



MARCH 12TH, 2008

VOLUME II ISSUE V

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Editor:

Stephanie Morbeck
do10-smorbeck@tunv.org

Deputy Editor:

Amy Clark
do10-aclark@tunv.org

Contributors:

Robyn Nelson, DNSc, RN
Mitchell Forman D.O.,
FACR, FACOI, FACP
Karen Picus, Ed.D., OTR/L

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contact **Stephanie Morbeck**
do10-smorbeck@tunv.org

SECTION I

Message from the Dean:

What Would Happen If You Did Remove the Mattress Tag?!

Robyn Nelson, DNSc, RN
Dean, College of Health and Human Services

Did I catch your attention? Now you are thoroughly convinced there must not be enough oxygen in the air on the CHHS side of the building! Recently I attended a professional conference, and the Endnote Address was given by Nancy Coey, national spokesperson for the Kimberly-Clark Health Program. The title was *What Would Happen If You Did Remove the Mattress Tag?!* That caught my attention, and at the end of four very busy days, it was a temptation to hop in my car and start the four-hour drive back to Henderson. However, the title piqued my curiosity...haven't you thought about cutting the tags off of mattresses and pillows? With the car packed and a book-on-tape ready in the CD player, I resisted and headed for the auditorium. What a gift I received over the next hour! Her opening words were "Worry blinds us." She obviously lives on another planet if she was proposing that we not worry—I think I would lose all of my defining facial features if I didn't have "worry" lines. As I continued to listen to the speaker, I began to see how her advice would certainly improve my health—my mental health for sure. Just **five** easy steps to reduce worry in our lives...

1. Live in the present and give yourself a break—don't regret the past or worry about the future!
2. Open your heart and your spirit to gifts from the universe—avoid saying "If I..." Worrying about something you do not have decreases your effectiveness as a person.
3. Keep a "best thing of the day" journal. Pretty soon you will not be able to focus on worry when you read all the positives!
4. Look for unlikely teachers—like some one who has overcome adversity with a positive attitude. Remember the reality you perceive is what you will get!
5. Look for the power of small things—use that power to "lift" you up. A smile, a lucky penny, conversation with a friend, a funny story.

What a motivating presentation—and what about the mattress tag? Her advice—find yourself a mattress tag and rip it off—why? Because it symbolizes a shift in your point of view—"removing" self-limiting behaviors, letting go of the things that hold you back and living with purpose in the present, experiencing the stream of possibilities!

P.S. No scissors—ripping is therapeutic!

Message from the Dean:

The Convection Oven as a Metaphor for Life

Mitchell D. Forman, D.O., FACR, FACOI, FACP
Dean and Professor, College of Osteopathic Medicine

Confronted with so much negative news lately, both at home in Clark County, and nationally and worldwide, I often look to humor to make each day a little easier, more tolerable, and more peaceful. Here's my attempt at such an exercise.

"The Convection Oven as a Metaphor for Life"

While appearance may be important, the way a person or something looks may not portray the qualities that truly define that individual or person. A glance or even a brief conversation may provide insufficient information about the character of a person. Appearance may be one of the most superficial qualities that we should rely on to characterize the essence of a person. This is also true of convection ovens. Over the past 38 years, my wife has shopped for small toaster ovens only to leave the store each time because she could not purchase a toaster oven that did not also include a convection feature. She has even done her own surveys of store clerks and friends, and according to the data she has collected over the past 38 years, has found only one person who actually uses the convection feature. When I queried her about the benefits of using the convection feature she quickly mentioned that it was fast, saved cooking time, and kept the food more moist. When I asked about the negatives of such a product she just as quickly said "items tend not to get brown." Thus, the color or appearance of the food became more important than the taste, texture, and aroma, or the efficiency of preparation and time saved.

I must admit that I had a personal experience with food colors that was similarly defining. My younger daughter was on a diet that involved purchasing all of the foods from a company, I think it was Nutri-System, and I was charged with picking the food up from the distributor. Every one of the food items, from appetizer, to entrée, to dessert, was a bright pastel color and I made a very negative judgment about the food solely on its appearance...no, its color.

Thus the convection toaster oven may be one of the most misunderstood miracles of modern technology. It has reinforced the erroneous assumption that superficial appearance is one of the most important qualities of food...of life. We must look beyond appearance, and get to know more about the foods we eat, and the people we meet. After all, you can't judge a book by its cover!



Department of Education

Dr. David Garner
Associate Professor of Education

The School of Education has been fully engaged in curriculum development as they prepare for new course offerings for the next academic year. In a partnership with the Clark County School District, Touro has been offering advanced studies certification programs for the continuing professional development of teachers. These graduate-level programs lead to an increase in pay for the teachers.

The new course offerings will include intermediate and advanced conversational Spanish for teachers, a program covering global learning, a school empowerment program, and an instructional technology program. Courses will take place Monday through Thursday evenings, or on Sundays.

The School of Education department has been working closely with the Clark County Education Association and the school district's curriculum development offices to ensure the programs met the needs of teachers. Feedback from the teachers who have taken Touro's programs has been outstanding, and many veteran teachers have said these are the best professional development programs they have ever completed.

The demand for the programs has been so great that Touro is now offering summer classes so teachers have more options for choosing when to take professional development. As the professional reputation of Touro spreads, more opportunities for collaboration with the local educational community occur. During the past couple of months, School of Education staff have been invited to participate in the Nellis Air Force Base Troops to Teachers orientation meetings, the school district's National Board for Professional Teaching Standards induction program, the selection committee for the district's Teacher of the Year award, Nevada state level discussion on teaching standards and more.

The School of Education continues to grow and support the mission of the university by providing quality educational programs and looks forward to continuing growth in the future.

Department of Occupational Therapy

Robyn Otty
Assistant Professor of Occupational Therapy

During the last week of February, the Class of 2008 School of Occupational Therapy students completed their final semester of on-campus coursework. Their final six months of training, prior to graduation, will consist of a culminating fieldwork experiences in two separate practice areas of occupational therapy. During their final semester, the students volunteered with a community organization to better understand the inner workings of a non-profit organization and explore



the potential of occupational therapy benefiting their community organization. The students actively performed program development activities with the organizations including a clothes donation drive, outreach program participation, and education development for the community clients. Milrose Nacpil, Monica Burkland, Jennie Callen, and Jerilyn Giron collected clothing as part of their "Dress for Success" campaign to help homeless youth wear acceptable interview attire clothing, and organized a class to assist professional presentation during an interview. Diane Livingston, Erin McFarland, and Blair Tompkins organized specialty classes for the clients of S.A.F.E House.

Teri Lawrence, Briyith Avalos, and Shawna Clawson worked closely with their organization, Nevada Partnership for Homeless Youth,



to assist in locating and providing hygiene care-packs to homeless youth in downtown Las Vegas. Katie Hughes, Hilarie Rajkowski, and Gemma Aeschliman helped Habitat for Humanity install insulation at a recent home build site. During their final weeks of on-campus requirements, the occupational therapy students organized and produced a community event as a final requirement for their leadership training portion of the curriculum. The community event allowed the community leaders to explore Touro University Nevada's campus and share with the school their organization's missions and purposes.

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The community organizations that participated:

Habitat for Humanity:

*Housing options for families

S.A.F.E. House:

*Shelter for victims of domestic violence

Living Grace Home:

*Shelter for pregnant teenagers

Center for Independent Living:

*Housing options for teenagers and Safe Place sponsors

Catholic War Veterans:

*Program to benefit veterans

Head Start:

*Education for at-risk preschool children

Nevada Partnership for Homeless Youth:

*Outreach and housing options to homeless teenagers



**Letter From The Editor:
“The Golden Rule”**

Stephanie Morbeck, OMS-II

After being personally affected by the actions of the careless gastroenterology centers in Las Vegas, I began to contemplate why healthcare professionals would ever consider putting their patients in harm’s way. It seems that since we take a “first do no harm” oath before beginning our practice of medicine, we would put patient safety and wellbeing first. But we get busy and distracted, continually thinking of the business side of medicine. Money seems to cloud the judgment of professionals of all types these days.

I began to think about the implications of this judgment call and how it will affect the lives of thousands of people. What if I had contracted a disease from this careless act? How would my life be different? Would I still be able to complete medical school?

This is one place in medicine where a simple kindergarten lesson would do some good. “Treat others as you wish to be treated.” If the possibility of catching these life-changing communicable diseases had echoed in the backs of the minds of these professionals, I hope they would think twice about putting their patients in harm’s way. I can guarantee that if I had such a scare at the back of my mind, I would rethink the reuse of biohazard products.

As future healthcare professionals, I hope that we keep this echoing in the backs of our minds. We are quick to judge doctors, nurses and other healthcare professionals who do not look us in the eye when we answer questions, who do not smile upon entering a room, or who “rough handle” us when performing a physical exam. Thus, we must take all of these feelings into consideration when treating our own patients someday. “Treat others as you wish to be treated,” because someday it may be you being tested for HIV.



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Touro Triathlon Team “Fit For Life” Dream Scarlet Sparkuhl Delia, OMS-II

Had you asked me a year ago whether I’d consider doing a triathlon, I would have gawked in shock, reminding you that I had spend nearly the first year of medical school sitting on my rear for 12 hours a day. I was in no shape to run around the block without getting winded, yet alone race in a triathlon for the first time. My classmate Sam Hawk convinced me that it was the perfect way to get back in shape. He had grown up doing triathlons over the years, and knew of one happening at Lake Mead in April ‘07, the **Rage in the Sage** triathlon. We started training that week-end.



Triathlon training has provided me with a perfect balance while in medical school. It’s a motivation and a challenge that works wonders for stress relief and staying fit. A triathlon isn’t something you just go out and do one day, it’s a routine of keeping up with workouts, challenging one’s physical limits and staying committed until race day.



Since *Rage in the Sage* last year I’ve competed in five triathlons, making my first rank at the University of California, Irvine Zot Trot over President’s Day week-end. Ask me today if I’ll do a race with you? Tri me...

Fit for Life week will take place April 12-20, closing with the **Rage in the Sage** triathlon on April 20, 2008. OMSGA has created a student triathlon team that will compete as two relay teams and eleven individual triathletes. Some of our team members tell their stories below:

As a member of team "Dynein" (along with Rex Villanueva and Todd Stearns) I am quite excited to compete in my first triathlon. I will be doing the running leg of our winning relay team. In days past I quite frequently trod the pavement. However with the knees of a 40 year-old on a 25 year-old body I have not been running as much as I would like to. So, I thought this would be a great way to hasten the degeneration and have a little fun at the same time.

*Matt Selleck, OMS-I

I have been an athlete my entire life whether in competitive sports or just maintaining my health and stress levels throughout my higher education.

However, I have never had the opportunity or time to participate in a triathlon. When OMSGA offered to sponsor student athletes I decided it was time for me to finally accomplish something I have always wanted to participate in. After researching the event and discovering that it will also benefit the Leukemia & Lymphoma Society, I thought what better way to race for a great cause in an area of medicine I hope to dedicate my life to. Since Touro University has given me the opportunity to live out my dreams of becoming a physician, it will be wonderful to represent the school in such a great event.

Tracy Wurm, OMS-I

My motivation for racing is to fight against the scenario where I am the med student that studies all day and gets fat! Lame, I know but that is all I got! And they are a lot of fun to compete in.

Mark Wansgard, OMS-II

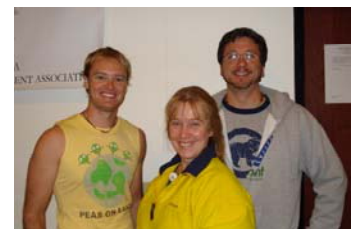
As med students we are addicted to punishing ourselves (e.g. long hours of class and studying, lack of sleep, eating microwave ramen with Red Bull) so when the opportunity for more punishment came along, Jake Woods, Sam Mikhail, and Kieron Barkataki screamed SIGN US UP! We decided that our mental abuse of cramming monumentally ginormous amounts of medical information was not enough and that a triathlon could balance the equation by adding an element of physical torment to our lives. This way we can trade grueling hours in lecture halls for grueling hours in chilling water, on uncomfortable bike seats, and beating our knees into the pavement. Hence, Team Ibuprofen is born. Envy us.

Jake Woods, Sam Mikhail, Kieron Barkataki, OMS-I

The Touro Triathletes include:

Matthew Carlson, Sam Hawk, Mark Wansgard, Destry Washburn, Lindsay Hahn, Scarlet Sparkuhl Delia, Adam Hebbon, Brigid Maruszak, Beth Sweeney, Tracy Wurm, Jake Woods, Sam Mikhail, Kieron Barkataki, Matt Selleck, Todd Searns, and Rex Villanueva.

Come support the Touro Tri Team at the **Rage in the Sage** triathlon, Saturday April 19, 2008, Lake Mead National Recreation Area. <http://www.bbscendurancesports.com/rage.html>





Pain and Suffering

Travis Snyder, OMS-III

Consider it pure joy, my brothers, whenever you face trials of many kinds, because you know that the testing of your faith develops perseverance. Perseverance must finish its work so that you may be mature and complete, not lacking anything.

- James 1:2-5

When pain enters the consciousness the soul uplifts, the mind becomes joyful, and thanks and praise is given to God. What a wonderful opportunity, delivered by pure grace, sent by the wings of angels. Oh pain, oh suffering, oh teacher, lead me to the light and fill me with your blessings. How grateful am I for your coming.

- Swami Sivananda (paraphrasing)

As healthcare providers, our patients often come to us with the hope and expectation that we will relieve their pain, both physical and mental. We may find it more difficult to aid others while remaining mired in our own similar inescapable afflictions. Pains and sufferings of any kind are experienced quite differently individually and cannot be teased apart from base happiness. Thus, a fundamental philosophical analysis on the nature of pain, suffering, and happiness is merited.

One perspective starts with the idea that happiness does not arise from external events; life experience does not emerge from the set, but from the camera; our current perceptions, our very consciousness, arises entirely from within, and changing the processing, without exclusive focus on the input is the key to increasing our happiness and understanding. In other words, getting a good grade in CS or attaining our number one residency spot will not result in an increase in happiness (long term), but neither will the unmentionable reverse have opposite effect.

If this premise is true, then pain and suffering must be viewed quite different from standard convention. Pain is a red flag, a blaring "fix me!", a lighthouse in a frothy sea of turbulent emotion and thought. Pain is our imperfections jumping out at us, allowing us to address them and increase our understandings.

Should we not be thankful for pain? If not for pain how can we know we are walking in the wrong direction, with our habits, values, and

ways of thinking askew? Look around, what it is that really gives us pain shall be our greatest uplifter if we open our hearts to it and act and address it in the proper way. True changes in our base happiness can occur if we alter how we view, perceive, and process life events: from disappointment, frustration, and anger over a residency selection to acceptance, self-reflection, and joy; from irrational exuberance and pride over a board score to detachment and humility.

Of course, it is easiest to blame the outside world for pain in order to temporarily ignore or suppress these negative thoughts and feelings. These maneuvers are undertaken as true self revelation about the nature of the pain would cause much angst and violently shake our egos and world-views, causing great further discomfort in the short term. It is not human nature to ponder and philosophize and think of long term happiness during a painful experience, rather we become emotionally fixed and attached to our immediate experience and seek to relieve it through any means necessary. It requires great concentration and strengthening of the higher thought processes to detach from the immediacy of painful sensual experience and emotion. Indeed, much of our conscious experiences could be said to resolve around this constant mental battle between short and long term pleasure. The simplest example is one we've all experienced: eating those chocolates and feeling immediate gratification vs long term tummy ache and accompanying mental cloudiness. The way we feel after such a sugary gorge tells us many things if we care to listen.

If viewed correctly and carefully pain could even become a central plank of spiritual and emotional development. It is sought out joyously, for each new discovery means more eventual healing, greater enlightenment and increased emotional maturity. But these advances are only possible if pain is viewed as almost a form of pleasure, an apparent oxymoron except that one attempts to witness the pain as third party, to detach from suffering in order to appreciate beauty in its meaning. In other words, when the intellectual joy and the higher thought processes overcome the natural emotional fixation of pain, true learning and permanent happiness unfold.

Phobias are the easiest pains to cure because they are obvious and blatant, as by definition we understand their nature. Most people with phobias understand their sufferings are irrational and so

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the higher mind already has a decent jumpstart. It is the deeper fears which are tricky enough to entice the logical reasoning part of our mind into believing we are justified in our fear (or that our fear comes from an external event). It is necessary to cure these phobias not because of the inconvenient avoidance of said phobia, but because the emotion of fear itself, our emotional wrong understanding of the world, is rooted in our phobias. Better said, a phobia is worth eliminating because the very idea of fear in an external event is incorrect and strongly perpetuated (emotionally) by a phobia.

One proven method of curing phobias is by desensitization. What is your phobia? Heights? Force yourself to the tallest place you can tolerate and embrace the fear as it envelops you. Observe it as a scientist would observe electrical fear impulses in a brain on his machine. It will soon lessen. Bugs, insects, bees, wasps, spiders? Seek out these creatures and meditate upon them, observe the mind as it recoils in abject terror; think, 'silly mind, bless the fear in thee;' laugh at the mind as you would a young child. Such phobias are more disturbing and their effects more widespread than we realize. They invade even our dreams, unsettling the subconscious, enabling nightmares, and ruining countless hours of sleep.

In a second year psychiatry lecture I recall a story by a lecturing psychologist about a woman who had been in a horrible car wreck and thereafter had a panic attack every time she sat behind the wheel. He put her in his car and said, "we're going to stay here until you can drive." She immediately had a panic attack in the car, but she didn't leave the car. She had another one when she started to drive. His response, "go ahead wreck it!". She pulled over and recovered and then drove and drove. It took them all afternoon, but she was cured. It felt as if a great weight had been lifted and her whole emotional state shifted; better sleep, and sense of well being ensued. That she is now able to drive is somewhat irrelevant, because the improvement of her life and PTSD symptoms is the real story.

Dislikes are more insidious than phobias, because there often appears to be some valid reasonings for them. In other words, the higher thinking mind will often concur with the lower emotional mind. When we smell putrid milk, we actually feel emotions of disgust. These emotions are painful (smelling putrid milk is not fun!), yet we reason this pain is natural and is there to tell us not to drink the milk. Now this is true, from an evolutionary perspective, but why can't we function without being consumed by these negative emotions arising? There is nothing intrinsically 'bad' or 'negative' about putrid milk. It simply is what it is. The qualities we assign it are false, arising from imperfections within us. In fact, could one not experience the beauty of spoiled milk, and still refrain from drinking it? Certainly there is something beautiful about the unique sensation of spoiled milk as it percolates through our consciousness. Indeed, there is something glorious about the very nature of consciousness itself, regardless of origin and flavor.

Upon reflection, we might even find our sensation of the spoiled milk, negative though it may be, highly dynamic, with our given experience greatly dependent on our immediate mood. For example, if we are already stressed and late to work vs on the phone with a loved one sharing a happy moment, our discovery of the spoiled milk will manifest quite differently. If we could raise our base happiness to a certain bar, we might even find our experience of the spoiled milk not painful at all. In fact, we might find very little actual pain in life, a goal only achievable by the embrace of the very pain we seek to eliminate. In fact, theoretically, pain and suffering cannot truly cease and joy, knowledge, and understanding cannot permeate everything we do until our desire to eliminate pain is extinguished, along with, finally, even our joyous desire for pain to show us the nature of ourselves.

Similar to phobias, taming our likes and dislikes involves some manner of desensitization technique, going against the grain, prodding our stubborn minds, until we realize our dislikes are also our own creations. People we dislike reflect things about ourselves we dislike. When we judge or insult or slander, we really judge, insult, and slander ourselves, and stain only our own character. Practically, there exists much difficulty in how the mind processes an attempt down this path. For example, consider 'Dharma,' an Hindi yogic term, which can be defined as a combination of individual fate, duty, *(Continued on Next Page: Pain and Suffering)*

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and talents. We like what we are good at, are drawn to do our part in the world, and are naturally attracted to people who help us facilitate beneficial information exchange, ie aid us in accomplishing various physical and mental tasks. How one can walk this razor's edge, this fine line, between discomforting the mind to awareness of its fallacious dislikes and the danger of straying from one's Dharma, really has no logical answer. Increased discernment and perceptions of the finer points in this balancing act will surely become clearer with judicious meditation/prayer and spiritual practice.

Some of those versed in western psychology and psychiatry have arrived at many of these conclusions independently of our friends to the east. These authors describe depression as the body/subconscious telling the conscious mind something relevant and important. He describes cases where a change in job, relationship, or other major (or even occasionally minor) life adjustment completely cured a patient's depressive state. In effect, listen to the pain, what is it telling you, where is it coming from? When the mind is calm, ideally after consistent meditation/prayer, or even purposeful sleep, the answers may be more perceptible.

Major depression and other more serious cases of mental illness are much more difficult. These cannot be cured simply by changing relatively superficial aspects of one's life. These states may indicate pathology of an entire worldview, emotional circuitry, and value system, notwithstanding possible biomedical components. Part of the mind has strayed so far from what leads to long term happiness and thus major depression, also described as self loathing, is the body's way of alerting the mind to these transgressions. Yet even this depression, horrible though it may be to experience, should be approached and appreciated in the same fashion as minor pain. It will be far more difficult to assess from whence the sufferings originate and the mind will likely have to undergo major reprogramming over a long period of time before positive results are seen. Certainly anti-depressants along with major lifestyle changes can give one a temporary or permanent helpful crutch in these cases, especially if the cause is more organic, stemming from an underlying medical condition.

We often get caught up in futile intellectualization of the reasons for what we interpret as 'senseless pain': the death of a family member, a random car accident, a freak illness, the suffering of a young child. However, this line of reasoning starts with the premise that something is 'bad.' But is not this attempt at objectivity clouded by subconscious arrogance? How can we know every effect of a particular event which transpires? After all, even the most painful and horrendous events must have some benefits; perhaps hidden due to societal bias against analysis of human growths stemming from tragedy and suffering. Or, perhaps these gifts are selectively given to those who quietly view the event from the proper perspective.

If we are to travel down this path of skewed intellectualization, it may be best to instead start with the premise that the world and humanity are constantly evolving towards the positive. It is certainly true that humanity, as a collective, is spiraling towards ever greater and more positive economic, political, technological, medical, social, and, most importantly, spiritual/religious development. Perhaps it is better to trust in this than dwell on the 'unfairness' of a particular event or causes behind our particular mental state or a mental shockwave ricocheting through a particular community.

Which brings us to a final point, our role in this interacting network, this computing living biological matrix of humanity. When we face and learn from our pain, our discomfort, and our dislikes, we alleviate not only our own suffering, but also the sufferings of others. Consider vexing persons who we dislike, loathe, or are even treated badly by. These people have been called 'gems' for the growth, strengths, and benefits they can instill in an open mind. If the higher mind is able to overcome the illusions of rising negative thoughts and emotions, we help not only ourselves but also our 'adversary'. By an 'unwarranted' gracious or generous act or manner the offending person is faced with a perfect mirror, and the nature of their own actions and thoughts suddenly lose camouflage and finally percolate into consciousness. In fact, circumstances permitting, great positive learning can transpire if one makes a special habit of forced interaction with people the mind perceives to dislike or disapprove of. A dark brooding person who lashes out at those around them is begging for this type of treatment from those more advanced souls floating around the network. Serving others in this way not only enlightens the self, it benefits the entire world. Aligning oneself with God's will in such a selfless manner will surely bring forth the greatest glory and happiness.

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do10-smorbeck@tunv.org

Deputy Editor:

Amy Clark
do10-aclark@tunv.org

Contributors:

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do10-smorbeck@tunv.org

The 'Universal' Debate: Why We Need A Single Payer System

Mythri Sharma and Justin Schreiber, OMS-II

When people see the words "single payer health care" a lot of images come to mind. Some view it as a great way to change a broken health care system, while others view it as a danger to health care workers and patients. However, we can all agree that there needs to be a change in the US health care system. This article focuses on why we need a change in the system, what a single payer system is, and the different types of proposals.

First, it is important to acknowledge some of the glaring weakness in our current health care system. In 2005, the US spent \$2.3 trillion (15.3% of the GDP) on health care, the highest of any country in the world (*Organization for Economic and Co-operation Development (OECD) Health Data 2007). Switzerland came in second with 11.6%, which is more than a 3.7% difference from the US (Figure #1). The median for the OECD countries is 8.6%, making the US almost double the median. What do we get for all this money we spend? Well, in terms of life expectancy, we are at 77.8 years (OECD Health Data 2007), which is below the average for the OECD of 78.3 (Figure #2). However, Switzerland, which spent the second most of their GDP on health care, had the second highest life expectancy with 81.3 years old. When comparing infant mortality, one sees that the US averages 6.8 deaths per 1,000, which is above the average of 6.0 for the OECD (OECD Health Data 2007) (Figure #3). In fact, the US has the second worst infant mortality of the developed world with only Latvia behind (CNN 2006). Switzerland again has one of the lowest with 4.2 per 1000. So what do all these statistics mean? Basically, the US is not getting what it is paying for while other countries using systems that provide greater health care coverage for cheaper are getting better results.

The numbers do not begin to show the impact that our health care system has on those who are uninsured. Currently, there are about 46 million or around 18% uninsured people (Census 2006) (Figure #4). Even more concerning is the drastic number of people who are underinsured. These people not only have inadequate health care leading to a higher chance of chronic illness or mortality, but they also seek the most expensive health care, waiting to go to the emergency room instead of seeing a primary care physician. For those with no insurance or adequate insurance,

the cost of these expensive visits gets passed onto the rest of the consumers. The huge cost of insurance is also due to the tremendous amount of overhead through unneeded staff, ridiculous profits and many other costs that take away from patient care. Currently, private insurance companies bring in 10-25% in overhead while public insurance programs such as Medicare bring in as little as 2-3% (New York Times 2007). Where is this overhead going? Well, some of it is going into executives, such as the CEO of CIGNA bringing in \$11.5 million. Another part of it is going into people without a health professional degree telling the health professionals what tests are best for their patients. These are just a small number of problems that exist today in our current health care system, but there are other options.

To start discussing a single payer system we first have to define the terms. For example, what is Universal Health Care? With the upcoming elections, it is one of the most popular topics in the current presidential race. Universal Health Care is an umbrella term describing a health care system that has every person covered by a health insurance plan, either by a mandate or a government covered plan that is the same for each person. Within this umbrella of health care, there exist many types of plans. There is a single payer system, which says that the payment of health care all runs through a single system (government or other). This does not necessarily include the actual distribution of health care. So you can have a single payer system where the government pays all the costs of health care, but hospitals and doctor's offices still remain private. The traditional socialized system (UK and Canada for example) has the government as the single payer as well as a public health care delivery. Then there are plans that provide a mandate for everyone to have health care (as seen in Massachusetts and California). These mandates are accompanied by various ways to insure that all people can purchase health care. However, this generally means that they get emergency health insurance only, thus not solving the problem of underinsured people. The plans that exist or are currently being proposed include tax credits, individual mandates, employer mandates and expansion of current programs.

Tax credits for health insurance means giving lower income people a tax credit of a certain amount that could be used to purchase health care. The problems faced with this proposal is that it does not achieve universal coverage, as

(Continued on Next Page: UHC)



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AMSA

Diverse Patient Series: “The LGBT Patient”

Mythri Sharma, OMS-II

Sure, getting an A in anatomy might make you a good physician; however, most of us are striving to be *great* physicians. This is where the idea for AMSA’s new “Diverse Patient Series” comes in. AMSA is offering a series of programs that depicts the different types of patients we will encounter in our future practices. These programs have been geared towards addressing stereotypes, increasing awareness and understanding, and ultimately preparing us to become better, more compassionate physicians.

Following the success of “The Muslim Patient,” the latest installment has been “The LGBT Patient.” LGBT stands for lesbian, gay, bisexual, transgender. There were two highly interesting and informative events that discussed this topic that still seems to remain unspoken and unacknowledged amongst most people.

Starting off the day was a thought-provoking presentation by Robert Stone, DO. He first showed a video that portrayed experiences of transgender college students. The video gave a personal look into the lives of transgender students going through gender changes. Dr. Stone then followed with an intelligent discussion on the importance of being non-judgmental.

In the afternoon, guest speakers from UNLV Student Diversity Program gave a Safe Zone Training session. This program aimed to create a “safer, more civil community for all individuals, particularly our lesbian, gay, bisexual, and transgender (LGBT) members.” During this interactive session, we discussed the various definitions used in the LGBT community, talked about heterosexual privileges and the difficulties of ‘coming out,’ and learned how to be an ally. The personal touches added by the speakers allowed for an effective and inspiring training session. Following the training, each participant received resource materials and a Safe Zone sticker. The sticker indicates the participants’ willingness to create a safe and inclusive space for all LGBT individuals.

Overall, these two events were eye-openers for many participants. They gave people an intimate look into the lives of the LGBT community, the obstacles that they have to endure, and the courage it takes to be true to themselves. As future physicians, we can definitely benefit from the message that, regardless of how we choose to live our lives, we are all still human beings in the end.

AMSA

Diverse Patient Series: “The Muslim Patient”

Saima Khalid, OMS-II

For most individuals, the phrase ‘life and death’ has thoughts and beliefs of religion, faith, health and illness silently intertwined in it. Therefore, in the United States, which is a “melting pot” of diverse ethnic and religious groups, it has become essential to familiarize oneself with other cultures in order to offer competent care.

With this in mind, the AMSA Global Health committee kicked off the “Diverse Patient Series” with a presentation of “Introduction to the Muslim Patient.” The event was well attended by students, faculty, and staff from all departments at Touro University Nevada. The goal was to educate students about basic concepts that are unique to the Muslim patient, as well as dispel prevalent misunderstandings about Islam in the context of medical care. Topics covered included the traditional Muslim dress, the mandatory prayer requirement, modesty issues in reference to normal interactions between patient and medical provider, dietary restrictions, sexual practices, abortion, illness, and death.

During the presentation, it was repeatedly stressed that the most important aspect of treating any patient, Muslim or not, is communication. Being familiar with religious practice and obligations is very helpful, but always ask the patient for their preferences and show respect for them as individuals. In the race to find the “perfect” treatment, we often forget the humanistic aspect of the patient which plays a very vital role in successful treatment of an individual.

It is also important to realize that because the American Muslim community consists of approximately 7 million diverse individuals, there is no single strategy for effective health care specific to the Muslim patient. The overall goal of the lecture was to introduce the Touro healthcare community to the Muslim patient while emphasizing the important message, that communication is the most beneficial tool that can be used to better provide effective health care.

The next lecture of the “Diverse Patient Series” will be an “Introduction to the Jewish Patient.” Please watch the Bulletin Board for more information in the near future.



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ACOFPP

I Believe Children Are the Future

Maria Martinez, OMS-I

With so many events occurring in ACOFP this month it was difficult to pick a topic to write about in this month's newsletter. Events such as the election of new officers, the ACOFP national convention in Denver, and Adam Stone's talk on deaf culture (read more on bulletin board, ACOFP) it was very hard to choose a topic to elaborate on. I decided to choose a subject that incorporates a group that is near and dear to my heart, children. I believe that children are one of the most important focus groups when it comes to prevention and Tar Wars does just this. Tar Wars is a national tobacco free program that educates the children of our community about the risks of tobacco use. The program's three main goals are:

- *Educate and motivate students to be tobacco-free.
- *Mobilize health care professionals to become proactive in their community's health education.
- *Encourage community involvement in the support of the Tar Wars program.

Traditionally anti-tobacco programs have focused on the long-term effects of tobacco use like lung cancer, emphysema and an increased risk of heart disease. If you ask a fifth grader what it means to have emphysema they are unlikely to be able to give you an answer. They do however know what it is like to smell smoke on their clothes, see the stained teeth of a smoker and understand that spending \$112.00 a month on cigarettes could mean missing out on new video games and iPod downloads. These are the topics that Tar Wars focuses on in order to help children understand the short-term effects tobacco use can have on their lives. This is a very important message considering that at the very young age of 10 to 11 years old 2% are already using tobacco products; this statistic only increases to 26% of 10th graders and 34% of high school seniors (CDC). These increased rates highlight the importance of addressing tobacco abuse and its effects very early in an effort to decrease these rates and prevent further tobacco casualties.

Along with educating children about short-term effects, Tar Wars also arms children with critical thinking skills to see through the misleading advertisements that have been tobacco companies' main means of attracting minors to their products.

Touro University, along with educators and health care workers from all 50 states, has the opportunity to present this tobacco-free message to over 7 million children worldwide throughout the next three months. It is very important as health care personnel, as well as osteopathic physicians, that we participate and contribute to programs focused at prevention. A dedication to children is also something to which we should all be committed. As the saying goes, "children are the future."

If you are interested in volunteering as a presenter, please contact Alesha Scott, OMS I. For more information on Tar Wars visit www.tarwars.org.

SOMA

DO Day On the Hill

Scott Thomas, OMS-II

Every April, DO students from across the nation descend upon our Nation's Capital like lumberjacks at a flannel sale. Touro students will again be able to take part in this momentous gathering of white coats. It is an opportunity for us, as student doctors, to meet with legislators



from the voting districts in which we are registered. Our diverse student body ensures that we meet with legislators from across the country. We are able to share our message with representatives from such states as Nevada, California, Utah, Idaho, Texas, and even

Kentucky. What a fabulous chance to share the message of osteopathy and lobby for legislation involving health care!

Last year's visit addressed issues such as SCHIP, Medicare physician repayment, and Graduate Medical Education. Furthermore, we returned with memories such as our self-guided tour of the Capitol and a visit to the national monuments with our personal DC guide, "Whiskey Dave." These numerous activities provided us with a chance to meet other osteopathic students and establish contacts that will last a lifetime. Our pictures and memories mark the fun that was had and remind us of the bonding that took place with our classmates and fellow student physicians.



Rubbing shoulders with the people that change policy is not a typical day for a Touro medical student. Our lobbying efforts provide a voter's perspective and help to influence a bill's coming to fruition.



As we pack our bags for another year of influence and adventure, we prepare for an even grander charge towards Washington DC this year.



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AIG Do You Believe in the Ether Bunny?

Erica Birlew, OMS-II

Judging by the overwhelming number of people who attended the Anesthesiology Interest Group's first meeting "Introduction to Anesthesiology" on March 6, the answer is a resounding YES! Dr. McMurrin, pleasantly surprised by the large number of attendees, presented to the filled lecture hall exactly what anesthesiology is and hinted at how to explore our options for an anesthesiology residency. After attending the meeting and enjoying a delicious Kosher turkey sandwich, Art Hatch (DO10) realized that his true calling was to be a "Guardian of the Patient."

Chris Wells, President of A.I.G., and Erica Birlew, Vice-President of A.I.G., also informed the group of future events that will be presented through the A.I.G. such as Simm Man Workshops for learning how to entubate and various other programs. Please refer to:
<http://tunaig1.googlepages.com/>

for upcoming events.

SAAAPA Kicks for Kids

Vickie Lisowski, PA 2009

SAAAPA (Student Academy of the American Academy of Physician Assistants) is hosting a Charity Kickball game! Come see the PA class of 2009 take on the DO class of 2011 in the Kickball Challenge of the Century! Donations from the game will go to the Nevada Childhood Cancer Foundation. Admission prices are \$5 for adults, \$2 for kids 5-12 and children under 5 are free! The event will be held on Thursday April 10th at 6:30 pm at the baseball fields at 1950 Silver Springs Parkway. Come out and support your classmates and a great charity!

Thank You!

Gambling and the College Student

We all like to think we have the internal resources to succeed to accomplish our goals, but sometimes when the stresses are high, a little diversion can feel like a good thing. Living in Las Vegas poses some complicated threats that don't exist in other environments. It is not uncommon that gambling gets in the way of college students' achievements as it does for many other individuals in our community - it simply sneaks up on us. It is a particularly dangerous phenomenon when it is so readily available as it is here in the Valley.

I recently attended a conference on problem gambling with the intention of forming a plan related to how to establish a role for the occupational therapist in evaluation and treatment for the problem gambler. As usual, I have stepped into a world that will entail a great deal of additional work and study - but the possibilities are apparent. Also, carving out a role for the occupational therapist in this "new world" engages my thinking about how a TEAM APPROACH is needed. I offer myself as a "go to" person if you are interested in discussing formation of a GAMBLING STUDIES GROUP here on campus. Are you interested in the topic of intervention for the problem gambler? Are you willing to spend time exploring the field and its impact on health? If so, please feel free to contact me. I am pursuing self-study at this point and would welcome any others on campus who are interested in collaborating.

Karen Picus, EdD, OTR/L
Director, School of Occupational Therapy
Office: 702-777-1811



UAAO Excellence and Balance

Judy Turner, D.O.
Assistant Professor of OMM

"We are what we repeatedly do. Excellence then, is not an act, but a habit." **Aristotle**

This is one of my favorite quotes. As a recovering perfectionist, it is hard not to "over do" activities in my life to achieve excellence. Unfortunately I am no longer able to continue without a break.

Mentally and physically the body requires a respite.

Most of us have been the top performers of our class in undergraduate training, sometimes without much effort. Then, we are "thrown" into a medical school class with a hundred brilliant students. How can we compete? They are smarter than us. They look better. They seem to effortlessly know the answers.

To compensate, we spend countless hours studying. There are many sleepless nights. Our diet consists of sugar, caffeine and more sugar. We use food to fall asleep at night and caffeine to get going in the morning. Any exercise program we had is out the window or reserved for weekends or holidays. Lunch or a movie with friends is an ancient memory. Our loved ones wonder if we are still alive. If we just keep pushing we will achieve excellence and our dream of becoming a physician will come true.

But what defines what this level of excellence is? Class test average, actually learning the material, passing boards, or patient care, are some of the possibilities. We cannot possibly know everything.

As block exams are fast approaching, I wanted to share with you my ideas.

I am learning balance in my life. The dictionary definition of balance as a verb is "to bring into or maintain in a state of equilibrium".

Learn to summarize the material, make charts that can be studied and added to. We learn anatomy in anatomy, pathology, physiology, clinical science and OMM. After the first class, the material should be reviewed. If you are learning the material for each class, you are working too hard. I encourage you to work smarter, not harder.

What does equilibrium mean to you? Take a moment to look at your life. I encourage you to add balance to your life. If you don't, no one else will.

I promise if you add balance to your life in body, mind and spirit, you will do better academically. It doesn't have to be big changes. Things that can make a big difference can be as simple as going for a walk with a friend for 20 minutes, drinking 2-3 liters of water daily, eating 5 fruits or vegetables a day, meditating for 15 minutes before you leave your home, calling a friend from your home state, planning a day trip (3-4 hours) on the weekend with family or friends, scheduling what you study and when you'll study it (to prevent all night cramming sessions), finding ten things everyday to be grateful for, or (for procrastinators!) being on time for class.

You decide what is important to you, what refreshes you, what your soul needs to be whole. If you find balance in your life you will achieve excellence and enjoy the journey that is your life.

As Emily Dickinson says "A little madness in the spring is wholesome even for the king."

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Financial Aid **last minute deadline** for 2008/2009 academic year is **April 15th.**

Avoid late fees and late refunds by completing all required financial aid steps by 4/15/08.

File 2008/2009 FAFSA online at www.fafsa.ed.gov after completing 2007 federal income tax return.

If you (and spouse if married) are not required to file tax return, file FAFSA now and submit Non-Filing Statement form to Financial Aid office.

List Touro New York school code on FAFSA: 010142.

Review Student Aid Report (SAR) online for follow up messages. Dept. of Education will e-mail link to you within a week of filing FAFSA online.

Cost of Attendance, Touro Financial Aid forms, and Non-Filing Statement available on web: www.tu.edu. Current Students/Nevada/Financial Aid.

Complete 2008/2009 Touro Financial Aid Packet and Touro Student Loan Request Statement Forms. Thoroughly review to ensure forms are fully completed before submitting.

If enrolled full-time, leave number of credits blank on Touro Financial Aid Packet form. Enrolling less than full-time? Indicate number of credits per semester on form.

Determine your own personal budget for the 2008/2009 academic year which cannot exceed Cost of Attendance. Borrow conservatively.

Apply for Grad PLUS or Private loan online by end of March, BEFORE receiving your financial aid award letter to avoid delays.

Unlike the FAFSA which requires New York school code, use Touro branch code 25 on Grad PLUS or Private loan application. Touro branch code 25 is shared by Touro Nevada and Touro, Vallejo, California.

Financial aid award letters will be sent to Touro e-mail accounts starting in April. Expect to receive your financial aid award letter a few months before the new academic year begins. No need to return signed copy of letter unless you are requesting changes.

Contact Financial Aid office if you have not received your financial aid award letter within a month of the start of the new academic year.





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AMSA

National Conference
March 13th-16th, Houston, TX

Health Policy Week
April 7th-11th

Diverse Doctor Series:
Look for Upcoming
Discussions on the Homeless
Patient and Many Others

DONATE

To the Veterans Clinic!

Boxes are throughout the
school. Drop off toiletries,
canned goods, or cash
donations.

For cash donations or any
questions, contact
Jerry Huebsch
Do11-jhuebsch@tunv.org

AOASM

2nd Annual
"Divots for Doctors"
Golf Tournament
is coming soon!

Details: TBA.

**CONGRATS TO THE
NEW AMSA OFFICERS!**

President: Tim Newton
Vice-President: Jerry Huebsch
Secretary and Membership:
Stuart Wheeler
Budget: Rasheed Baya
Marketing: Heidi Kemmer
Recruit and Historian:
Jamie Sparrow
3rd Year Rep: Justin Schreiber

Committee heads:
Advocacy: Andrew (Abdelmalek)
Alternative Medicine:
Jan Badartscher
Community and Public Health:
Lysi Alimonos
Global Health: Rex Villanueva
Medical Education: Matt Selleck
Women in Medicine:
Amber Trobridge
Health Policy: Corey White

Special Interest Groups:
Business and Professionalism:
Matt Riley
Child and Adolescent Health:
Juliana Djokaklian
Pharm-Free Rep: Amir Rahnavard
Region X Conference Coordinator:
Parshawn Lahiji

Get Healthy! Get Fit!

Join the President's Challenge. Just
commit to working out for 30
minutes, 5 times a week from March
20-May 15, 2008. Get your friends
involved and start your summer
out right!

<http://www.presidentschallenge.org>

Group ID: 68297
Group Name: Touro Nevada

You can sign up and start tracking
today!

**Let the Navy pay for your
medical education!**

A recruiter and Navy
Doctor will be on campus

**Wednesday, April 2nd
@ 12PM.**

Come enjoy
free lunch while learning
about your future options!

**Last Sports Medicine
Journal Club**
Thursday, April 3
5:30-7pm

Dinner is free for members/\$5 for
non-members. All are invited!

Dr. Zinni will be on campus to
moderate and to tell us about his
medicalmission to Guatemala.
Contact Kim ([do10-
kgrillo@tunv.org](mailto:do10-kgrillo@tunv.org)) to RSVP.

MESSAGE FROM THE VP OF FINANCE

Students who need a reimbursement for a program,
want to resubmit a reimbursement request that didn't
get fully funded, or wants to ask ahead for a program
later in the year need to have their forms in by Fri-
day, March 29th at 11:59pm. This will be the last
chance of the year to turn in a funding request from
OMSGA. Please contact
Justin Schreiber (omsga_finance@yahoo.com)
with any questions.

Oh No!!!! Graduation!!!!

Need help? Don't know which forms to com-
plete? **Can't remember deadlines?** Don't know
who to talk to? Visit the new Graduation
website for all the answers!
[http://www.tu.edu/departments.php?id=53&page
=916&prev=1](http://www.tu.edu/departments.php?id=53&page=916&prev=1)



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AMSA
presents

Wine-tasting

Thursday April 3, 2008
@7pm

*Ventano's Italian Corner
and Oyster Bar*



*Get you tickets at lunch in the
atrium*

Contact Lindsey Hahn at
do10-lhahn@tunv.org for more info



Andy Hanson OMS-II



The following 911 transcript serves as a student profile, and a foretelling of something that may very well occur after the conclusion of Block 2:

Dispatcher: 911, what is your emergency?

Caller: He's gone mad! Mad, I tell you! He's using the guitar like it's some sort of battle ax – we can't get near him!

D: Calm down, caller; what's going on?

C: We were playing Xbox – you know, Rock Band – and then, out of nowhere, it froze and the indicator light went red—

D: Oh, no. The Red Ring of Death.

C: – and we've had tests all week, man! It was just too much for him and he *lost it, man, he just lost it!* One minute, we're shredding in Rock Band, and the next, my Xbox controller is being used as a chain-whip – it's too damn much for anyone to han—*LOOK OUT! (crashing sounds) Flank him! NO, not the cat! Brent, get Ashley's cat away from him—*

D: Sir, are there animals in the home?

C: Oh, man, the *cat...* the pizza hadn't arrived yet – he must have been hungry.

D: Sir, is there any way you can restrain him? It's been our experience that they tire themselves out in a few minutes.

C: No, that's what I'm trying to *tell* you, man: He's hopped up on Monster and he's hanging from a moving ceiling fan and swatting us with the guitar –

D: Ah, the perfect 3-60 defense... impressive.

C: He's – *Parshawn, no! Don't look him in the eye! Andy, put him down, he's no threat to you!*

D: Is Parshawn the cat?

C: [choking] It doesn't really matter anymore... oh, geez, the carpet! *Yeah, Matt, I know we're not getting the security deposit back now, you smart a—*

D: Sir! You have to help him find his anchor – something to pull him out of his Rock Rage! Something that *defines his very existence that can bring him back!* What can you tell me about him? Quickly, man!

C: He went to UC Davis, he quotes movie lines, he drives an Audi, he –

D: Does he wear those pretentious driving gloves? I hate those guys...

C: Can we focus, please?! He wants to be an ophthalmologist, he loves foreign food, and – *Dave, don't move – he can't see you if you don't move! Duck!* [crashing sound] *He went through the wall! He went through the wall!*

D: What else? Hurry, sir, he's nearing critical mass!

C: Uh, lemme see, Davis, Audi, Ophtho, he likes techno....

D: Use the techno.

C: Are you sure? I think it might provoke him or something... *Dude, get him OUT of the GAS oven, he'll kill us all!* Fine, we'll do it your way... Pray this works...

[Armin Van Buuren begins blasting in the background] It seems to be working – wait, it's all too much! Oh, Lord...*No, Hanson, Nooooo!!!*

D: Caller? Hello? Is anyone there? I can hear you breathing...is this...?

C: [A different voice] *There is no Dana, only Zuel.* [Click].

Lois Nosker OMS-II



In the pantheon of superheroes, one needn't look further than Superman, Wonder Woman, or Batman for examples of gifted individuals who, time after time, protect society from evil in a brilliant tango between lawlessness and justice. However, if you've never bothered to look beyond the top echelon of crime fighters, you may have missed one important figure in the fight to save humanity: Lady Hammerstrike. She was once just like you and me, until the fateful day when the paths of Student Doctor Lois Nosker, a radioactive meteorite, and a stray ballistic missile from a failed National Defense Shield test all intersected in a glorious fireball of space debris and taxpayer money. Her exterior may resemble that of a Utah/Hawaii ski/surf bum, but underneath the unassuming façade is a super-dense, nanite-infused, bioalloy death chassis. *Surely you jest*, you might be thinking, *she's an over-zealous Good Samaritan, tops.* Oh, no, my friend, you just haven't seen all the signs. In early 2007, she survived a full speed battle charge from Ryan Proctor, who happens to be made of titanium. Without so much as a thought to the crater in the basketball court, she finished the game and told Proctor to quit being such a crybaby, something no one has done since the Arbor Day Massacre of 1994. How is it that such a hero could be living among us in obscurity? One word: Funding.

The financial resources needed to maintain a successful superhero operation are far greater today than in the 1950's when all you needed was a fedora and chrome-plated pistols with ivory grips. Heroes of today are subject to the inescapable trappings of a system that necessitates the use of longer grappling ropes, faster rocket packs, and smokier smoke bombs. Ultimately, crime-fighting simply wasn't paying the bills for Lady Hammerstrike. "Wonder Woman has her own *invisible jet*," she said. "Do you know how long it takes to respond to a robbery call in a '99 Ford Explorer? I'm lucky if I get there in time to sweep up the glass. Oooh, look at the big hero! Protecting society from minor cuts and scrapes! Whatever. At least I'm not stuck with her fuel bill." When asked if she had ever considered taking on a side-kick to bear some of the burden, she dismisses the idea altogether. "Sure, partners in crime-fighting sound like a good idea, but soon it becomes, 'I need a raise to put new rims on the Hammer-mobile,' or, 'Can you front me a few flash-bang grenades to-night?'" or, "My girlfriend is pregnant and I need health insurance." Sorry pal, you're gonna have to wait for universal health care just like everyone else."

Jaded and nearly broke, Lois decided to change career directions. She enrolled in osteopathic medical school and now works to obtain the skills needed to fight disease instead of crime. She still moonlights as a superhero on the weekends, putting life and limb on the line, and receiving manipulative therapy from the OMM staff for damage sustained in battle. It's the perfect set-up: Lois receives world-class therapy for bionic skeletal dysfunction, and the D.O.'s are bound by doctor-patient confidentiality. Lady Hammerstrike finally has the support crew she needs and Touro has an extra security guard. The secret is now out in the open – you all finally know why Lois is perpetually injured and why the OMM staff can be seen whispering into matching wristwatches. Keep this secret inviolate...and whatever you do, don't set Turning Point to channel 88, or Lois will self-destruct.

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10. Student Profiles
11. Student Talent

Staff

Editor:

Stephanie Morbeck
do10-smorbeck@tunv.org

Deputy Editor:

Amy Clark
do10-aclark@tunv.org

Contributors:

Robyn Nelson, DNSc, RN
Mitchell Forman D.O.,
FACR, FACOI, FACP
Karen Picus, Ed.D., OTR/L

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Recipe for Biryani

Ingredients:

| | |
|---|------------------------|
| Beef/ chicken/ mutton | 2 1/2 cups or 2-3 lbs |
| Basmati rice (washed and soaked for 30mins) | 3 cups |
| Yogurt | 1/2 cup whipped |
| Tomatoes | 2 medium, round slices |
| Potatoes | 3 peeled and halved |
| Onions | 1 large, finely sliced |
| Garlic Paste | 1 Tbsp |
| Ginger | 2 Tbsp chopped |
| Small green chilies (optional) | 5 whole |
| Green coriander (optional) | 1/2 cup chopped |
| Mint leaves (for garnish) | 1/3 cup chopped |
| Ghee/oil | 1/4 cup |
| Shan Sindhi Biryani Mix | 1 packet |
| Yellow food coloring | |
| Deep baking pan | |

Method:

1. Fry the onions in oil on medium heat until golden brown. Add meat, garlic, potatoes, and stir fry until all the water has evaporated and the oil separates from the chicken on stirring.
2. Add Shan Sindhi Biryani mix, yogurt, ginger, green chillies, tomatoes and stir fry for about 10 minutes.
3. Add 1-2 glasses of water and cook the meat until it is tender (you can use a pressure cooker for this- about 15 mins does the job). Cook until all the extraneous water has evaporated and only gravy remains. There should be about 1 cup of gravy.
4. Fill a separate pan (for the rice) with water (quantity does not matter; it should be enough to cook the rice, since the water will be drained). Add the rice and allow it to boil until the rice is 3/4 of the way cooked. Remove promptly and thoroughly drain.
5. Place meat and gravy in the baking pan. Spread the cooked rice over the cooked meat. Add coriander and/or mint. **Do not mix the rice and the meat.** Sprinkle some yellow food coloring over the rice.
6. Cover the pan with aluminum foil and then with the pan top to make a tight seal and cook in a baking oven for 20-30 minutes at 325-350F.
7. Remove pan and mix the rice and chicken. Garnish with fried onions. Serve w/ diced salad in vinegar and plain yogurt

Submitted by Saima Khalid, OMS-II

Dish placed 2nd in the Global Potluck Recipe Competition