

Voices of MSU

Interviewee: Glynda Moorer (GM)

Interviewer: Mileena McDonald (MM)

Date of interview: January 22, 2018

MM: You grew up in Detroit?

GM: Yes, I grew up inner city Detroit. I went to a Catholic grade school and high school.

MM: What subjects were you interested in?

GM: I liked science the most, but I did like English, reading, and literature. My favorites were the sciences the biology, the chemistry—physics not so much—but yeah the sciences, I love math.

MM: What made you choose Michigan State University?

GM: For Michigan State, one thing that I was impressed with when I came up for a visit was the campus. I had looked up some other campuses, but I loved the campus. The people were very welcoming. When we ran into other students, they were friendly; they talked to us; they would answer any of our questions. So, I definitely felt that. Also, I liked the programs. I liked that it was in state. I was close to my family, so I could get back home for the holidays and that was a major factor too. Also, I knew they offered great programs in the sciences. So, those were some of the reasons I chose Michigan State.

MM: Was there any specific program you were interested in?

GM: I was interested in medical school when I came here. I wanted to make sure that I had the right background to apply to medical school. When I came here, Michigan State provided me with an advisor in Biochemistry; I thought he did an excellent job in helping me in undergraduate. So that I was not overloaded with classes, but I had an appropriate load of classes that I can manage to get through to apply to medical school.

MM: What year did you begin studying here? When did you graduate?

GM: I came here in 1970. I applied to medical school after three years. Some friends of mine had said, "You might as well apply and if you don't get in, you stay another year for undergrad; but if you get in, you could start early." So I did. I applied here and I was accepted. I came to medical school after three years; I was concerned at medical school. Just in case something happened and I did not finish, I at least wanted my Bachelor's degree. So they made

arrangements so I could get a Bachelor's degree in Human Medicine, believe it or not. I did have that after the first year of medical school.

MM: So you went to MSU for your undergraduate and graduate degrees?

GM: Oh yeah, my blood is green [laughs]. Then, I went to, like I said, the College of Human Medicine. Because of costs at that time, I pretty much went year round because as you all know, tuition usually goes up in the fall. I took classes during the summer when I could to try to beat the price increase of tuition. I finished in March of '77.

MM: What were your first impressions of campus?

GM: My first impressions of campus is that it was predominantly a Caucasian campus. As I said, I grew up in inner city Detroit. I was mainly around African American people. My teachers, a lot of them were Caucasian, but they were also very accepting and eager to teach. It was a private school like I said, a Catholic high school and elementary school. When I came here, that was a major change.

Then, how large it was. I went to school; there were probably a hundred kids in my graduating class and coming here, there were probably thirty-five-thousand students. It was a major change. I liked my residence hall; I stayed in Hubbard. I got to know a lot of people there, just knowing other people in the community, on campus. Some people from high school came up here, but they lived in Brody. I met new friends and they have been lifelong friends. That has been precious to me.

MM: What kind of groups were you involved with at MSU?

GM: I pledged to a sorority. I was very active in Delta Sigma Theta Sorority. We provided a lot of different activities; we had our icebreaker dance for the African American students on campus. Usually my sorority was the lead in that; I was the treasurer, so I was actively involved in that. I pledged in my sophomore year so I had three years to be active in that.

We did community service, public service, worked with providing food for children—it was called Black Child and Family Institute; now I think it is called Building Communities and Families. But, we would help provide meals to students there and did other community projects and fundraisers through the sorority. I was also involved in a science fraternity; it was called TriBeta. We didn't have too many meetings, but it was nice to be involved and meet others who were interested in the sciences.

MM: What was the event for the Black Child and Family Institute?

GM: They would provide meals. Black Child and Family Institute is an inner city Lansing, so they would sometimes help and provide meals to children who would come there before school or after school for meals. We helped deliver those to those areas.

MM: What would you say are your best memories of your time at MSU?

GM: Like I said, the relationships were very important. I also was fortunate enough that I was accepted to be an intern in the office of human health programs. This was a new office that was established with Dr. Harvey Sparks became associate provost of human health programs. So, he was over the two medical colleges, the college of nursing and student health. He was very instrumental in me growing as a leader. He was able to provide an internship. He looked around and he wanted to help minorities, but there were not a lot of minorities in this dream. So, he had an internship program and I was selected to work with him and his two assistant provosts.

One was Joe Ferrell and the other was Bob Pitman. Bob Pitman was a physiology professor; Harvey was a former physiology professor; Joe Ferrell had worked at the state. They helped me a lot develop my leadership skills. I was over there two years. I also got to work with Doctor Howard Dean he was our guest neurologist; he was the chief medical officer at that time.

Working with the three of them and my former boss, Dr. Jurczak, my former boss, the director of student health at the time. He helped me with leadership skills. After I finished that and became director, I worked closer with the President and former Provost Dr. Lou Anna Simons, Dave Gift, Dr. Beth Alexander, as they helped me implement some changes here at student health when I became director and that was twenty years ago. Time flies when you are having fun.

MM: Who is someone who helped you develop your skills in the medical field?

GM: I think, Dr. Jurczak. I was an associate director under him. I think he was very instrumental, but he was officer in the military before he came here and also one of the chief physicians in the prison system. His role in leadership was a bit different it was more military top-down type of leadership.

When I worked with Dr. Harvey Sparks, Dr. Pittman, and Jill Ferrell, you could see it was more teamwork, collaboration, and a little bit different manner of leadership. The same thing with Dr. Simon. It was again involving others in a more participatory leadership and teams. Now, Dr. Jurczak did involve teams somewhat in terms of feedback, but it was always evident he was making the decisions and he would let you know, but he would listen. He would listen to us.

MM: What were the biggest challenges you faced in medical school?

GM: In medical school, we did face a lot of challenges here and there in the College of Human Medicine. Our class was one of the first that had quite a few females in it. I was younger; I wasn't the youngest believe it or not. Even being accepted after three years, there were a few people who were only nineteen in my class. They had the accelerated program also. But, being a female in medical college and also being an African American female, you usually hear that African Americans have to perform twice the level of our counterparts to be recognized. So, those were some of the challenges.

Also, working with predominantly male field. Most physicians at that time were men; that's why it was important that our class had more females who were coming along. Since then, it has changed and there are a lot more females than men in medicine. But, back then, in 1974, it was a male dominated profession. So, sometimes, not often, but I have had attending physicians act inappropriately; stick their hand down my blouse, that type of thing.

So, it was different then; women now are more willing to speak out. Especially, now present day, 2018 with the #MeToo campaign. But, back then, if you were attending and the professor did something, you were concerned about retaliation. I wanted to participate in surgeries and learn surgery so I didn't report that. Looking back, I probably should have reported it to my supervisor or administrator for the college.

MM: What were some of the biggest rewards of medical school?

GM: Becoming a physician. I've enjoyed working with the student population. I am doing adolescent medicine. What happened was I finished medical college; I wasn't exactly sure what I wanted to do, so I did what was called a transitional year of internship at Sparrow Hospital locally again. I really liked dermatology, family medicine, and surgery. So, I did a few more months of that. Then, I decided to work here for a while until I decided what I wanted to do. I worked at student health services for five years and I decided on family medicine because I would do a little bit of all that under family medicine. So, I went back and did a family medicine residency for two years.

I really liked student health and decided I can make a difference. I liked working with the students. They were very appreciative of when you help them and it is an early time in their adulthood when you can make a difference and do prevention, outreach, and education so that their lifelong health and being healthcare consumers is better. I came back here and worked as a staff physician; then associate director for medical affairs and then became director in 1998.

MM: What are some ways MSU Health Services could improve?

GM: I think mental health is a major issue presently. What we've done now is our Department of Psychiatry from Student Health has merged with the Counseling Center. Previously, the

Counseling Center was in student affairs and separate from Student Health Services. We've always worked closely together, but it was still separate location and also separate bosses and administrators. It sometimes made it difficult for sharing information. But, the way things are now, with students in mental health needs is there are students with more serious mental health needs and also having difficulty with dealing with the stress of college and everyday life.

We are seeing a lot more students making that work—the integration of psychiatry and counseling center and then also the rest of student health services primary care—making sure the student gets what they need. But, also being cognizant that a psychiatrist is very costly and if we can work with the student through a counselor or primary care to get them in the right place at the right time is very important. So, I see those as major issues right now that is one of the big ones.

MM: Are there any other health areas that you think need more awareness besides mental health?

GM: Yes. One of the big ones that we are looking at is our qualitative improvement in our student health services vaccinations. Vaccinations are very important to prevent disease. Particularly, HPV vaccination. Especially for men, because it was just recently about four or five years ago, where it was recommended that young adult men get the HPV vaccination.

The HPV vaccination is to prevent human papillomavirus for genital warts. I think it is very important for us to let students know what's available and what they should get. A lot of times, again, these are late adolescents, eighteen or nineteen year olds, they usually call home. It is important for them to understand and it is up to them to make the decision now. We encourage them to talk to their parents or whomever they want to, but the decision is up to them—whether they want to get the vaccine.

The other is the flu vaccination; we are definitely promoting that now. Since, it was widespread throughout the whole United States except Hawaii. We are stressing that. Also, hand hygiene, that is very important—a lot of students think they are immortal and they are not going to get anything, not going to get that. It is very important that they don't miss a whole week of school. It can be very difficult to function when you have a high fever of 103 [degrees Fahrenheit] and achiness. You really shouldn't go to classes because you are going to be exposing everyone else to that virus, so you need to stay home.

So, that is why it is important to get the flu vaccination, practice hand hygiene. We are distributing small bottles of hand sanitizer; we have been doing this for a long time. It is free and it is at our front desk so anybody can grab one. So, we are even promoting it more widely to use the hand sanitizer and be careful what you touch—you don't think about it, handrails,

doorknobs. We don't want people to become germophobes, but we also want them to sanitize before they eat meals. Sometimes it is just health promotion and letting them know that. One of the other ones is sleep. That was our qualitative improvement activity for 2016 is to let students be more knowledgeable about the impact of lack of sleep and how it can impact their academic success.

Last year and this year, we are focusing on food security. We have found out that a lot of students don't want to admit it, but they do not have enough food to eat and so we have a very active food bank that is run by the registered student organizations—one of the first student-led food banks in the country. We are working with health promotion and our nutritionists on staff to broach this topic with students because some of them are here with their families and they have graduate student stipends, so it is very difficult, if you do not have enough money to feed everyone. We are very interested in that—making sure enough people have food. Again, it impacts academic success and that is our main purpose to support them so they can graduate.

MM: How do you define diversity?

GM: I define it as broad in not just race and ethnicity, language, countries, disabilities, LGBT, all of that. Just a wide variety of people with different backgrounds and what makes a person up. I recently was in New York to visit my daughter; I was just amazed at the racial and ethnic diversity just riding the subway. All the languages that were spoken, how people dressed differently, looked differently—the Jewish people and how they dressed—you don't see that much here in Lansing or even in Detroit.

You know I grew up in intercity Detroit, but it was just nice being exposed and hearing all the different people. I am glad she is getting experience in getting to know a little bit more about those cultures. One thing that I am thinking about doing—again, I grew up in a Catholic school—sitting in one of the religious studies classes to learn about the different religions. Just to be more open-minded about people who are different than I am.

MM: What do you think of MSU's medical field and diversity today?

GM: I think it is maybe a little bit more diverse, but not much more. I have meetings over in the medical college buildings: osteopathic medicine and human medicine. I look at the pictures on the board of the graduating classes; see if I can tell just by racial names, there is not a lot of African Americans or not a lot of people of color on the graduating class pictures. It still looks like we have a ways to go.

There are more women, which is good. I can definitely see over the years because they post the pictures of pretty much all the graduating classes. The ones I see are COM [College of

Osteopathic Medicine] because I am in Fee hall, but I do see more females. I think we still have a ways to go in terms of African Americans and other people of color.

MM: What are some of the ways that students can get involved?

GM: Well there are student medical societies, pre-med associations. Here, at student health, we do not get to interact with them a lot . But, there are pre-medical associations; some of them are minority some of them are majority. We have worked in the past, this is the Mid-Michigan Medical Society, which is a group of African American physicians in the Lansing community. I was president of that for a while. We had worked with pre-medical society for African Americans students; we worked closely with them. That is one way we can at least help them—not so much community service. Although some of the physicians have their own practices, so they would let the student shadow them.

Here, at Student Health, it is a little more difficult because we are seeing students. We don't want students to be seen by another student because of confidentiality—who they might see on the dance floor the next day. We try to keep it where if anyone is going to see you, it is more of an older person like a resident who would see you. I think we can help them; reach out to them a bit more. We have been doing a little bit through the medical colleges, but right now, that Mid-Michigan Medical Society is not functioning right now.

MM: Has the faculty/staff community changed much since you have been here?

GM: Not so much. We do get figures from the Office of Institutional Inclusion and Equity [Office for Inclusion and Intercultural Initiatives, OIII]. Paulette Granberry Russell is the director of OIIE and she lets us know what the ratios are faculty, staff, and students. Particularly, faculty and staff, the numbers had increased a little bit, but now they are pretty stable and still not increasing. A lot of people are retiring; people my age are retiring so the numbers are going down [pause]. That is a concern.

MM: How do you think MSU can change that?

GM: I think mentorships. There is a Black Faculty and Staff Association on campus. For the ones who are here to be involved with that, there is a Black Administrators group, which are more executive management leadership. There is a Midnight Golf Program, where mainly through Detroit area, through admissions, they have high school students who are admitted to Michigan State working with them and their different areas of interest. So, that was a really good experience.

We had a breakfast recently. We had tables. If someone was interested in medicine, they could talk to me about my experiences and so on, the ones with computers. . . We just went around

the room, met students, gave them our cards, and told them to contact us if they had any questions. That was one good way to do it.

But again, mentorship. I have done various things since I have been here besides Midnight Golf. There was another program where they had high school juniors who came in from the Detroit area and they asked black faculty and staff to come out and meet them for a dinner and we did that. These were potential students—I had kept in touch with them until about last year. I was emailing them, neither one of them decided to come to Michigan State. I think they both went on to different colleges. One had to defer it because of financial aid. I kept in touch with them for probably three or four years.

MM: Does MSU offer financial aid or scholarships for people wanting to get involved with medical school?

GM: I think they offer financial aid, but it is predominantly in the form of loans versus grants and scholarships. I think if we could get more donations for scholarships that would be very helpful for students who come from more disadvantages backgrounds.

MM: Thank you very much. Is there anything else you would like to add?

GM: I think Michigan State was a great place to get an education and to work otherwise I would not have been here forty years [laughs]. But, that was one of the things when I became a director, I really wanted to make a difference because as a student, I came to Student Health for services and then I always wanted to improve. Continue to improve the services that we give to students. I used to wonder when the doctor was running behind, *What are they doing back there?*

Once I became a physician and worked here, now, I knew what they did back there. Again, as associate director, we are constantly looking at opportunities for improvement. I think I mentioned that we are joint commission accredited; we are very proud of that. We have had joint commission accreditation, which is external accrediting agency that accredits hospitals and other ambulatory care centers to make sure that we are providing the best quality care to our patients in a safe environment. Those are some of the things that I am very proud of and continuing to do that.

[End of interview]

Transcribed by: *Mileena McDonald, 2/23/18*