorite months in Mississippi for all of the above-mentioned happenings, but it’s also a favorite because it begins the time of curling up by the fire on brisk evenings. On fall and winter nights, one of my most comforting treats is having breakfast for dinner. Hopefully, you’ll enjoy these recipes as much as I have.

I am proud to say that the pancakes were made completely organically. I got the idea from one of my favorite restaurants in Nashville, which is a city known from breakfast delicacies. Roasting the squash is quite time consuming, so substituting a can of “store-bought” pureed pumpkin is certainly an option and still fulfills the fall feeling of the dish. The sweet ricotta cream sauce is a little bit of an unexpected pairing with pancakes, but together with the maple syrup, you’ll be glad you tried something new.

And finally, no breakfast can be complete without scrambled eggs. The dish included in our meal was a fun twist on the traditional. Sauted spinach and mushrooms are delicious by themselves, but mixed in with breakfast, they can be even better. This same combination of cheese, spinach, and mushrooms makes for a great gourmet omelet when that’s all you’re really craving.

If you’re a breakfast fan, you will love trying these new recipes to warm up on a cool morning or night. If you’re not a breakfast fan, you just might become one soon.

**Butternut Squash Pancakes with Sweet Ricotta Cream and Maple Syrup**

- 1 organic butternut squash (small)
- 1 egg
- 1 egg white
- 1/2 cup milk
- 1/4 cup whipping cream

*Pancakes:*
- 2 cups whole wheat flour
- 2 tsp. baking powder
- 1/2 tsp. ground cinnamon
- 1/2 tsp ground cloves
- 2 Tbsp. canola oil

Cut the squash in half length-wise, and place in a roasting pan. Roast at 350 °F for 20 minutes. Add 1-2 cups of water to pan, and roast for an additional 20 minutes. (The water prevents excessive drying of the squash.) If the squash is not tender after 40 minutes, roast an additional 10 minutes. Scoop out seeded area of squash (at base) and discard. Scoop out the remaining squash, and place in a bowl. Mash with a fork until a smooth consistency is reached. To the squash, add the eggs, milk, and cream. In a separate bowl, combine the ricotta, sugar, cinnamon, and cloves. Combine this to the squash mixtures. Let this stand for approximately 10 minutes.

Heat 1 Tbsp of oil in a nonstick pan, or heat an electric griddle if you have one. Pour the batter and cook pancakes until done on both sides. The first side is done when the uncooked batter on the top-side begins to bubble. Top with ricotta sauce and maple syrup (any brand of your choosing, of course).

**Sweet Ricotta Cream:**
- 1/2 cup ricotta cheese
- 2 Tbsp. sugar
- 3/4 tsp. cinnamon

Mix ingredients until creamy and serve!

**Scrambled Eggs With Spinach, Mushrooms, and Goat Cheese**

- 6 whole eggs
- 2 egg whites
- 1 1/2 cups fresh spinach
- 4-6 oz. sliced baby portobello mushrooms
- 1/2 cup goat cheese
- 1/4 cup parmesan (shredded)
- 1 Tbsp. olive oil
- 1 Tbsp. butter

Heat olive oil in a large skillet over medium heat. Add mushrooms and cook until lightly browned on both sides (approx. 3 min.). Add spinach and cook until completely wilted. Remove from heat and set aside. Add butter to skillet. In a small bowl, add a dash of water to the eggs and egg whites, and while together until slightly frothy. Add to skillet with butter, and cook over medium heat until just done. Add spinach and mushrooms along with goat cheese. Top with parmesan.

**Stuffed Baked Apples**

- 4 Fuji apples
- 1/4 cup apple juice
- 3/4 cup roasted almonds, chopped
- 1/3 cup brown sugar, packed
- 3 Tbsp. honey
- 1 1/2 tsp. lemon zest
- 1 1/4 tsp. ground ginger
- 1/2 cup whipping cream

In a small bowl, combine almonds, sugar, honey, lemon zest, and ginger. Slowly whisk in whipping cream. Allow the sugar to dissolve and the filling to thicken—let stand for approximately 20 minutes.

While the filling thickens, preheat oven to 350°F. From each apple, remove core and scoop out inside as much as possible but still leaving somewhat of a thick apple wall (~1/2 inch). Also, starting at the side of the apple at its point of largest diameter, make a slit around the circumference. This slit will prevent bursting as the apples cook. Place apples in a shallow baking dish. Add apple juice to the dish. Butter one side of foil, and cover apples with foil, buttered side down. Bake for 1 hour. Uncover and continue to bake apples for 20 additional minutes. Remove from oven, and serve alone or with a topping of your choice.
THE NEWS

HEALTH CARE Reform in MISSISSIPPI

ALBERT LIN, M3

The health care debate over reforming insurance has some Mississippians wondering “Why do we need to reform our insurance system?” Well, the Commonwealth Fund Commission recently published a study ranking the levels of health care across the United States based on factors like outcomes, healthy populations, potential savings, and hospitalization rates. Vermont, Hawaii, and Iowa came in top, while several states in the Southeast were hit hard by these rankings, with Mississippi taking last place. A closer analysis of the study shows that, in addition to excelling in the above categories, many higher-ranked states attempted stronger public policy in the past to create affordable health care access, compared to the lower-ranked states.

One of the biggest causes of our lack of affordable health care is the model of health maintenance organization (HMO) and preferred provider organization (PPOs). These nonprofit organizations, created in the 1990s as a way to control health care costs as a medium to determine what care should be covered, have now become what they’ve been designed to prevent. Selective denial of care was meant to prevent ineffective treatment and wasteful spending, but now, denying care is done more to maintain profit margins. Premiums, designed to hedge risk against larger-than-estimated costs, are now being seen as a source of significant revenue and are being increased to keep revenue. To maintain strong profit margins, pre-existing conditions and loopholes are used to deny coverage and prevent enrollment to individuals who need coverage the most. For example, our state has no law that forbids insurance companies from using domestic violence as a pre-existing condition. Recision, which involves canceling insurance policies after a patient is diagnosed with an expensive illness due to withholding information on other conditions that have nothing to do with the diagnosis (e.g., acne, allergies) is used to deny coverage at the last minute to patients with costly diseases.

These other similar actions create a cascade that only makes access to health care costlier. Those who cannot afford insurance will not seek care for preventable or treatable conditions until they suffer the consequences and the costs increase. To make matters worse, insurance companies have been able to increase costs with less justification, as there is no longer a cap on what they can charge. This is now being seen as a source of significant revenue and is being increased to keep revenue. To maintain strong profit margins, pre-existing conditions and loopholes are used to deny coverage and prevent enrollment to individuals who need coverage the most. For example, our state has no law that forbids insurance companies from using domestic violence as a pre-existing condition. Recision, which involves canceling insurance policies after a patient is diagnosed with an expensive illness due to withholding information on other conditions that have nothing to do with the diagnosis (e.g., acne, allergies) is used to deny coverage at the last minute to patients with costly diseases.

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The time and effort Mr. West put toward covering up his and his parents’ tracks in their respective deaths usurp his time for mourning properly. He often alludes to this subject in his account, wishing he could break down and have some emotional release but instead having to ensure that others are informed of the death in a proper manner and that no stray pills are present to raise questions. This loss of being the mourner is one of his strongest arguments for legalizing physician involvement. Mr. West puts forth that his training as a lawyer, a stresser, and the high range of skills needed to complete such a task, is something that will not be able to be done by the average citizen. He begins John West’s account with the simple idea of examining what it is to die a “natural death”. At this month’s book club, we discussed both this issue and more raised by John West in his emotional memoir.

Books Read in Literati Medicus

1. Blink: the Power of Thinking without Thinking
   —Malcolm Gladwell
2. The Last Lecture
   —Randy Pausch
3. Nazi Doctors: Medical Killing and the Psychology of Genocide
   —Robert Jay Lipton
4. House of God:
   —Samuel Shem
5. Mom’s Marijuana: Life, Love, and Beating the Odds
   —Dan Shapiro
6. The Last Goodnights
   —John West

Sources:

LITERATI MEDICUS

KILBY TARDBOURNE, M4

“I don’t know what my booze bill was for that time, but I’m sure it was big. I had a good reason, though: I had to kill my parents.” —John West

Six months prior to the beginning of the months spent plotting his parents’ deaths in The Last Goodnights: assisting my parents with their suicides, John, a lawyer in Seattle, finds his life unepended and overtaken by the mental fortitude needed to fulfill his parents’ last wish. Though he ends the book with a strong push for legalizing physician-assisted suicide, he begins with the simple idea of examining what it is to die a “natural death”. At this month’s book club, we discussed both this issue and more raised by John West in his emotional memoir.

A common theme in the book is the idea of “self-delus-ence” proposed by the Hemlock Society versus his term of “self-de-Termina-tion”. While such issues of semantics may stem from his legal training, they do emphasize the power of words in such an inflammatory subject. While Mr. West thinks his term emphasizes the role of autonomy and better delineates the issue at hand, the Hemlock Society’s term also seems apt. As many of us have seen working with terminally ill patients in the hospital, those last days of a patient’s life can be painful and demeaning and death a relief. Interestingly, Mr. West does not consider using the term “assisted suicide” which might indeed be the most fitting description. This battle over language empha-sizes how strongly the words we use both affect and reveal our feelings towards a controversial subject.

What wins in this book is a series of thought-provoking questions at the core of which is this: How do you envision your own death? While he does have an agenda with asking the question, it raises issues for all of us. Issues of autonomy, suffering, and dignity that surround every death no matter the circumstances.

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Sources:

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   —John West

Sources:
Bone Marrow Donation...as simple as a Cheek Swab

Brandy Hood, M2

Did you know that the first step toward saving a life can be as simple as a cheek swab? That’s right. One quick pass around the oral cavity could get you well on your way to becoming a bone marrow donor. Outside of what we learn in class and on the news, many of us have only a vague idea about bone marrow donation. Some have the wrong idea, some have the right idea, yet there are many misconceptions that everyone should know. Before we start, let’s talk about the importance of bone marrow donation.

When a patient is diagnosed with one of the many life-threatening diseases that require a bone marrow transplant for survival, family members are typically the first resource for donation. However, only about 30% of patients will find a good donor within their family. When a match is not found, the patient turns to the National Marrow Donor Program which currently has more than 7 million registered bone marrow donors. With that many registered donors, there should be plenty of possible matches. Unfortunately this is not always true. In order to ensure acceptance of foreign material by a recipient and success of the transplant, donor and recipient tissue must share four to five of six genetic markers. These markers determine an individual’s human leukocyte antigen (HLA) type. Since many variations exist for each marker, some patients may find a match within weeks, while others never succeed.

For donors, the best matches usually occur when donors and recipients share a similar ethnic heritage. Why would that be a problem? Minors and the elderly are harder to match. Out of 7 million registered donors, only 500,000 (7.14%) are African American, 690,000 (9.85%) are Hispanic, 520,000 (7.43%) are Asian and only 82,000 (1.17%) are American Indian/Alaskan. This relatively small donor pool greatly diminishes the opportunity for patients of these ethnic backgrounds to find a good candidate. As an example, the American Sickle Cell Anemia Association and the CDC report that more than 70,000 people in America have Sickle Cell Disease, primarily those of African, South and Central American, Indian, Saudi Arabian, and Mediterranean descent. In the U.S., 1 in 500 African-Americans and 1 in 900 Hispanic-Americans are born with the disease. Currently the only cure is a bone marrow transplant, but these groups make up only 14.5% of the registry.

Before you even consider being a bone marrow donor? According to Ms. Mattie Coburn, a Recruiter and Coordinator for the Mississippi Marrow Donor Program, the general population is simply unaware of the need. Most people don’t know about bone marrow donation or understand the value of such a gift until it impacts their life directly. I myself had never even considered bone marrow donation before learning about the many disorders which can only be cured with a transplant, and I wasn’t the only one. Shortly after our fast test block, several M2s scheduled a meeting with Ms. Coburn to discuss bone marrow donation. I was nervous about the prospect at first— we all were. But after talking with Ms. Coburn, I’m glad I made the decision to register as a bone marrow donor.

Becoming a registered donor is simple. The Marrow Donor Program asks that you fill out a form with questions about your general health, your ethnic background, and some contact information. Personal information remains confidential— so you should not expect a flood of spam in your mail box encouraging you to purchase or renew the warranty for your 15 year old vehicle. The information helps determine your eligibility and allows the program to keep in touch. Once you register as a donor, your name appears on the registry until you reach 60 years of age. You may, however, choose to remove your name at any time. In addition to the registration form, you are asked to submit buccal swabs. What happens if you are chosen as a potential donor? Having never met anyone who went through the process or gone through it myself, I had some questions and the truth about common myths and misconceptions. Someone at our local donation center would also be happy to talk with you.

If you are identified as a possible donor, you then go through a more detailed investigation, including a thorough physical examination and blood test. The exam is to rule out any possibility that you could experience adverse effects after a donation and to ensure that your donation is safe for a recipient. Blood samples are sent for confirmatory HLA typing.

There are two ways to donate. The first is a traditional bone marrow donation. This is a surgical procedure, which involves anesthesia. The donor doesn’t feel a thing! Doctors extract about 5% of the donor’s marrow from the back of the pelvic bone using a hollow needle. During the surgery, many donors receive a trans-fusion of their own blood to compensate for the lost marrow. After a brief period of observation, donors are sent home with a bandaid and strict instructions to watch a lot of television and be pampered for at least a week. Well, you do get a bandaid. Just after the surgery, donors can expect a little pain in the lower back and some soreness, but most are back to their normal lives within a week or so. The bone marrow will completely regenerate within six to eight weeks. Some patients may not need a full marrow transplant, but instead require stem cells. Stem cell donation takes place at an apheresis center and is similar to a plasma or platelet donation. A week before the donation, donors receive daily injections of filgrastim to increase the amount of peripheral circulating hematopoietic stem cells. During donation, blood flows out through a needle in one arm into a machine that filters stem cells, and then, the remaining blood products flow back into the donor via a needle in the opposite arm. The filgrastim injections may cause some headaches and bone aches, but these should dissipate after the donation. Otherwise, there should be no lasting effects. After a marrow or stem cell donation, a representative of the Marrow Donation Program keeps in touch with the donor until he or she resumes their normal activity and continues to call annually for long-term follow-up.

What are the benefits of donating? Donating reduces the chance of relapse by providing the recipient with a source of healthy hematopoietic stem cells. This can also prevent complications in the transplant process. The filgrastim injections may cause some headaches and bone aches, but these should dissipate after the donation. Otherwise, there should be no lasting effects. After a marrow or stem cell donation, a representative of the Marrow Donation Program keeps in touch with the donor until he or she resumes their normal activity and continues to call annually for long-term follow-up.

A week or two of discomfort hardly seems a serious inconvenience when considering the magnitude of such a gesture. Actually, it is more than a simple gesture. After you have been chosen and are gearing up for the procedure, the recipient is also preparing. He or she is receiving chemotherapy to destroy their own marrow so that it can be replaced with healthy marrow, leaving them absolutely vulnerable until the transplant takes place. At any point during the preliminary workup, you may decide to withdraw from the program. However, once you decide to be someone’s donor, recipient and donor are uniquely bound until the process is complete. Out of 7 million people you are given a unique opportunity to provide someone that which very few people in the world could, and they are depending on you to do so.

If you are interested or would like more information, please read more at the National Marrow Donor Program’s website www.marrow.org or call Ms. Mattie Coburn at (601) 984-5607. If you are not in the Jackson area, you can also call (800) 862-3627. There are donation centers all over the United States where you can register and donate; you won’t have to come back to Jackson if you are chosen to donate ten years from now but are no longer living in the Jackson area. You can also register online if you can’t get to one of the donation centers.

What are you waiting for? Go take that first step!
The Mississippi State football team will need all the help it can get when the No. 1 Florida Gators visit Starkville on October 24th. That’s why head coach Dan Mullen has challenged the MSU faithful to “Jort Out” the stadium. Much akin to the familiar “White Out” play, Mullen’s idea encourages all fans attending the game to wear blue jean shorts.

“Jorts are a symbol of the fight and tenacity that defined the 1990’s,” Mullen said in a recent interview. “And if there is one thing that is going to distract those players and especially their quarterback, it will be a stadium full of jort-clad fans screaming at the top of their lungs for them to fail. They are so used to having a stadium full of jorts cheering them on.”

Mullen has challenged the MSU faithful to “Jort Out” the stadium. Much akin to the familiar “White Out” play, Mullen’s idea encourages all fans attending the game to wear blue jean shorts.

The administration also confirmed that they have selected an appropriate representative who will be present on the field for the pre-game coin toss; however, they have decided to withhold his identity because they want it to be a surprise for the fans. But given the theme for the weekend, everyone is betting that it will be past MSU president Doc Foglesong.

Tebow simply turned the other cheek and began to play a game of rock-paper-scissors with a Filipino boy. When a reporter approached him at the podium, Tebow simply turned the other cheek and began to play a game of rock-paper-scissors with a Filipino boy.

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Discovering the Hidden Restaurants of MISSISSIPPI...

Village Confections
in Canton, MS
Priya Srivastava, M4

If you are craving beignets from Café du Monde in New Orleans but do not have the time or excuse to make the drive, why not head to Village Confections in Canton, MS for a sweet treat? This brightly colored bakery, run by a group of friendly volunteers, is located in the heart of the historic Canton, MS. On Tuesday mornings and during the Canton Flea Market and Canton’s “Christmas in Lights,” the bakery is called Café du Canton. During these times, you can purchase beignets made fresh to order. The official name of the bakery is Village Confections, which serves various delicious baked goods and specialty coffees ground fresh each morning. The baked goods range from “multi-in-your-mouth” petit fours to moist cakes, occasion cakes, and savory breads. Popular daily specials include “Neiman Marcus squares” and “Honey Pecan Bars.” For those following special diets, there is also a variety of four calorie and low sugar items.

The Village Confections opened in the fall of 2007 as a bakery to support the financial needs of the Christmas Village, The Christmas Village is a non-profit organization designed to meet the spiritual, emotional, and physical needs of pregnant women, particularly pregnant women coming from unstable environments. Brenda and Michael Van Velkinburgh were inspired to start an organization that would teach women how to be self-sufficient and how to parent children without depending on the government. The organization also provides temporary housing for the women. The Van Velkinburghs and their team of volunteers renovated an old Victorian home in Canton to support their vision and named it the Christmas Village. With the help of many hundreds of volunteers willing to donate much of their time, the Christmas Village opened its doors on May 1, 2007. The Christmas Village is able to house five women, including one house manager and one counselor, at any given time. The organization teaches women valuable job skills and provides structure during a difficult time in their lives. The women who live in the house are required to awake by 7:30 am, each morning and work at Village Confections part-time. During the remainder of the week, the women can, if needed, finish their education by earning a G.E.D., learn how to drive a car, or be assisted in finding permanent employment. The women are permitted to stay in the house for up to six weeks and leave in a much better position than they were in upon entering.

Feel guilty about eating sweets? DON’T! Every customer of Village Confections is supporting a charity with a very worthwhile cause.

The majority of the questions in this review were answered by the co-founders of Village Confections and the Christmas Village—Michael and his lovely wife, Brenda Van Velkinburgh. Also, I was grateful to get additional information from Connie Phillips and Edie Lea (Michael’s charming sister).

The Village Confections
307 Mississippi Street
Canton, MS 39046
Phone: (601) 853-7687
Website: www.VillageConfections.com
Facebook: Village Confections

Q: What is your favorite part about volunteering at Village Confections?
A: Jamila and her daughter enjoy beignets.

Q: How do you advertise?
A: We have had several volunteers from Mississippi College.

Q: Aside from the Christmas Village volunteers, where do most of the other volunteers come from?
A: Aside from the Christmas Village volunteers, who are many of the other volunteers come from?

Q: Why is the name “Village Confections” works because it incorporates the organization’s name and it ties in with customers.

Q: What percentage of the proceeds go to The Christmas Village?
A: 100%!!!

Q: Aside from the Christmas Village volunteers, who are many of the other volunteers come from?
A: They are all volunteers.

Q: What is your favorite part about volunteering at Village Confections?
A: I love telling people about the organization as we have annual fall events, and I love talking with the customers. I also enjoy the baking because it is such a happy activity to be a part of. No grumpy pan is going to come in here wanting to buy a cake.

For more information on The Christmas Village, go to www.TheChristmasVillage.org or call 601-853-7687.

Hippotherapy:
OT2 Students Visit Rainbow Farms in Vicksburg, MS
Julie Gaines, OT2

Second year students of Occupational Therapy at UMMC recently had the opportunity to visit a quite unusual clinical setting full of nature and horses, with all of the sensory experiences associated with them. The trip was to Rainbow Farms in Vicksburg, MS, and it gave each student a peek into what an OT practicing as a hippotherapy clinician can provide clients. So what exactly did they learn, and what is hippotherapy?

Hippotherapy, in short, is therapy on horseback. The client is allowed to safely ride the horse forwards, backwards, and sideways to facilitate truncl control and postural reflexes while allowing the presence of the horse to provide tactile, vestibular, and other valuable sensory input that many clients receive in a more traditional setting. Clients who have never felt the normal motion of walking, with all of the postural adjustments necessary, are allowed to feel this on horseback, and the result is both physical and emotional improve-ment. “The clients don’t even realize they are in a treatment session,” commented the practicing therapist. And after session after session, the students watched as clients left with smiling faces and waved goodbye to their therapists.

Editor’s Note

Melded with our talented staff writer’s monthly columns, you will find in the MURMUR October edition stories and insights into the world of health care as seen through UMMC eyes. Editorials on unique approaches to therapy, concerns and advice on understanding the current complicated health care debates, and touching stories of patients who have taught us and befriended us have found their way graciously into these pages.

We invite you to read and wonder to think of next steps and new solutions. Speak to others about your concerns and opinions on healthcare and how to continue making advances. There is much being done on the political lawmaking front, Preventing poor reform is just as worthwhile a cause as promoting positive change. Do not hesitate to contact our elected officials. We hired them. They work for us. Send them a letter or make a phone call. Writing letters to local newspapers is also a marvelous way to share your voice.

October is always an exciting month. Decorations and candy take over offices and hospital floors. Scrubs and OR caps become a fashion statement with festive colors and patterns. We welcome fall’s gifts of cool air and changing leaves. The MURMUR staff invites you to take part in fall—festive colors and patterns, floor costume contests—and send them to us. November’s edition will proudly display them.

The MURMUR staff dedicates this edition to the hope of inspired leaders and positive, well thought out healthcare reform.

All Best,

Nicholas Whipple
OT Service Project at Bufford Yerger Nursing Home: sweepin’ and paintin’

UMC School of Dentistry students participate in 4th Annual Mississippi Delta Literacy Festival held in Mound Bayou, MS.

If everyone knew and could associate with Cassandra Stein, the world would be a better place.

OT2 Game Night...Catch Phrase

If everyone knew and could associate with Cassandra Stein, the world would be a better place.

Four PT3 students participated in the 2-day, Clinton-to-Vicksburg, 154-mile Bike MS ride, raising money for the National Multiple Sclerosis Society.

Hippotherapy with the OT2 Class...

OT2 Game Night...Catch Phrase

Aaron Ford, Michael Furlan, Russell Young, Brian Boiko
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