



Health Sciences Center for Global Health

# The Global Address

## Global Health Day 2011



The whole group on the final day dipping their tires in the Atlantic Ocean

The sixth annual Global Health Day at The Ohio State University began with the arrival of the Ride for World Health (R4WH) team, who cycled across the country during April and May to raise awareness and funds for global and domestic health issues.

The annual 3,700-mile ride, which was started by a group of OSU medical students, began in San Diego, California and finished in Washington, D.C., with stops along the way to speak at schools, churches and community venues. In addition to raising funds, the riders educate and empower the public on health issues at home and abroad.

OSU Medical Center CEO Steven G. Gabbe, MD, welcomed the riders to OSU and thanked them for putting their commitment to global health into action. Noting that his own son was in the Peace Corps in Niger, Dr. Gabbe said he continues to be inspired by the passion and hard work of the riders and supporters of R4WH, and praised their continuing efforts to promote the health and wellness of people around the world.

College of Medicine Interim Dean Catherine Lucey, MD, commended the riders on their ability to manage demanding professional programs while being active in global health education

and advocacy as well as fundraising to address global health disparities. "I am very proud of these students for their caring for communities far away from their own and for the benefit of people they will never know. They truly have a worldview of health and represent the global citizen that this university strives to create."

Other events included speakers Deogratias Niyizonkiza of Village Health Works, Evan Lyon, MD, from Partners in Health and presentations on year-long global health projects by Metro High School students.



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The Global Address is published quarterly by the Health Sciences Center for Global Health.

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# Kigutu, Burundi to Columbus, Ohio

Burundi—okay, admit it, most of you have no idea where it is on a map. Burundi is a country in central Africa bordered by Rwanda, the Democratic Republic of the Congo and Tanzania. It is one of the poorest countries in the world and that is saying something in a continent characterized by poverty. According to the U.S. Department of State, in 2009 70% of the population lived below the poverty line. This is a country torn apart by over a decade of civil war violence resulting in the deaths of hundreds of thousands of people. This is a place where hope goes to die. And yet, the story of Village Health Works in Kigutu, Burundi is one of hope.



doors opened to the community regardless of ability to pay. Village Health Works' next project is to construct a women's health pavilion focused on maternal health. VHW believes that the health of women and children is critical to the health of the country and the pavilion will offer women pre-natal, obstetric and maternal/newborn care.

Deo began studying medicine in Burundi under the European model of beginning medical school straight out of high school. He studied for three years before war interrupted all semblance of a normal life and he will finish his medical training in the US in one more year. He notes that the training is very similar in curriculum but quite different in terms of teaching resources, libraries, and clinical experience. Medical students in Burundi begin patient interactions much earlier in their training than do U.S. students.

For students who are considering a career in global health he says that, "...ideally they would spend a year in a resource poor setting to begin to understand the whole picture. You need to see how people live, what they eat, where they sleep, to understand what they need and how you can help them." However, he realizes that for many students taking a year out of their studies is not possible and thinks that a one- or two-month rotation can be very beneficial in igniting a desire to do global health work.

He added, "It is hard to imagine how world progress is possible when some people like Burundians are still lagging centuries behind and suffering from neglects. But I have hope because I see more and more good people, like Ride For World Health and your Global Health Center at OSUMC coming together to say NO to needless suffering by doing good far beyond their borders."

For more information or to donate, visit [Village Health Works](http://Village Health Works) online.



Brown, Jim, photographer. Columbus: 5/23/2011.  
Deo signs a copy of *Strength in What Remains* for med 4 Abby Davids

Deogratias Niyonzonkiza is the founder of Village Health Works and the subject of Tracy Kidder's book *Strength in What Remains*. He was invited to speak at Ohio State by the student organization **Ride for World Health** in honor of OSU's Global Health Day on May 23. Village Health Works, along with Esperanca, were the 2009 beneficiaries of the ride and the two organizations shared the \$80,000 raised by the riders. Deo, as he is known, has an incredible life story of survival against overwhelming odds and he himself admits it is a miracle that he is alive today. Perhaps even more amazing is what he has done with his life and how he has turned hardships most of us can't even imagine into actions of hope and inspiration.

Deo studied at the Harvard School of Public Health where he met Paul Farmer, MD, PhD, of Partners in Health (PIH). PIH provided guidance and support when Deo developed his plan to open a free medical clinic in Kigutu and Dr. Farmer serves on the board of directors of VHW. Deo's dream became a reality in December 2007 when the clinic



MedWish International provides donated medical supplies, equipment and hospital furnishings to groups and organizations that assist health care providers in developing countries serving the poor.



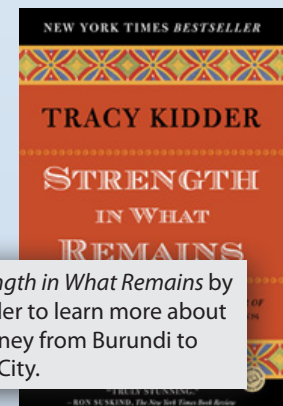
AHOPE for Children is a non-profit organization whose mission is to serve the children of Ethiopia, with a primary emphasis on caring for orphans infected with HIV.

Fourth-year OSU medical student Abby Davids serves on the organization's board.



The Partnership for Ongoing Developmental, Educational, and Medical Outreach Services (PODEMOS) strives to provide both essential primary care services to marginalized communities in Honduras and to provide a valuable medical educational experience to health professional students at The Ohio State University.

PODEMOS was founded in 2008 by OSU medical students Matthew Imm, Jan Esker, Rein Lambrecht, Stephen Morrical and law student Sara Brummel.



Read *Strength in What Remains* by Tracy Kidder to learn more about Deo's journey from Burundi to New York City.



## Global Size Me! by Matthew Imm, MD

### I get the question, "Why Honduras?"

with some frequency when discussing the work of PODEMOS, the College of Medicine student organization dedicated to providing health care to marginalized Hondurans. The question itself seems simple enough, but an adequate response is always a challenge. The complexity springs from the fact that there are many answers depending on what the asker really wants to know. I usually have a few prepackaged sound bites and statistics on hand to respond to interviewers or fellow physicians; first there is plenty of work to do (Honduras has the dubious distinction of ranking at or near the bottom of Central America in terms of poverty and health outcomes), second, it is relatively close (just an hour and forty-five minute plane ride from Miami) and third, in comparison to many places it is reasonably safe (while crime and dangerous traffic continue to be issues throughout Latin America, thankfully civil war and major armed conflict are absent from Honduras). The toughest questions however, always come from my mother.

When my mother asks, "Why Honduras?" what she is really asking is "why use so many valuable resources providing healthcare half a world away when there are so many needy individuals right here at home?". It's a fair question coming from my mother who undoubtedly remembers her childhood growing up in Appalachia, one of the neediest and most underserved areas of the United States. Why indeed should we spend so much time, money and energy sending medical students all over the developing world to learn about health disparities when underdevelopment continues to feed health disparities in our own backyard? It is undoubtedly an important question because the answer informs our mission and provides the intellectual foundation for the help we provide.



Howard Werman, MD, with some of his smaller patients in Honduras



Part of the answer is a matter of scale. Physicians are called to care not only for our communities, but also those in most desperate need. As a frequent traveler throughout the developing world, the depth and breadth of the poverty in many areas is truly difficult to fathom. Without undercutting my mother's childhood experience, the needs are simply not comparable. By our most recent calculations the patients in the communities we serve survive on a meager \$1.30 per day. While our country struggles with the political will to care for the most vulnerable portion of its populace, in Honduras many areas struggle to provide the semblance of a healthcare system with as little as one nursing outpost per 15,000 people. In the emergency department the sickest are triaged to the top, and by serving in Honduras we are essentially doing the same.

Another important part of the answer is that as technology and globalization shrink the figurative dimensions of the world, the medical and social problems that have created a healthcare crisis in the developing world are literally becoming part of our daily lives as physicians in the United States. Educational opportunities for medical students to travel and experience firsthand the realities of life in the developing world help equip our future doctors to provide compassionate and culturally sensitive care in the clinics of Columbus. As a volunteer interpreter in the Physician's Free Clinic, I have heard more than once that before finding themselves in the growing mass of uninsured in this country a patient had immigrated to the U.S., in part, to help pay for the medical care of an ailing family member at home. This may seem like a paradox but for the initiated among us this is a sadly predictable irony. International health electives help our OSU physicians empathize with the medical,

cultural and social milieu that help bring a patient to their exam rooms and prepare students to understand the looming debates regarding the distributive justice of our own health care system.

Finally, my mother would be happy to know that the doctors and students, who are most active in global health, tend to choose the neediest patients to serve in the U.S. Of the graduating class of PODEMOS volunteers, half will be going into primary care fields. Of the officers and board of directors there are three former or current student free clinic coordinators. Following a recent medical brigade, one of our CNP providers even chose to leave a position in open heart surgery to pursue a career in rural primary care. I can't claim that PODEMOS caused all of these things, but I truly believe the skills of adaptability and ingenuity that are essential for practicing medicine in resource poor areas abroad help make careers serving the needy in our own communities intellectually stimulating and satisfying. Moreover, by developing innovations to improve care for patients with low health literacy in Honduras, we hope to create tools and methods that can in turn improve outcomes for patients at home.



Of course these observations are not limited to Honduras. The value of global health education extends around the globe. Many people find themselves drawn to specific areas and populations. The diversity of interest and experience provides part of the richness this opportunity has to offer. Like never before OSU graduates will be called to solve the healthcare needs of an ever shrinking yet more interdependent world. Our Office of Global Health Education will be an even more important part of the road from excellence to eminence!

*Matthew Imm, MD, is the founder of PODEMOS and a 2011 graduate of the OSU College of Medicine. He is currently an Internal Medicine/ Pediatrics resident at the University of Miami/ Jackson Memorial Hospital.*



Michael Miller, MD

## My Take: Plastic surgery and global health?

Perhaps we should first ask the question: "What is plastic surgery?" Plastic surgery is a specialized discipline that encompasses a wide-range of clinical activities. It is a set of techniques designed to modify, repair, rearrange, transfer, and replace tissues that have been damaged by cancer, injury, congenital abnormalities, degenerative processes, and aging.

### Plastic surgery has a valuable role in international health. Surprised?

Some procedures are highly technical and require cutting edge technology such as operating microscopes, high-resolution 3-D imaging, and surgical robots. Others require very simple instruments and can be performed under local anesthesia in very primitive environments. The purpose is to improve people's lives by restoring normal function and appearance in order to maximize quality of life. This is what plastic surgeons do.

All over the world people suffer from deformities that cause functional disability and

social ostracism. Access to plastic surgery is often limited by cultural, environmental, or socioeconomic barriers. This reality presents an opportunity for plastic surgeons willing to travel internationally to provide much needed direct patient care and to train interested local surgeons.

Plastic surgery is well suited for the developing country setting because many procedures can be performed with minimal high-technology equipment.



Anesthesia cart equipped with manual ventilation with an empty yellow plastic garbage bag serving as an oxygen gas reservoir

### What kinds of plastic surgery problems are encountered in developing countries?

#### Tumor resection and reconstruction

Solid tumors occur throughout the world. Treatment involves surgical resection that can be extremely deforming unless reconstructive surgery is also performed to restore the missing or damaged parts.



#### Burn scar contractures

Many parts of the world still rely principally on fire for energy. Burns that are large with significant secondary scars involving the face, neck, or joints can cause debilitating derangements in function and appearance. Children are especially prone as they play near family cooking fires. Functional improvement can be provided by timely plastic surgery intervention.



#### Necrotizing Infection

Some bacterial infections cause tissue destruction. The risk is increased when host resistance is lowered by poor nutrition. Plastic surgery procedures can help control these infections and restore missing or destroyed tissue.



#### Trauma

Traumatic wounds can heal with disabling amounts of scar if not cared for properly. Severe injuries can cause loss of tissues that must be replaced in order to preserve normal function and appearance. High velocity injuries are particularly common in countries where transportation by more traditional means (e.g., walking, animals) is in close proximity to motorized vehicles under poorly controlled circumstances.



#### Congenital anomalies

The most common form of congenital malformation that plastic surgeons address in the international setting is cleft lip and palate. The incidence varies mostly by ethnicity. In many countries children may grow to adulthood and never have these deformities repaired, leading to obvious adverse consequences in speech development, nutrition, and socialization. They can be repaired under relatively low-tech conditions with simple instrumentation and anesthesia, perfectly suited to work in developing countries.







Widely practiced social habits (e.g., smoking, chewing areca nuts) exposes some populations to carcinogens, which lead to tumors that often go undiagnosed and untreated because of lack of access to care.

*"The purpose is to improve people's lives by restoring normal function and appearance in order to maximize quality of life. This is what plastic surgeons do."*



Dr. Miller and surgical residents preparing for a procedure at the teaching hospital (pictured right) in Bango, Cameroon.



Lack of sanitation and immune deficiency linked to poor nourishment are associated with destructive soft tissue infections like noma (i.e., cancrum oris, gangrenous stomatitis) that can be addressed by reconstructive surgery.

International travel for plastic surgery provides tremendous professional satisfaction and opportunities for expanding horizons. Here, Dr. Miller visits Bagan, an ancient city with more than 2000 pagodas dating from the 11<sup>th</sup> century, during a plastic surgery mission to Myanmar.



*Michael Miller, MD, is the chairman of the Department of Plastic Surgery at OSU. Over the past 25 years he has done medical mission/relief work in Sri Lanka, Myanmar, Bangladesh, Thailand, Cameroon, Swaziland, Kenya, Mexico, Lebanon and Egypt. He anticipates his next trip will be to Kenya in 2012 to train surgeons and residents there in reconstructive surgery.*

## HELP WANTED!

Ever dream of taking part in a global health experience but haven't found the right one?

Please consider traveling to Honduras with the medical, pharmacy and nursing students of PODEMOS. We are actively recruiting internists, pediatricians, family physicians, emergency medicine doctors, nurse practitioners and any physicians that feel comfortable providing primary care. The Brigades are about a week long and leave Columbus on December 26 and the second week of June.

For more information, visit [www.PODEMOSU.org](http://www.PODEMOSU.org).



# 2011 Graduates

## Graduate Interdisciplinary Specialization in Global Health

Congratulations to Hayley Ashbaugh, Carissa Batchelder, Jessica Blank, Patricia Carr, Vivian Kaufman and Katherine Leiter, the newest graduates of the Graduate Interdisciplinary Specialization in Global Health (GISGH). Offered by the OSU Health Sciences Center for Global Health, the GISGH is a university-wide program that offers current OSU graduate and professional students advanced educational opportunities in the field of global health. The curriculum provides students the opportunity to gain specific expertise in the unique challenges of healthcare in the developing world and among immigrant populations both domestically and abroad.

There are currently 73 graduate/professional students in the program making it the largest graduate interdisciplinary specialization program at Ohio State. Courses are offered from colleges across campus including anthropology, international studies, public health, nursing, veterinary medicine and sociology.

*The Health Sciences Center for Global Health is co-directed by Daniel Sedmak, MD, and Mary Ellen Wewers, PhD, MPH, from the Colleges of Medicine and Public Health respectively. For more information contact [Pam Potter](#).*



Ashbaugh  
Veterinary Medicine

*"The GISGH program has broadened my awareness of global health issues and deepened my understanding of the role various disciplines can play in addressing these issues. As a veterinary student, my experience in the GISGH program has been key to cultivating a One Health mindset."*



Batchelder  
Allied Medical Professions

*"The GISGH made me more aware of other professions and ways that I can collaborate with them. It also increased my understanding of the needs of people all around the world and that knowledge has the potential to create change."*



Blank  
Nursing



Carr  
Public Health



Kaufman  
Dentistry



Leiter  
Allied Medical Professions

*"The global health specialization helped prepare me to work as a professional in the medical community here in the United States and abroad and enhanced my understanding of global health issues."*

## First Columbus Schweitzer Fellows

OSU medical students Michelle Caster and Anne Marie Kessler have been selected as Schweitzer Fellows by the [Albert Schweitzer Fellowship](#) (ASF). The Columbus Schweitzer Fellows Program® launched in September 2010, is a one-year interdisciplinary, mentored fellowship program focused on health-related community service and leadership development.



Caster



Kessler

Caster and Kessler are both enrolled in the Graduate Interdisciplinary Specialization for Global Health (GISGH).

Upon completion of their initial year, Caster and Kessler will become Schweitzer Fellows for Life—and join a network of over 2,000 individuals who are skilled in, and committed to, addressing the health needs of underserved people throughout their careers as professionals.

Taken from the COM story, [Columbus Schweitzer Fellows](#), posted online May 23, 2011