

SpartanDO *Journeys*

SPRING 2023



College of Osteopathic Medicine
MICHIGAN STATE UNIVERSITY

An Unexpected Journey Led to a Legacy of Care

Dr. Peter Gulick Positively Touches the Lives of Many



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Dean's Message

As dean of the Michigan State University College of Osteopathic Medicine (MSUCOM), many of you have heard me talk about the incredible work of our people – their care, passion, empathy and their commitment to others. So often, I am in awe of these physicians, students, researchers and our staff who support them.

As we share our newest edition of the *SpartanDO Journeys* magazine, we are not only sharing stories of the work of our own Peter Gulick, D.O., professor within MSUCOM's osteopathic medical specialties department, but also of the way he has partnered and navigated systems to treat patients diagnosed with HIV during his nearly 40 years with MSUCOM.

Dr. Gulick's attention to the patient is next to none. His compassion and love for humanity has led him on this incredible journey, a journey that brought him to the place where he was most needed, connecting with patients diagnosed with this disease when others were afraid.

He embraced them, putting their needs first and always finding a way to help them see the hope of tomorrow.

The stories and photos of Dr. Gulick and those he has partnered with during his career give you a small glimpse of this work and its impact. He's a physician whose patients find ways to remain in his care, even when they move. He's surrounded himself with partners whose compassion and care for others is remarkable.

As a college, we strive to educate our students to not only learn the very needed clinical skills, but also to serve patients, to put them first. Dr. Gulick provides us with an example of serving people and communities based on their needs.

We hope you enjoy this edition of our magazine. Thank you for taking the time to read more about our people and their work at MSUCOM.

Dean Andrea Amalfitano, D.O., Ph.D.



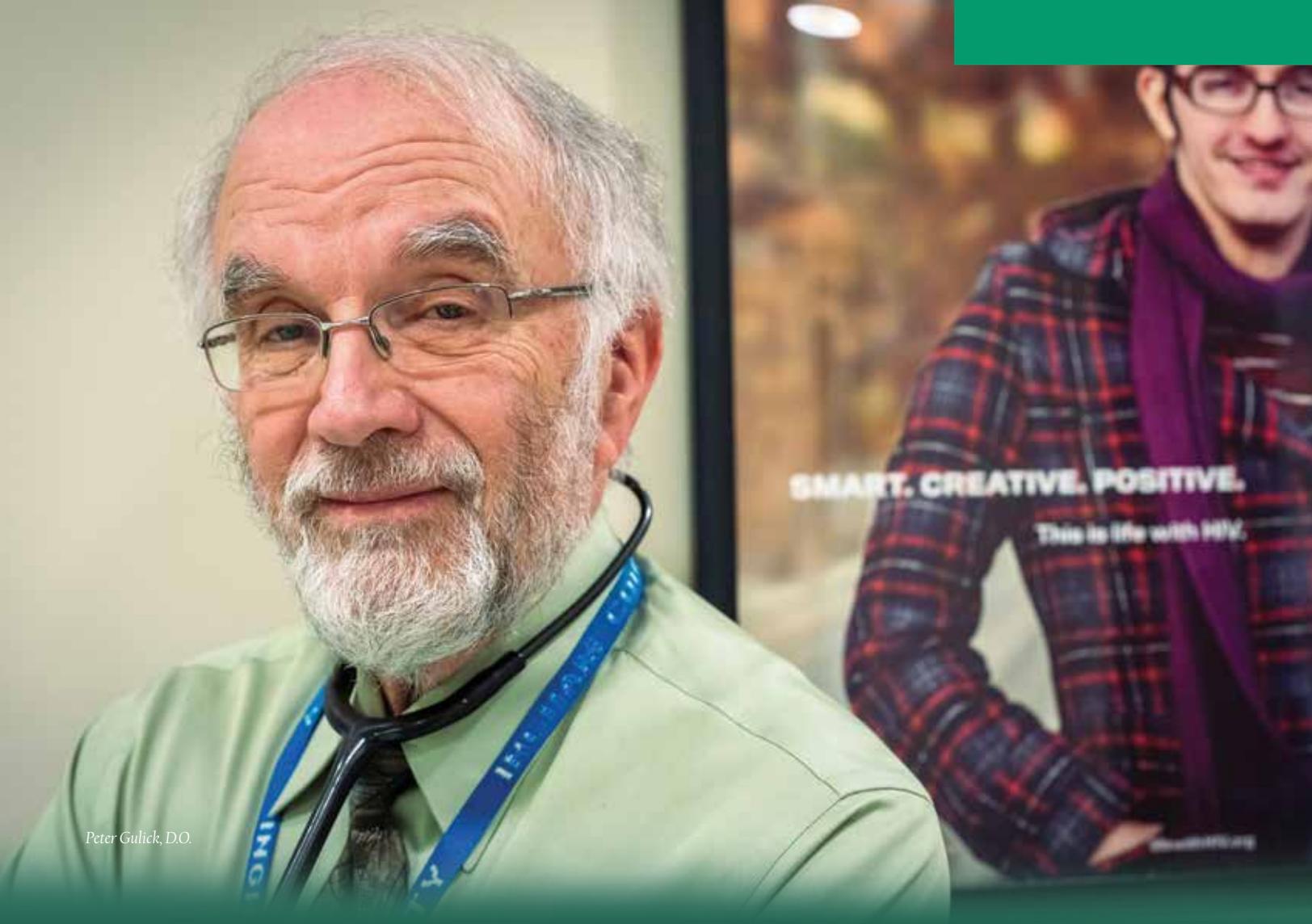
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Peter Gulick, D.O.

Dr. Gulick Builds a Foundation Supporting Patients with HIV His Touch Has Created Opportunity and Hope

We often hear the words, “it takes a village,” and while one person cannot do everything, one person can make a difference and move in ways that make others want to join them to create a stronger community. For those who live with the human immunodeficiency virus, better known as HIV, or work with those living with the disease in the mid-Michigan area, the village grew stronger in 1984.

That was when a new doctor came to the Michigan State University College of Osteopathic Medicine (MSUCOM) to teach medical students and serve patients who were facing cancer and infectious diseases, including HIV. Peter Gulick, D.O., professor within the osteopathic medical specialties department of MSUCOM, brought with him knowledge he gained during an infectious disease fellowship at the Cleveland Clinic, where he also completed a residency in medical oncology.

But it isn't only his knowledge and experience that has made him a favorite to his students, patients and the community — it's how he cares for patients and the compassionate and easy-to-understand way he teaches others about disease.



“Dr. Gulick explained everything to me,” said Sherry Jones, a patient of Dr. Gulick, seeing him at the Great Lakes Bay Clinic in Saginaw. She had changed clinics for a few years, but after seeing Dr. Gulick at a recent lecture, she asked if she could return to be his patient. Her first day back with Dr. Gulick was in early March. “Today, I’m looking forward to seeing him and thanking him.”

Jones remembers when she first met Dr. Gulick after being diagnosed with HIV, a time when she said she was weak. Before the medical treatment, Dr. Gulick got her orange juice and crackers. After explaining who he was, Jones said he told her, ‘I will take care of you, you’re going to get better.’

“He gave me confidence,” she said, adding it’s because of him she began working with others who were diagnosed with HIV.

When Dr. Gulick arrived at MSUCOM in 1984, HIV — a virus that attacks the body’s immune system — was still a relatively new disease and one that brought with it fear and even ostracization of those with the virus. Dr. Gulick remembers the early ‘80s as a time when those with HIV faced a death sentence with little treatment available. It was a time when many with HIV were admitted to the hospital knowing they would not likely survive.

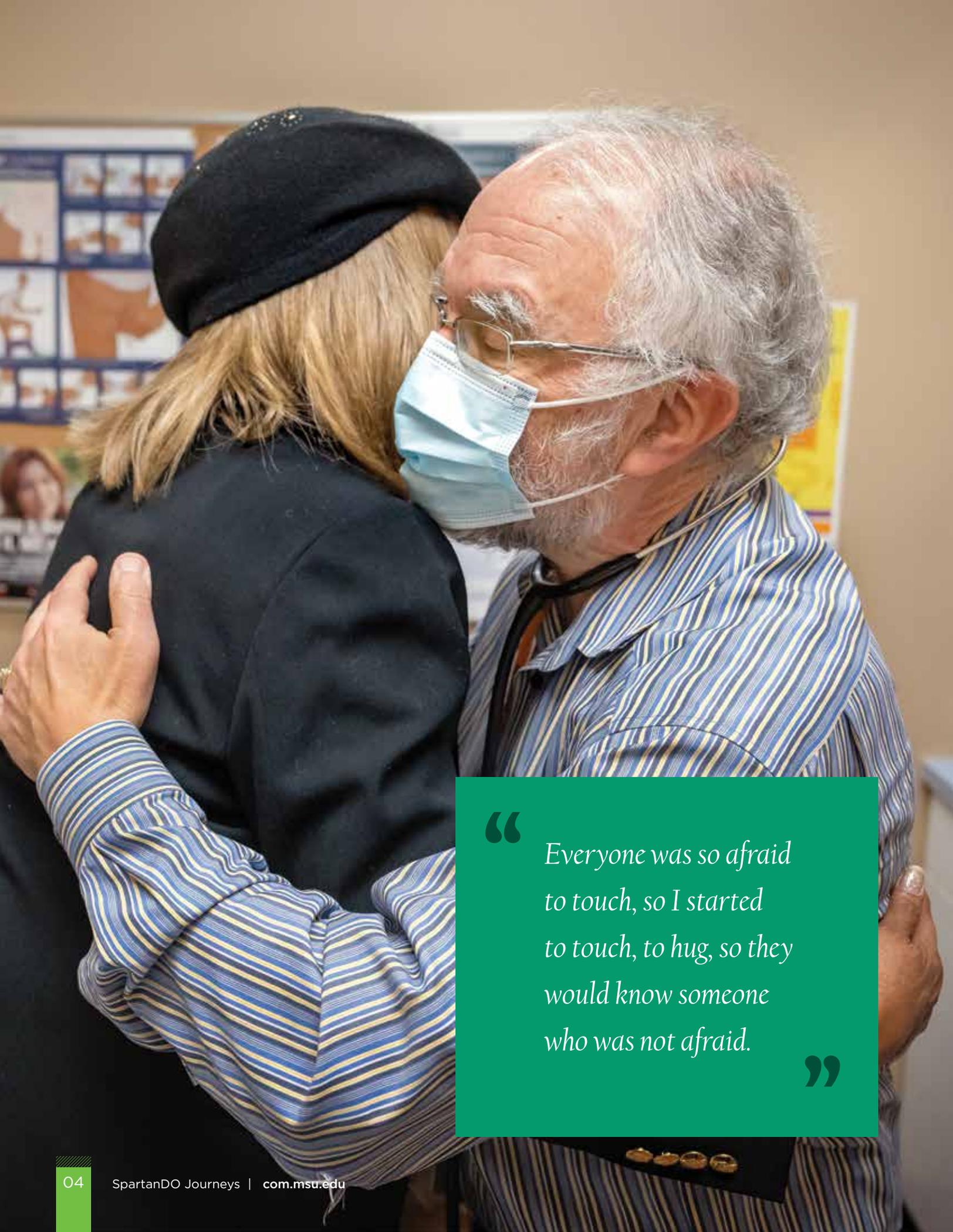
There were few in the medical community working in this area of medicine, Dr. Gulick said, and since he had the training from his time at the Cleveland Clinic, he “just kind of started doing it.” The patients were sick and needed care, he explained.

He found a patient population with little support, even abandoned many times by family. He began working

at the Lansing General Hospital AIDS Ward where he remembers patients in rooms with yellow tape barriers just outside. “When they were admitted to the hospital, it was like a crime scene with the yellow to make everyone aware they were patients with HIV,” he said. “Many times, food trays were left at the door. No one wanted to pass those yellow barricades.”

But he did.

“When they were admitted to the hospital, it was like a crime scene with the yellow to make everyone aware they were patients with HIV,” he said. “Many times, food trays were left at the door. No one wanted to pass those yellow barricades.”



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”

“There was not much we could do at that time other than follow them. It was so frustrating,” he said. “These were young patients with no other medical problems but the disease that was like a ticking time bomb.”

So, he began visiting patients, talking with them, encouraging them and supporting them through their journey. The journey wasn’t easy. “Patients would go to their rooms in the hospital and were so isolated — people even called it the morgue,” he remembers. “I got really depressed. To compensate, I would do funny things and make jokes. Patients really loved it and even told me ‘I know I’m dying but at least you’re coming in with a smile and joking with me.’”

In fact, one patient asked for a sign stating, “If you can’t smile, don’t come into my room.”

That’s when Dr. Gulick started shaking hands, he remembers. “Everyone was so afraid to touch, so I started to touch, to hug, so they would know someone who was not afraid.” He understood these people needed human contact, as well as medical care. Even as he was frustrated by the illness, he knew he needed to do more to care for the patients.

Dr. Gulick credits the patients with keeping him going. “You go into medicine to take care of people,” he explained. “This group of individuals were so appreciative for every little thing you did for them. It fed me because I made them feel better even if couldn’t cure them.”

He used all the tools he could find as a physician to help his patients, including leaning on his oncology training to never give up; there will be something coming. Any ray of hope that could build up these kind, gentle patients, he would use.

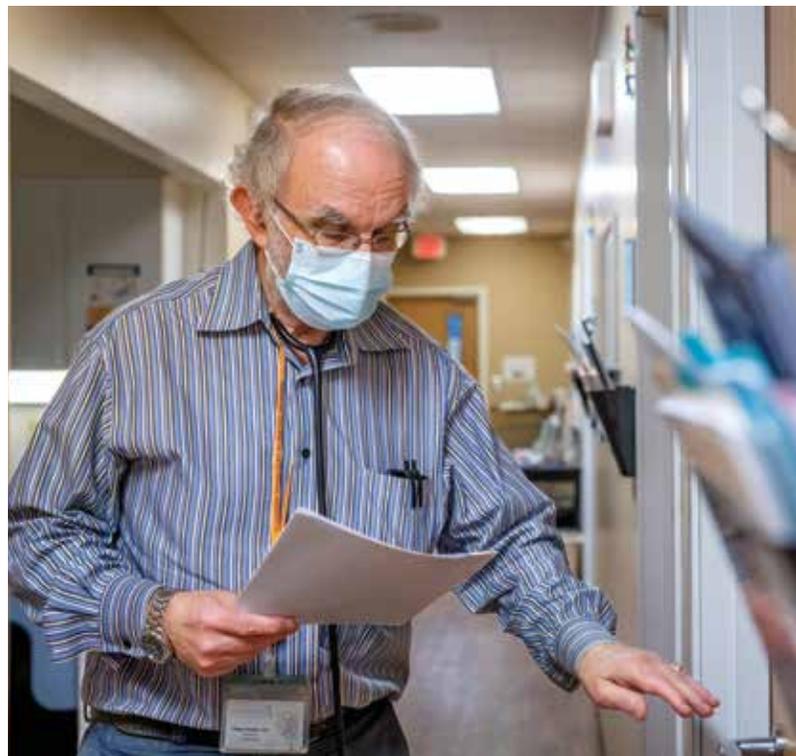
Dr. Gulick remembers the young patients, 25-30 years old, who were lost while fighting the disease. He remembers patients who, “actually looked at me and asked, ‘will you take care of me the same as someone who is not gay?’ I would answer them sincerely, yes, and was so surprised they asked,” he continued, adding he received similar questions from Black patients.

Those who know Dr. Gulick today talk about his human touch — holding hands, hugging patients, listening to them, supporting them and sitting with them. Patients want to see Dr. Gulick, whether he has been treating them for years or they are new patients who find him in the HIV clinics throughout Michigan where he serves as director or consultant.

“He would touch patients when no one else would — touch their hand — give comfort, time and let them know they were going to make it through this together,” said Alec Sullivan, MSW, senior program manager for Ingham Community Health Centers, managing HIV care, prevention and sexually transmitted infection (STI) care, prevention and treatment. “He’s a man of faith; radical love — he really cares about people. He is all in for patients. He’s an advocate for them, as well.”



*Dr. Gulick teaches future physicians at MSUCOM.
Photo courtesy of MSUCOM.*



Dr. Gulick reads paperwork as he enters a patient room at clinic.

“

You go into medicine to take care of people,” he explained. “This group of individuals were so appreciative for every little thing you did for them. It fed me because I made them feel better even if I couldn’t cure them.

”



Today, as Dr. Gulick reflects on his work, he believes he was meant to be here, in this time, doing this work. “I didn’t go into infectious disease intentionally, I was planning on working in oncology,” he said. “It was almost like someone telling me, ‘This is what you’re going to do.’”

Dr. Gulick said he’s grateful. The work has been rewarding and he would choose the same path if he were given the choice today. It’s the search for a cure for these patients — the ones he treats and supports today and those he’s lost along the way — that keeps him continuing in this work. “I’ve never seen a disease change as HIV. We’re looking for that cure and I want to be able to close the book.”

During his time as an infectious disease physician and working with patients with HIV, Dr. Gulick has seen the disease go from one that was a 100% death sentence to one that is now similar to a chronic disease that patients can live with.

He said new patients come in afraid and believe they will die from the disease. “I get to tell them your life can be just like somebody without HIV — you can have children, you can plan for the future,” Dr. Gulick said. “I tell them the facts and they break down and cry.”

The changes in the treatment of the disease have been incredible in the past 40 years. The average lifespan for patients with HIV was around six years and with acquired

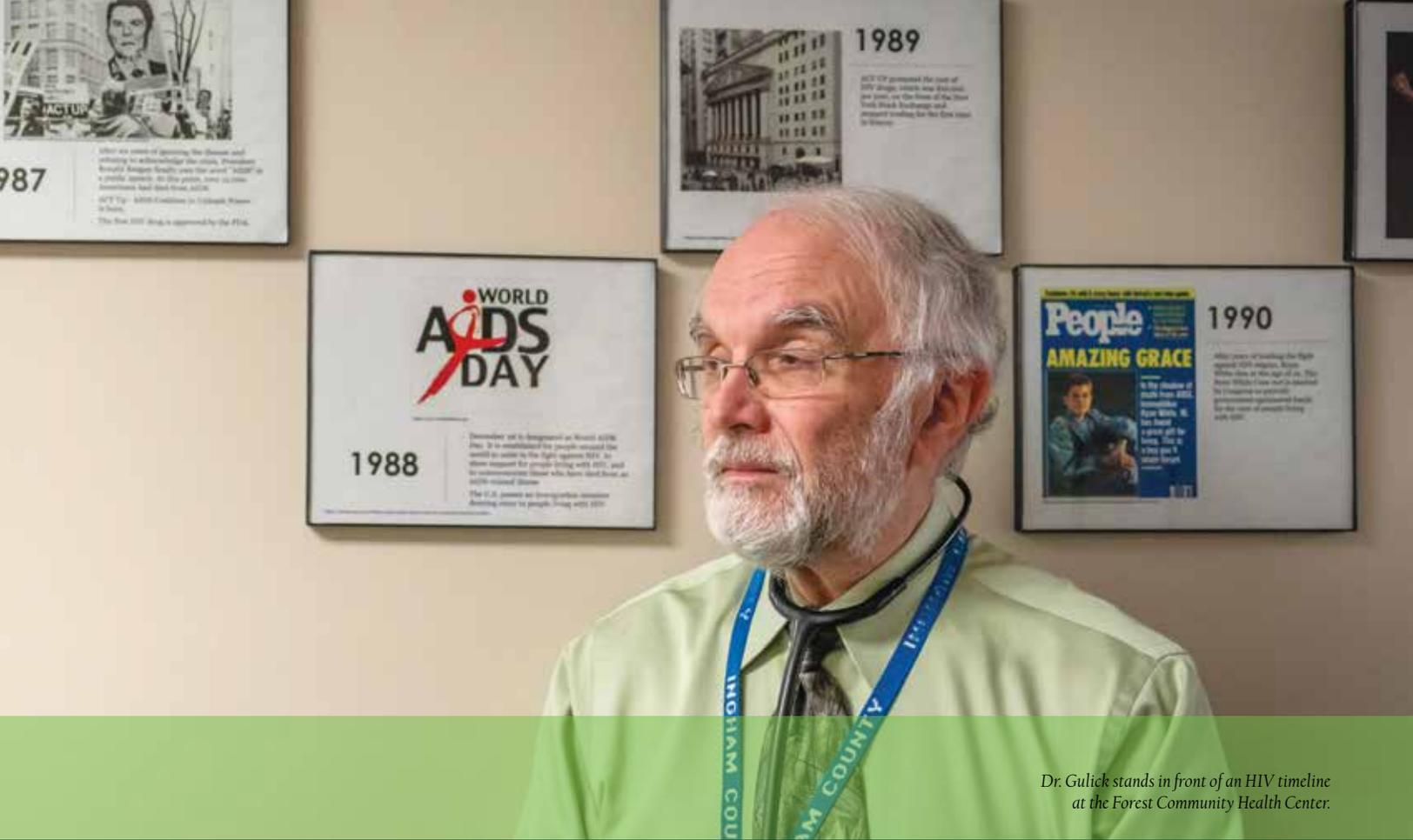
immunodeficiency syndrome (AIDS) about one year. Today, medication can help patients reach undetectable status, which means they can live as they had always planned. It also means they must take their medication as prescribed.

For example, Dr. Gulick remembers a patient who was just tired of taking medication. The patient was diagnosed with HIV in the 1990s and just didn’t want to take pills any longer. Dr. Gulick had to help the patient refocus. “I told him if he took his pills and could get to undetectable, then we could go to injections,” he said. “It gave him a ray of hope; something to hold on to.”

It took only a few months for the patient to get to an undetectable stage with his HIV, after which he was able to move to the bi-monthly injections — free from the daily medication routine.

Dr. Gulick has seen patients with HIV through incredible changes. He said he’s had patients since the antiviral drug AZT was developed in 1987, requiring patients to take medicine five times a day and providing minimal help. By 1994, different classes of drugs changed the entire spectrum.

Patients now had a new lease on life. The payoff was taking about 30 pills a day that also many times caused nausea, vomiting and other discomfort. It was difficult



Dr. Gulick stands in front of an HIV timeline at the Forest Community Health Center.

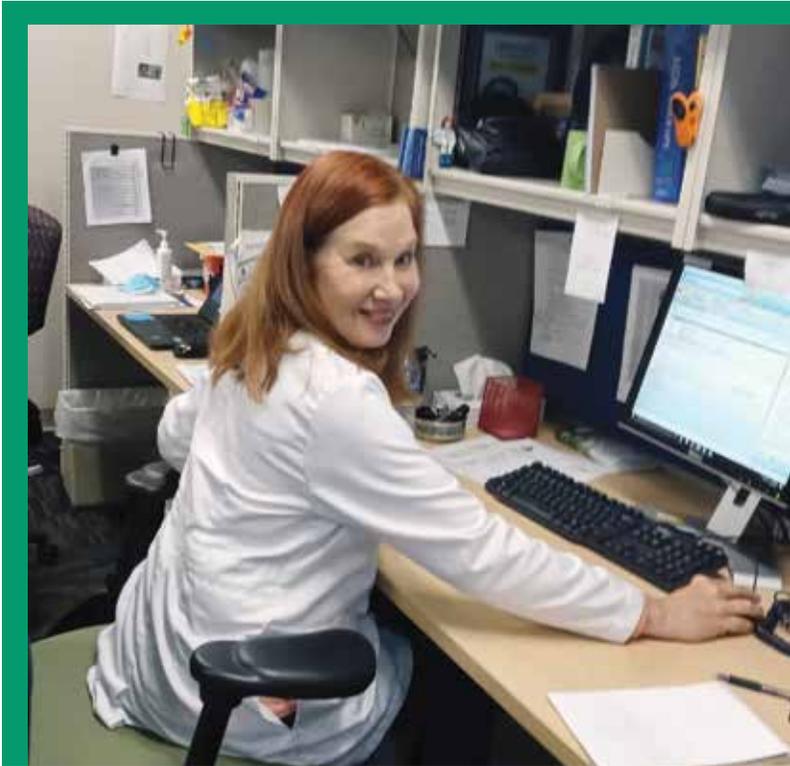
for patients, but Dr. Gulick continued to encourage them. “I would always tell them, ‘Don’t give up, new meds are coming.’”

And they did. By 2006, medications and treatment had been refined enough to require only one pill a day. He has patients who tell him today they continued with the medications because of him and his encouragement. “Because of you, I stuck in there and here I am now,” he recalls one patient telling him.

Dr. Gulick is thankful today to see people with HIV, who are taking medication as prescribed, have the life they dreamed of.

Although undetectable doesn’t mean cured of HIV, it does mean that even with the active virus, it is not causing destruction; it also means untransmissible. Looking forward, the hope for patients with HIV is to make medications easier, such as injections. And finally, the last step would be a cure.

A cure is the focus of current studies. Dr. Gulick said when it is found, he can close the book. The next day, he said, he can retire.



Carol Salisbury, N.P.



Dr. Gulick Works With HIV Clinics Throughout Michigan

Helping Bring Care Directly to Patients

Peter Gulick, D.O., has seen “tremendous improvements” in treating those diagnosed with the human immunodeficiency virus (HIV) in the greater Lansing and mid-Michigan area since arriving at the Michigan State University College of Osteopathic Medicine (MSUCOM) in 1984 and finding himself working to treat patients diagnosed with the virus.

His networking would eventually help him organize the first HIV clinic in Lansing not connected with a hospital, but instead associated with Michigan State University, and later connected with the Ingham County Health Department. Carol Salisbury, a nurse who worked alongside Dr. Gulick both in local hospitals supporting patients and in the clinics, is still a part of that team today.

Salisbury earned her nurse practitioner (N.P.) degree in 2003 and works at Forest Community Health Center, part of the Ingham Community Health Centers operated through a cooperative agreement between the Ingham County Health Department and the people of Ingham County. The clinic is one of three HIV clinics in the mid-Michigan area where Dr. Gulick serves as director of HIV/hepatitis C clinical services and sees patients each month, coordinating care for those with HIV and providing education to health care providers. In Ingham County alone, Dr. Gulick sees more than 500 patients each year who have been diagnosed with HIV.



Salisbury first started working with Dr. Gulick in the Lansing General Hospital's AIDS ward in the 1990s for four hours a week, where they treated an average of 50 extremely ill patients, she said. "We were putting out fires," she said. But in 1996, the polymerase chain reaction (PCR) test became available, providing the HIV count in blood. That, along with improvements in medications, began the long road to improvements in treatment for patients with HIV.

Today, Salisbury cares for patients' total needs as part of their care team, now helping patients diagnosed with HIV to control other health issues, including hypertension, diabetes and arthritis, among other diseases, and not solely focused on HIV. "Patients today are seeing other health issues as the medications for HIV are helping them to live as they would without the disease," Salisbury said. "We address diet, exercise, overall care."

During the many changes Salisbury has seen, referring patients to specialists for needs outside of their HIV treatment tops the list because these patients can look at life differently than the early days of the disease.

Through the years, Dr. Gulick has built relationships and partnerships with numerous health care providers, service organizations and patients, and those relationships have helped form a network to help get patients connected to all necessary services, including primary health care or specialists for other health needs, such as mental health services and tobacco cessation support, housing assistance, transportation to appointments and other services.

"Much of the population of those with HIV are transient, so we need to understand that and help connect patients to the other services they may need," said Alec Sullivan, MSW, senior program manager for Ingham Community Health Centers, managing HIV care, prevention and sexually transmitted infection (STI) care, prevention and treatment.

The fight against HIV has changed dramatically since the early '80s. Today, the clinics and partners work to keep people in care and keep their HIV suppressed and undetectable, which Salisbury said is about 92% for the Ingham Community Health Centers.

"We're passionate about the care we provide these wonderful patients," Salisbury said. "They're almost like family," she said talking about a memorial she would be attending for a patient she cared for for more than 20 years who passed away from other health conditions at the age of 80.

In addition to Forest Community Health Center, Dr. Gulick also serves as director of HIV clinical services at the Central Michigan District Health Department. Located in rural Rosebush, it is the only rural HIV clinic in the state. Here, he sees patients who are in more isolated areas, Dr. Gulick said. He sees about 150 patients a year at the clinic.

The third clinic where Dr. Gulick serves as director of HIV/hepatitis clinical services is the Great Lakes Bay Clinic in Saginaw, where he sees about 250 patients each year who have been diagnosed with HIV.

All three clinics receive funding from the Health Resources & Services Administration Ryan White HIV/AIDS Program. Lansing has two Ryan White funded agencies, the Ingham Community Health Centers and Lansing Area AIDS Network (LAAN). The two, along with Dr. Gulick, work together to best serve the community.

Dr. Gulick also serves as a consultant and gives lectures at other HIV and infectious disease clinics around the state.

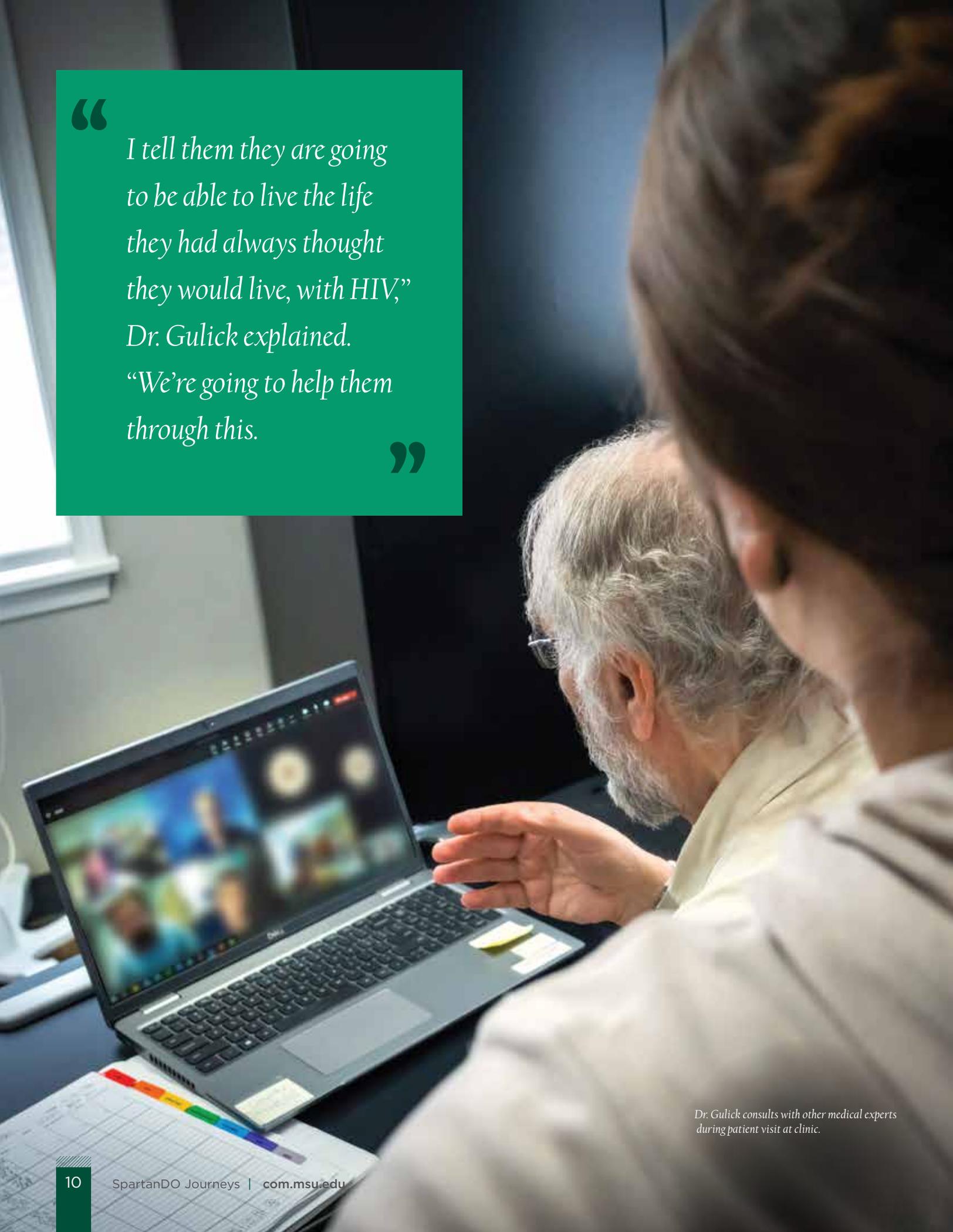
"It's been an incredible journey and different than most people or clinicians have had, a journey since 1984," Dr. Gulick said. "I'm like the last grandfather here."

“

I tell them they are going to be able to live the life they had always thought they would live, with HIV,” Dr. Gulick explained.

“We’re going to help them through this.

”



Dr. Gulick consults with other medical experts during patient visit at clinic.



Dr. Gulick talks with Kristina Schmidgall and Alec Sullivan during a clinic visit.

Forest Community Health Center, Lansing

During a cold February morning, a patient who recently was diagnosed with HIV arrived at Forest Community Health Center on Cedar Street in Lansing. Today, he would learn more about the disease and available treatment. He would also meet Dr. Gulick for the first time.

The patient entered with a smile and thanked the team there for his medical treatment and support. Within minutes of meeting Dr. Gulick, he held his arms out and hugged the physician who returned the embrace.

This is what it's like when Dr. Gulick meets a patient, Sullivan explained. "We're very lucky to have him."

Those moments are what trust is built on, helping patients to follow the treatment prescribed. "I tell them they are going to be able to live the life they had always thought they would live with HIV," Dr. Gulick explained. "We're going to help them through this."

Patients currently see Dr. Gulick every six months, either in person or virtually, for their HIV treatment, as long as they are following their treatment protocol and remain undetectable.

At the clinic, the focus is the whole patient, Sullivan explained. They are focused on growing as a specialty infectious disease team to continue Dr. Gulick's legacy and the good work. They work closely with LAAN, located just down the road. LAAN makes referrals to the clinic for medical care and the clinic team ensures patients know about the services provided by LAAN.

"Many patients they case manage come to us for care — all different types of care, including dental, primary medicine or they come to see Dr. Gulick," Sullivan said. The teams at the clinic and LAAN also present together at conferences

about strategies they have used to meet the needs of these patients. "We're looking at the whole patient."

In addition to working with LAAN, the clinic also has partnerships with local refugee services organizations.



Dr. Gulick meets with patient during clinic visit.

Ingham Community Health Center

Located in: Forest Community Health Center

Address: 2316 S Cedar St, Lansing, MI 48910

Phone: (517) 887-4517

Website: hd.ingham.org



Dr. Gulick meets with patient during clinic visit.

Central Michigan District Health Department (CMDHD)

The Central Michigan District Health Department (CMDHD) opened its doors in 2007, a time when there was little access to specialized medicine in the area and an identified need for this underserved population, said Lyn Campbell, BSN, supervisor at CMDHD in Rosebush. Originally, the only rural HIV clinic in Michigan was established further north in Harrison, but was relocated to where it sits today in Rosebush.

“*It’s a testament about who Dr. Gulick is that clients are willing to travel long distances to stay in care with him.*”



Dr. Gulick talks with Lyn Campbell, Supervisor at Central Michigan District Health.

The CMDHD clinic serves clients from the U.P. down to the Lansing area, and from the thumb area to Grand Rapids, spanning across 28 counties, Campbell said. Clients continue to come to the clinic because Dr. Gulick has been their infectious disease provider, sometimes since their initial diagnosis, and they find comfort in that relationship.

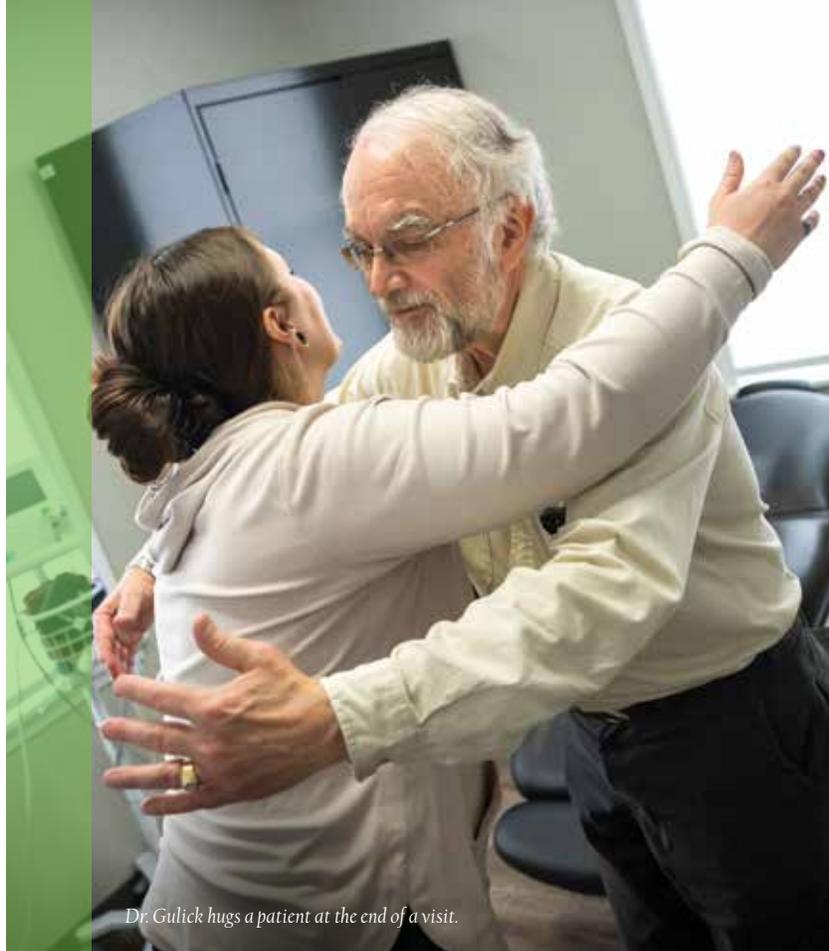
“It’s a testament about who Dr. Gulick is that clients are willing to travel long distances to stay in care with him,” Campbell said. “It’s important to have the same person walk with you on this journey, celebrating the highs, comforting the lows.”

On a snowy early March day, he saw one of these patients. After consulting with the team of medical professionals for the upcoming birth of her child, Dr. Gulick went over her chart with her. She hugged him. He told her he had known her so long she was like a daughter to him.

While every client at the clinic has been diagnosed with HIV, other services beyond infectious disease treatment are also provided, including primary care. CMDHD considers their clinic to be a “one stop shop” for client needs. In addition to managing their HIV diagnosis, the clinic also provides mental health counseling with a licensed counselor, medical nutrition therapy with a registered dietician and case management services. CMDHD staff work with clients not only helping to meet their medical needs, but also reducing external barriers by providing assistance with insurance, transportation, housing, tobacco cessation and dental care, so clients can focus on their treatment adherence, Campbell explained.

“Our goal is to not only help our clients be successful managing their diagnosis and medical care, but to be a champion in their life,” she said. “If we can help to decrease or eliminate outside burdens to allow the client to focus on themselves, then we are doing our jobs.”

This approach has had positive results, including CMDHD clients maintaining viral suppression rates greater than 97% over the past several years, and at times even reaching 100%, according to Campbell.



Dr. Gulick hugs a patient at the end of a visit.

Central Michigan Department of Community Health

Address: 2012 E Preston, Mt Pleasant, MI 48858

Phone: (989) 773-5921

Website: cmdhd.org

“ Our goal is to not only help our clients be successful managing their diagnosis and medical care, but to be a champion in their life. ”



Dr. Gulick arrives for clinic in Rosebush.

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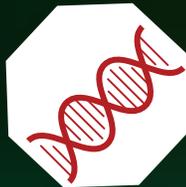
*He would touch patients
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”



1981

The first reported HIV case was in 1981. It was during the early days of the disease when so many unknowns brought fear, even within the health care community. During that time, the **Centers for Disease Control (CDC)** reported an outbreak in New York, dubbing it GRID (gay-related immune deficiency), associating the disease with a community already keeping a low profile.



1982

The disease was renamed **Autoimmune Deficiency Syndrome (AIDS)** in 1982.



1984

By 1984, a test for HIV was created, but even with a test, those with the disease were ostracized in many cases, including an **Indiana student, Ryan White, who in 1985 was barred from his school after he acquired HIV through a blood transfusion.**



1984-1989

From 1985-1989, the CDC issued safeguards for the national blood supply and does public outreach. **During the early 1990s, a health care worker was reported to have transmitted HIV to another person, according to the CDC, which also reported AIDS deaths increased.**



1995-1999

Between 1995-1999, therapies were introduced, including **the highly active antiretroviral therapy (HAART) and AIDS deaths declined, according to the CDC.**



2000s

By the early to late 2000s, the CDC issued recommendations for HIV prevention and testing, the CDC reported. Between 2010 and 2014, the U.S. began allowing non-U.S. citizens living with HIV to enter the country. During the same time, Preexposure prophylaxis (PrEP) was shown to prevent HIV transmission, according to the CDC.



2023

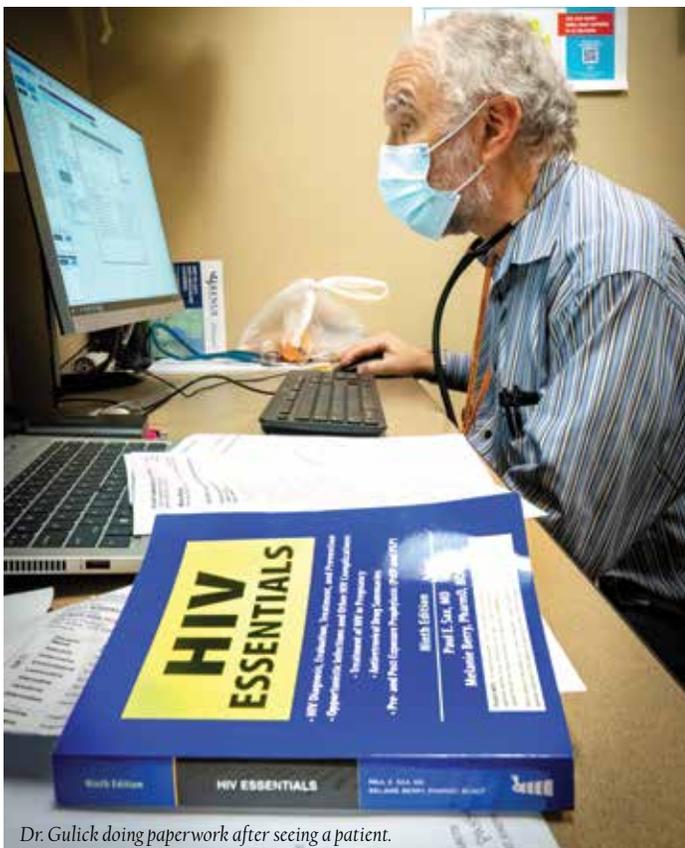
Today, patients can find treatment via daily and monthly pill medications or injections every two months to help them stay undetectable.

Information taken from the Centers for Disease Control.



Dr. Gulick and Jodi Yurgaites, RN, discuss patient updates.

Great Lakes Bay Health Center - Saginaw



Dr. Gulick doing paperwork after seeing a patient.

The HIV clinic at the Great Lakes Bay Health Center opened its doors in 2005, and in 2009, connected with Dr. Gulick after hearing about his work, according to Paula Peters, director of the clinic's special immunology medical services (SIMS) program.

At the time, Dr. Gulick said he would come until they could find an infectious disease physician who could assist. Now nearly 14 years later, Dr. Gulick continues to serve as the director of HIV/hepatitis C clinical services.

In the early days of the clinic, Jodi Yurgaites, RN, SIMS nurse at the clinic, said when they first began HIV testing, it was difficult to get many of the patients to come back. To change those outcomes, nurses do an intake before patients leave their doctor's appointment, she explained — whether the patient is at the HIV clinic at the Great Lakes Bay Health Center in Saginaw, in another clinic or at the hospital.

"Immediate support is key," Yurgaites said. Patients have a lot of questions and they're scared. They want to know if they will be able to have children, whether they will be OK, all of the things that go through their minds. And for some patients, their HIV status may not be at the top of the list. They may be worried about housing, insurance for their medication or where they will find their next meal.

"We help them tackle those other issues so we can get them into care," Yurgaites said.



Dr. Gulick speaks with patients.

Six months later, after that initial meeting, she said patients are doing much better. “They’re on their medication and physically feel better,” she said, explaining the relationship and trust built with them from the beginning is key.

It is important to be in areas accessible for those who need care, said Rachael Muex, SIMS manager at the clinic. “HIV impacts the community; it doesn’t stay siloed into a population.”

The clinic offers patients assistance with other needs and has a therapist on site for those who would like to speak to them. In addition, they offer tobacco cessation services. “There is very high tobacco use among these patients and tobacco cessation has become a strong focus,” Muex said, adding the clinic has a tobacco peer support program with a specialist who guides people through their tobacco use, even if they are not ready to quit, along with staff who are certified tobacco specialists.

Beyond working with the clinics and partners, Dr. Gulick takes available opportunities to teach others and lecture about HIV and other infectious diseases, such as hepatitis and COVID. He said the more knowledge, the better, and he’s open to most audiences. He’s taken his education “tour” to medical groups, physicians and other health care workers in the field, faith groups, churches and many others. He’s even lectured to the Michigan State Legislature discussing the need for funding for medicines for patients with HIV.

“Care is expensive,” he said. “If we could provide the medicine, it would mean a better quality of care for all patients.”

Great Lake Bay Health Center Davenport

Address: 3023 Davenport Ave, Saginaw, MI 48602

Phone: (989) 907-2761

Website: greatlakesbayhealthcenters.org



Dr. Gulick speaks with patients.

“ HIV impacts the community; it doesn’t stay siloed into a population. ”



Dr. Gulick looks through paperwork.

Connecting With Experts and Advocates Across Michigan

Building Networks of Support and Care for Those Diagnosed With HIV

Networking in business is common — making connections and building relationships that can help lead to opportunities. Networking has also been an invaluable tool for Peter Gulick, D.O., professor within the osteopathic medical specialties department of the Michigan State University College of Osteopathic Medicine (MSUCOM), as he connected with others serving patients with the human immunodeficiency virus (HIV) to improve care.

Through time, Dr. Gulick has found a team of people who share his compassion for patients and an unwavering commitment to help. The network has continued to grow, adding other physicians, researchers, nurses, people in the faith community and in social services, working together for a better future.

It is not only medical care needed by patients diagnosed with HIV, but also a variety of other services, including mental health support, spiritual support and housing assistance.

One of the organizations Dr. Gulick began working with early in his career is the Lansing Area AIDS Network (LAAN). The organization was started in 1985 by a group of volunteers responding to the HIV crisis in Lansing, said Kristina Schmidgall, LMSW, a social worker and executive director of LAAN. Schmidgall returned to the area about one and a half years ago from Detroit to become director of the organization she began working with years ago as a volunteer.

Today, a staff of 15 people, along with numerous volunteers, help to support those in the area diagnosed with HIV. The focus has changed from the reality of the disease in its early days, she said. “In the early days it was helping people die well,” she said. That, however, is different today.

“Once science figured out how we could help people live with HIV and live well, it has changed,” Schmidgall said. “We have clients who have been living with HIV for 35 years due to medication and the support provided.”

But like others working with patients diagnosed with HIV, LAAN sees the other needs of this population, including medical case management, housing assistance, food assistance and more.

“We do a lot of the support services,” Schmidgall said. LAAN is just down the road from the Forest Community Health Center where Dr. Gulick serves as the director of HIV/hepatitis C services. In fact, the groups have monthly meetings to discuss cases and combine forces, she said, ensuring everyone is aware of client needs.

“Sometimes a patient may say something offhandedly to the medical assistant, so having those relationships means asking them if they told those at the clinic,” she said. “Maybe they (the patient) started using drugs again. The person they are speaking with can remind them to let the clinic know because it may impact whether they are taking medications properly. The team can then discuss what can be done to assist.”

LAAN also works with other medical providers, local pharmacies and continuum of care for housing services, as well as the Greater Lansing Food Bank to stock LAAN’s pantry.

LAAN provides HIV testing at its office, but also has worked tirelessly over the years to get more HIV testing sites, including at the Capital Area District Library’s downtown site and the Salus Center, serving Lansing’s LGBTQIA+ community.

“We are all very collaborative,” Schmidgall said.

That collaboration includes working with Dr. Gulick. “We have so much respect for Dr. Gulick,” she said. “He does such a great job talking to clients, community members, staff agencies and other physicians. He speaks to the level of the individuals. He makes information understandable, without talking down to people.”

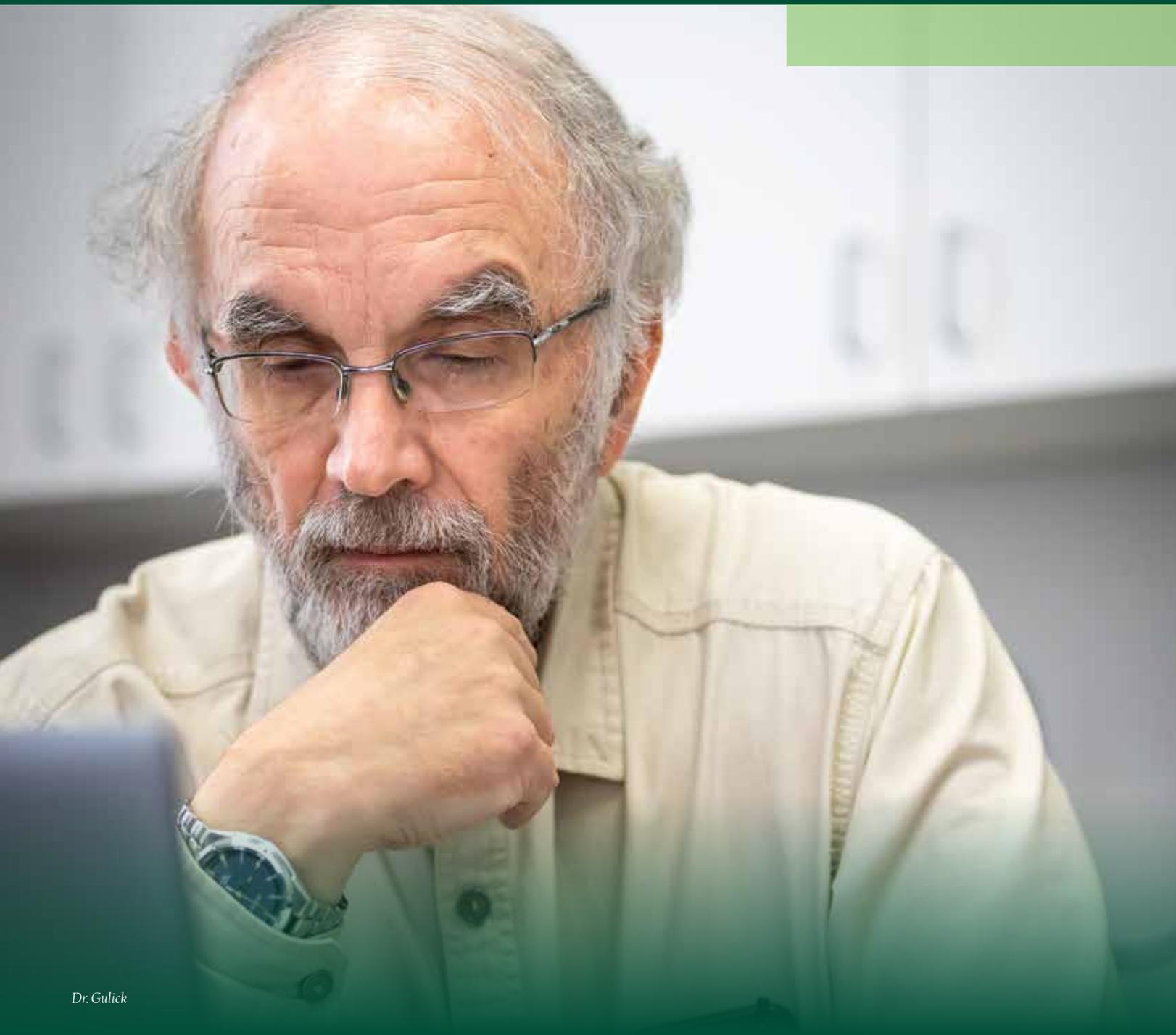
One of the things Schmidgall most admires about Dr. Gulick is his understanding of the needs of his patients and necessary services, recognizing that people need those services to ensure they are taking their medications to successfully deal with HIV, because everything else in life may be chaotic.

“He sees us as a partner for client success,” she said. “He doesn’t get angry at the patient; he gets angry at those who don’t serve the patient.” This long partnership has also included Mary Boudreau, a nurse practitioner (NP), who was a social worker and case manager with LAAN in 1994 when she first met Dr. Gulick. She was inspired by her work with Dr. Gulick and went back to school to become a nurse and then earned her NP.

“His overall dedication to the patients and their care has been amazing,” Boudreau said. “I remember sitting at a patient’s house and both Dr. Gulick and I taking meds with her (when numerous medicines were required multiple times a day) and saying we know it’s bad, but we can get through this.”



“ He doesn’t get angry at the patient; he gets angry at those who don’t serve the patient. ”



Dr. Gulick

Today, Boudreau continues working with patients diagnosed with HIV at the Central Michigan District Health Department in Rosebush, as well as another Ryan White HIV/AIDS Program funded clinic in Flint, where Dr. Gulick also serves as a consultant.

She said she has been fortunate to be involved with Dr. Gulick and the patients and others she's met through the years. "For me it's been an honor to work with people in some of their most difficult times," she said.

And Dr. Gulick's example is one she will always remember. When he first meets a patient, he asks them how they are

doing and then talks them through the journey of HIV, what it is and how treatment will work. He discusses the advances in science and medicine and the quality of life that patients can experience.

In fact, Schmidgall said, with an improved quality of life due to the advances in the treatment of HIV, more of LAAN's clients with the diagnosis who are on medication are doing well.

The message Schmidgall hopes the community takes away is, "HIV is in this community, and we are working to meet those needs and reduce the stigma. Our first

response needs to be, 'how are you doing, are you getting services you need,' not about their risk factor or how this happened."

She said that also includes how members of the queer community are being treated.

For Dr. Gulick, this means speaking to as many people and organizations as possible about HIV. That's how he got connected to another partner in this work and was invited to churches to speak about HIV.

"Faith can make such an impact for individuals – it's a source of support and comfort," he said.

Gospel Against AIDS

One of Dr. Gulick's partners is Rosalind Andrews-Worthy, founder and executive director of Gospel Against AIDS (GAA). She wanted to ensure those in her community diagnosed with HIV or acquired immunodeficiency syndrome (AIDS) could find the support they need.

"Dr. Gulick was on the front line of this when it wasn't popular to be on the front line," Andrews-Worthy said. "He was providing services for people living with HIV/AIDS and dying from AIDS-related illnesses when no one else would."

GAA is an interfaith-based HIV/AIDS prevention, education and direct care program. The organization's mission is to educate religious leaders on the transmission and prevention of HIV/AIDS and sexually transmitted infections (STIs). Andrews-Worthy and her team empower religious leaders and community members to become disseminators of this information within and outside of their communities of faith.

Andrews-Worthy started GAA 30 years ago after she was approached by a woman living with HIV who was desperate to find a church that was welcoming despite her HIV-positive status. She had experienced

stigmatization by several communities of faith, which, Andrews-Worthy said forges a detrimental gap in support services for people living with the disease.

Andrews-Worthy agreed to help find safe spaces for the woman, who was African American and had eight grandchildren, so she could pursue her religious beliefs while being embraced by a supportive community and connected to a network of health services. The two went from church to church knocking on doors in Detroit, asking for a few minutes of worship time to talk about HIV. While some churches allowed them to speak to the congregation and share statistics about how the disease was affecting African Americans, women and children in their communities, others did not.

From those grassroots, within three months, GAA grew from two women to 25 trainers and presenters across the state, country and world. The focus was training religious leaders on basic HIV/AIDS education, such as symptoms, contraction and prevention. The organization also provided anti-stigma sessions to help religious leaders reflect on their own unconscious bias and phobias related to the illness, and how to address the topic with members of the congregation.



Rosalind Andrews-Worthy

“Dr. Gulick was on the front line of this when it wasn't popular to be on the front line,” Andrews-Worthy said. “He was providing services for people living with HIV/AIDS and dying from AIDS-related illnesses when no one else would.”

To ensure information trickled down to the community level, GAA also helped train local congregation members, such as small business owners and parents involved with school-related organizations. Outreach expanded through communities, and training also reached prison systems, missionary groups and more.

“This began as an underground network of religious leaders who decided this unmet need was important to address, and they were the forefront to opening doors nationally and internationally,” Andrews-Worthy said, adding there will always be a need for education and information around HIV and AIDS.

That’s the role that Dr. Gulick plays in this partnership. He and Andrews-Worthy met more than 15 years ago and have shared a “mutual admiration with great respect ever since,” she said. “He has worked with us in the field, in soup kitchens and homeless shelters in the inner city.”

Now, Dr. Gulick provides cutting-edge health knowledge to communities that may not be able to easily access the information otherwise. Many populations that GAA serves do not have access to internet services or devices to keep up with real-time developments on COVID-19 and other illnesses.

This was brought to light when the world shut down due to COVID safety measures and many people living with HIV were not sure where to turn or what the pandemic meant for their health. In response, Andrews-Worthy called on Dr. Gulick and Theodore Jones, M.D., two experts on the front line of the emerging health threat, to help distribute critical information to communities served by GAA.

GAA launched an international webinar series to provide updates to people living with HIV on current health topics, including COVID, mpox and respiratory syncytial virus (RSV). GAA created presentation outlines and Drs. Gulick and Jones contributed up-to-date information that would be turned into accessible educational sessions.

The webinars, which continue today, are moderated by Andrews-Worthy and provide attendees with direct access to ask experts questions and find relevant, timely information. The trainings are translated in five different languages and are free of charge.

“I have realized the power of community,” said Andrews-Worthy. “If you have just a few folks in the trenches who have access to community-wide organizations, agencies and prison systems, they can reach hundreds of thousands of individuals.”

Thanks to generous donations and the help of volunteers, GAA was able to shift to virtual HIV testing to account for

the many people that have compromised immune systems. They also distributed COVID testing and vaccinations.

The virtual process was so successful that GAA no longer does any face-to-face HIV testing. Today, the organization has computers in churches, substance abuse treatment centers, homeless shelters and correctional facilities. Patients are provided with test kits as they enter a virtual room using Zoom. A professional will walk them through the self-test process, completes paperwork and confirms their results. If patients test positive for HIV or COVID, the site has protocols in place to direct patients to the next level of care needed.

“We had basic preparation for COVID because HIV had paved the way as an infectious disease,” said Andrews-Worthy. “Had it not been for understanding the mechanisms of HIV, we would have not been prepared to move as quickly as we did.”

GAA, which relies heavily on volunteers, also offers a continuum of services for people living with HIV and AIDS, including virtual support groups, music therapy, grief counseling, prayer and referrals to other health services. They help foster partnerships between agencies that may not have connected before, break down stigmatization around the disease and form relationships of understanding and compassion on both sides “for the betterment of humanity,” Andrews-Worthy said.

While serving those diagnosed with HIV is at the root of GAA’s work, it has expanded to meet the “plethora of needs.”

“When I look at the future of agencies, I am really hopeful,” Andrews-Worthy expressed. “There are young, bright people who really want to take the baton and move forward. I’m excited about what prevention will look like in the coming years.”

The work has evolved since Dr. Gulick first stepped into the area nearly 40 years ago. He continues to lecture about HIV and other infectious diseases to better educate the community and those working in healthcare and other supportive agencies. He’s had opportunities to speak at churches and other religious organizations, schools and even to the Michigan Legislature. He also does a lecture each spring at the Michigan Osteopathic Association conference.

“Education, I believe, is the way to get the right information out there,” Dr. Gulick said.

And his advice: “Be compassionate to others. The person next to you is human just like you.”



Bob Crawford, lab manager, discusses research information with Norbert Kaminski.

Partnerships Cross Many Areas, Including Research

Norbert Kaminski, Ph.D., professor in the pharmacology and toxicology department at Michigan State University, has been investigating the immunological effects of cannabis and compounds in cannabis. About 12 years ago, his work brought him together with Peter Gulick, D.O., professor within the osteopathic medical specialties department in the MSU College of Osteopathic Medicine (MSUCOM.)

In fact, it was Dr. Kaminski's lab that first identified receptors in the immune system that allow the binding of what are termed as cannabinoids, the active ingredients in cannabis, he explained. Going back to 1992, Dr. Kaminski's lab has received funding to investigate the mechanisms by which cannabinoids, including Delta 9-THC, alter immune function. His research in this area is supported primarily by the National Institutes of Health (NIH), and specifically, the National Institute on Drug Abuse (NIDA), which historically has been interested in learning how drugs of abuse act as cofactors with HIV, and the effect they may have on the progression of the disease.

Dr. Kaminski's work became more focused on HIV research in the context of cannabis. "I heard from one of my students about a physician in MSUCOM by the name of Peter Gulick who had a history of working with and treating patients with HIV," Dr. Kaminski remembered. "When I learned about Peter, I reached out to see if we could strike up a collaboration."

Dr. Kaminski reached out. He and Dr. Gulick discussed many topics, but one area NIDA was very interested in was called neuro-AIDS — the development of cognitive disorders in patients with HIV, with some similarity to Alzheimer's patients in that they developed dementia.

"It is well established that patients with HIV suffer from chronic systemic inflammation. To a large extent this inflammation is a result of the gastrointestinal (GI) tract serving as a reservoir for HIV. The local immune response to HIV in the GI tract can lead to a loss of tissue integrity and translocation of bacterial products into circulation, termed leaky gut syndrome, which activate circulating

“*When we looked at patients with HIV who used cannabis — the numbers of activated monocytes were greatly reduced and were almost identical to those without HIV.*”



white blood cells and induce inflammation. Certain types of white blood cells when activated become more susceptible to infection by HIV while also having the capacity to migrate across the blood brain barrier. Once in the brain they continue to cause low-level chronic inflammation that can damage and destroy neurons, which drives this disorder. Today, this condition is termed HIV-associated neurocognitive disorder, or HAND,” Dr. Kaminski said.

He studied the effects cannabis has on the immune system. Some of the cannabinoids that are part of the plant material suppress the immune system and are anti-inflammatory. So, they studied whether patients with HIV using cannabis exhibited decreased systemic inflammation, which could potentially protect against events known to cause neurocognitive impairment, Dr. Kaminski explained.

A large percentage of patients with HIV use cannabis, primarily to stimulate their appetite and to relieve some of the side effects of their medication. By studying the white blood cells of patients with HIV who used cannabis compared with those who do not use cannabis, Dr. Kaminski hoped to learn more. They already knew that white blood cells were involved in mediating the disorder in the brain and could be tracked in the bloodstream by certain proteins they expressed on their surface, he explained.

“We found early on that those patients with HIV who did not use cannabis had a very high proportion of activated white blood cells termed monocytes in circulation. These activated monocytes are inflammatory and also expressed proteins on their surface that assist in their ability to cross the blood brain barrier,” Dr. Kaminski said. “When we looked at patients with HIV who used cannabis — the numbers of activated monocytes were greatly reduced and were almost identical to those without HIV.”

That research was published in 2018 — two other papers followed later in the year — important to improving outcomes for patients with HIV. Dr. Kaminski said had it not been for the collaboration with Dr. Gulick and his rapport with the community, volunteers may not have been found for the study.

“Our main goal was to understand the biological mechanism responsible for the anti-inflammatory properties of cannabis,” Dr. Kaminski said.

“A lot of our work is now focused on understanding how these different cannabinoid molecules impact inflammation and these white blood cells called monocytes,” he said. “Understanding molecular events helps us pick the drugs we need, support work going into clinical settings and identifying therapeutic cannabinoids that do not possess psychotropic properties.”



SpartanDO Journeys

Spotlights

Alumni Spotlight

Congratulations to **Hamada Hamid Altalib, D.O., MPH**, associate professor in the departments of neurology and psychiatry at Yale University School of Medicine and Yale School of Public Health (Class of 2001), has been appointed as the next chief of neurology for the Veterans Affairs Connecticut Healthcare System. Dr. Altalib is an epilepsy specialist, neuropsychiatrist, epidemiologist and health informatics expert internationally known for research and clinical care in the mind-brain connection, integrating mental health with neurology.

Congratulations to **Carol L. Monson, D.O.** (Class of 1979), for the February release of her book, *Aging Optimally: Essential Tools for Healing Pain of Body, Mind, and Spirit*. You may learn more about Dr. Monson's work and her book at agingoptimally.org. The book may also be purchased on Amazon.

Congratulations to **Eric B. Lerche, D.O.**, who was recognized by Continental Who's Who as a Distinguished Orthopedic Surgeon and for his work with Traverse City Orthopedics and Sports Medicine & Alliance Surgery Center.

MSUCOM Student Spotlight

Congratulations to SpartanDO OMS-I **Lauren E. Grasso**, who was recently awarded a MSU Board of Trustees award. Each semester, the board recognizes graduating students for earning the highest scholastic average — a 4.0 GPA. Grasso attended the Lyman Briggs College at MSU and was a member of the Honors College.

Congratulations to all the winners of the **Michigan Osteopathic Association 2022 Autumn Scientific Research Exhibit** competition!

First Place: **Karisa Yu, OMS-III**

Second Place: **Alexander Shannon, PGY-4** and **Melissa Anderson-Chavarria, Ph.D., OMS-IV**

Third Place: **Urja Parkih, OMS-II**

MSUCOM
D.O.-Ph.D. Award: **Alan Halim, D.O.-Ph.D. student**

Miscellaneous: **Anthony Cholagh, OMS-II**

Faculty and Staff *Spotlight*

Congratulations to **Clare Luz, Ph.D.**, who was honored with the 2023 Distinguished Partnership Award for Community-Engaged Service for her work with the City of East Lansing Prime Time Seniors Program.

Congratulations to **Carolina Restini, Ph.D., Pharm.D.**, who was honored with the 2023 Distinguished Partnership Award for Community-Engaged Teaching for her efforts in developing community-based services and research that benefit the community and osteopathic medical students.

Congratulations to **Lawrence Mysliwicz, D.O.**, former MSUCOM Chief of Orthopedics and Director of MSU's Spinal Research Center, on the publication of his first novel, *Water Stops: The First Mystery in the Inspector Reader Series*.

Congratulations to **Bruce Dobey, PA-C, MHS**, assistant professor in the MSUCOM Department of PA Medicine, who was recently appointed as a technology and education feature editor for the *Journal of Physician Assistant Education*. As a feature editor, Dobey will be responsible for writing or soliciting two feature articles each year and working with authors to ensure that submitted articles align with the feature topic and are ready for publication.

Stephen Elmer, curriculum developer, was recently recognized in Spartan Shout-Outs by **Katie Ruger, Ph.D.**, senior associate dean, Admissions and Student Life, who said "Stephen is an incredible professional. He contributes tremendous value to MSU's College of Osteopathic Medicine and is always ready to provide support to the newest college initiative. He is a go-to expert and is very knowledgeable, dependable and creative. Kudos to you, Stephen!"

Karen Liby, Ph.D., professor in the Department of Pharmacology and Toxicology for MSUCOM, has received a prestigious Catalyst Award from the Dr. Ralph and Marian Falk Medical Research Trust. The \$300,000 grant will fund her promising cancer drug development projects.

Mary Kay Smith from the College of Osteopathic Medicine Learning and Assessment Center will work alongside Communication Arts and Sciences Professor Jeff Searl, Ph.D., who received a grant from the National Cancer Institute to create a virtual reality curriculum for healthcare professionals and students.

Congratulations to **Rebecca Malouin, Ph.D., MPH, MS**, MSUCOM associate professor, who was recently elected as a member-at-large to the Michigan State University Academic Governance Steering Committee. Among other duties, the committee advises the Provost regarding the appropriate faculty, academic and student governance bodies to consult on proposals for establishment, moratorium, discontinuance or merger of basic academic units, including departments, schools, institutes and colleges.

Congratulations to **J. Justin McCormick, Ph.D.**, former director of the MSUCOM D.O.-Ph.D. dual degree program, who received the Walter F. Patenge Medal of Public Service Award on May 12, 2022, the highest honor given from the MSUCOM. Aside from his position as D.O.-Ph.D. director, Dr. McCormick served as a university distinguished professor and principal investigator of the Carcinogenesis Research Group at MSU.

Andrew Olive, Ph.D., an infectious disease researcher in the MSUCOM's Applied Immunology Center for Education and Research, was awarded \$4.6 million from the National Institute of Allergy and Infectious Disease to study immune protection against tuberculosis.



Social Spotlight

msu_osteopathic

msu_osteopathic Swipe to see some of the sweetest therapy dogs who visited us recently at an event hosted by MSUCOM SGA and SOMA. We loved having these furry friends and their amazing handlers at Macomb University Center. Thank you to GO TEAM Therapy Dogs!

Liked by nikilanallabelli and 313 others

msu_osteopathic

“
Diabetes is widely considered a coronary heart disease risk equivalent.”

DAVID STROBL, D.O., FNLA
Senior Health System Executive, Director and Chair of the Board of the College of Osteopathic Medicine and Chief of Academic Programs

College of Osteopathic Medicine
MICHIGAN STATE UNIVERSITY

msu_osteopathic February is Heart Health Month, and to close it out, we talked to David Strobl, D.O., about heart disease, the risks, what we should know, and what we can do. Read more in the latest #SpartanDO Expert Take.

Liked by pluviophilic_jo and 247 others

msu_osteopathic

msu_osteopathic It was 12 years ago today that MSU College of Osteopathic Medicine unveiled our new buildings at the Macomb University Center. Today, about 100 students take classes at MUC each year and it is one of southeast Michigan's most advanced professional development facilities.

Liked by nikilanallabelli and 330 others

msu_osteopathic

msu_osteopathic The #SpartanDO Pediatric Interest Group is working to raise awareness of childhood cancer. Students recently handed out doughnuts and cider for a PIGS fundraiser outside of OMM at Macomb.

Liked by nikilanallabelli and 200 others

msu_osteopathic

msu_osteopathic We are #DOproud of all our #SpartanDO military, ophthalmology and urology students who went through early match this season! We look forward to seeing you embark on this next step of your #WhiteCoatJourney. Here are a few students celebrating their exciting matches. Congratulations, all!

Liked by jmtelang and 761 others

msu_osteopathic

msu_osteopathic Congratulations to MSUCOM OMS-I Lauren E. Grasso, who was recently awarded a MSU Board of Trustees award. Each semester, the board recognizes graduating students for earning the highest scholastic average — a 4.0 GPA. Impressive! Lauren attended the Lyman Briggs College and was a member of the Honors College.

Liked by lauren_grasso and 234 others

msu_osteopathic

2ND ANNUAL SUMMER RESEARCH PROGRAM 2022

msu_osteopathic In partnership with McLaren Health Care, Dr. Carolina Restini, associate professor in the Dept. of Pharmacology and Toxicology, created the Summer Research and Education Program to provide medical students with invaluable research experience. Learn more at spr.ly/61763G56Y

Liked by nikilanallabelli and 264 others

msu_osteopathic

COLLEGE OF OSTEOPATHIC MEDICINE MICHIGAN STATE UNIVERSITY

msu_osteopathic Students at the MSUCOM Macomb site painted pumpkins for the Henry Ford Macomb Children's Ward, and the Community Integrated Medicine and Pediatric Interest Group student orgs hosted a table at the recent downtown Mt. Clemens community Spooktacular event.

Happy Halloween, Spartans! Stay safe.

Liked by michiganosteopathic and 413 others

msu_osteopathic

SPARTAN STRONG

msu_osteopathic As you continue to process the events of Monday, we want to ensure you are finding the support and care you need. The Office of Wellness and Counseling is here to support you. Please consider the resources listed at <https://com.msu.edu/current-students/student-life/wellness-and-counseling>.

Liked by nikilanallabelli and 307 others

msu_osteopathic

msu_osteopathic #SpartanDO student Allie Stefan, OMS-II, administers a flu vaccine to Katherine Ruger, Ed.D., senior associate dean of admissions and student life in the college, during Tuesday's MSU Office of the University Physician Flu Clinic. MSU healthcare workers, faculty, staff and retirees were able to get their flu vaccines during Tuesday's clinic in the Patenge Room in East Fee Hall. Students assisted with the vaccines under the supervision of Craig Gudakunst, D.O., associate chairperson and assistant professor in the Department of Osteopathic Surgical Specialties.

Liked by nikilanallabelli and 225 others

msu_osteopathic

msu_osteopathic #SpartanDO Community Integrated Medicine gives first- and second-year medical students the chance to help medically underserved communities while they learn and build their clinical skills. Seen here, students provide complimentary health screenings at a community health fair in East Lansing this past June.

Liked by nikilanallabelli and 214 others

Students, Alumni, Faculty and Staff, please send news and announcements to: spotlight@msu.edu

Keep in touch with what is happening at the college by following us on social media!

REGISTRATION IS OPEN

2023

Research, Innovation
and Scholarly
Engagement



Statewide
Campus
System

RESEARCH DAY

Monday, May 15, 2023
8:00 a.m. - 5:00 p.m.
Suburban Showcase
Novi, MI

Attend this juried competition, with cash prizes presented to winners based on the MSUCOM Research Day review committee's classification of each poster abstract.

Questions? Contact Rusti Sidel at smithru2@msu.edu or (517) 884-6272.



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TO ATTEND
TODAY**



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Learn more about what's happening
at the college at com.msu.edu/events