



NEXUS

Physician Assistants for Global Health Monthly Newsletter

SEPTEMBER 2014

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PAGH

Physician Assistants for Global Health
Local Hands, Global Reach

Now More Than Ever

Jacob Hauptman, PA-C, President, PAGH



The United Nations (UN) has been sounding the alarm regarding the ongoing humanitarian crises around the world and has recently announced that for the first time since World War II, the world is experiencing four simultaneous Level 3 emergencies, the UN's highest level of a humanitarian crisis. The involved countries are Iraq, Syria, the Central African Republic and South Sudan, all of which are deeply understaffed and underfunded to address the ongoing emergencies. The International Rescue Committee (IRC) has further characterized the crisis in Syria, with has driven 3 million refugees into neighboring countries, as the worst to hit the Middle East in the last century. In addition to these crises, the Ebola Virus outbreak in West Africa, severe drought in Somalia, and numerous other humanitarian disasters continue to develop.

Although staggering in scope, the solution to these problems can be realized as long as the global community continues to band together and contribute their combined resources. Throughout these world situations, many governments, organizations, and individuals are involved in ongoing fundraising and direct humanitarian aid in order to

support their fellow human beings. However, despite their best intentions, many healthcare workers are unable to directly contribute to the above mentioned crises, but traveling to a war-torn region or setting up shop in a hospital ward with Ebola victims is not the only way to help.

Many PAs and PA students support the efforts of those helping with the major crises by addressing the needs of those that may not yet be in the midst of a humanitarian emergency, but who are still in need of improved access to healthcare. Without the ongoing efforts of these individuals, there is a very real potential that even more humanitarian emergencies could develop. I applaud each and every one of our members who is taking the time to do their part to help improve global health. And for those that have thought about contributing their time, money or expertise, but haven't yet, it is never too late.

With just a little bit of effort, each of us can help our fellow human beings and to those people in need, it will mean the world. 

Sincerely,
Jacob Hauptman, PA-C
President, PAGH

Online: www.pasforglobalhealth.com / **Email:** pasforglobalhealth@gmail.com

Join us on Facebook: *Physician Assistants for Global Health*

Philippines Report: 5 Ways Disaster Medicine is Different than Practicing at Home

Jamie L. Weis, PA-C

While walking down the main street of town on Bantayan Island in the aftermath of Typhoon Haiyan, the town's lights went out and a man playing a trombone went marching by through the hot black night. Without missing a beat in her conversation, Radar, our communications guru, pulled a flashlight from her pocket and we kept walking. It is remarkable how quickly a team can become accustomed to various conditions.

Typhoon Haiyan struck the Philippines in November 2013. With sustained winds of 229mph and a 20ft. storm surge, 28,689 injuries were reported, and there were 6300 deaths. My fellow PA, Steve Dule and I gathered a team from Coordinated Health in Pennsylvania and met up with Chris White of YPDR Disaster Response in the Philippines. YPDR continues to organize relief efforts in the Bantayan area, bringing in medical teams, construction teams, and general volunteer teams. Once landing in the Philippines, YPDR connected us with Spanish medical group SAMU, English photographer Sean Delahay, and translator Mark Chrisnali Derek L. Ruaza. Together, we would go to a different town or island each day and hold a clinic.

The first difference we noted (#1) is a lack of infrastructure from storm damage, from poverty, or from a combination of both. While having to walk in the dark is no insurmountable task, the lack of key parts of infrastructure plays an enormous role when it comes to medical care. With power going in and out, refrigeration is also going in and out in homes, restaurants, and clinics. Floods especially can damage water supply and treatment systems. This affects not only the patients in the disaster area, but also the clinicians who have come in to provide care.

The Philippines, being a nation comprised of over 7,000 islands has substantial cultural and economic variation from island to island. While they were all hit by the same storm, the most impoverished islands were devastated by the storm

and were understandably recovering at a slower rate. One tiny island we visited is only accessible by canoe and the people were living in extreme poverty even before the

storm. With trees down and wooden wreckage from damaged roofs and structures, people were starting bonfires to get rid of all of this debris. (#2) Consequently, the air quality became smoky; this smoke contained all the chemical contaminants from plastics, trash, and wood coated with a varnish that was typical for local houses. We treated many patients for cough and respiratory complaints related to this while judiciously trying to identify those with potentially infectious causes of the cough such as pneumonia or TB. Additionally,

we saw a lot of eye complaints, both irritation from the smoke and also pterygium particularly in farmers and fishermen who spend all day in the sun. After realizing the prevalence of eye symptoms, we were able to get more drops from a pharmacy on one of the bigger islands and we ended up giving away several pairs of sunglasses.

After setting up a clinic with some plastic chairs under a tarp strung between a basketball hoop and trees, we were packing up to leave when one last woman approached asking if we had something for her febrile baby at home. I followed her to her house, which consisted of four gapping walls of bamboo limbs, a dirt floor, and a palm roof. The NGOs with emergency tents had not reached this island yet. She was caring for an infant with dysentery in a community with no power, no running water, no waterproof shelter from rain, and a pile of sand for an outhouse. We were able to treat the baby, but sadly, we were leaving her in an area with little medical infrastructure for follow up or care in the future.



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Philippines Report (continued)

Jamie L. Weis, PA-C

In addition to general infrastructure, (#3) medical infrastructure was severely limited. One man came into the town square makeshift clinic holding a visibly swollen hand. While trying to clear debris in the aftermath of the storm, he had punctured his hand on a piece of wood. He works as a fisherman and was unable to keep the hand clean or dry after the injury. He had significant swelling in the hand and purulent drainage. Our orthopedic surgeon was able to do an I&D in an improvised OR in a storm damaged church and the fisherman was treated with antibiotics and close follow up. With 42 hospitals, 105 clinics and 434 community health stations damaged in the storm, we were practicing without labwork and without imaging. These were available at a distance but for many, this travel would pose a hardship. Hence, we had to rely on a quality history and physical exam to adequately triage patients.

One woman, a tuberculosis patient currently in treatment was at a particular disadvantage following the storm. In the immediate aftermath of the disaster, clinics and consequently directly observed therapy (DOTS) systems were disrupted. She walked a great distance to one of the clinics for continued follow up until this could be restored. The Philippines, which bears a high burden of MDR TB, was able to report via the WHO that nearly 100% of TB patients are now continuing on DOTS. Aside from traumatic injuries, (#4) the nature of a disaster can change the health and hygiene status quo of a place. Natural disasters, particularly those associated with flooding, can disrupt an area's systems for sanitation and water supply thus leaving the area



with a paucity of potable water and facilitating the spread of waterborne diseases such as hepatitis A, chol-

era or typhoid fever. When the flood waters eventually recede, they leave behind pools of standing water in flower pots, tires, shells, and other odd places. These in



turn become breeding grounds for mosquitoes, thus changing the picture of vector-borne disease. In the months following Typhoon Haiyan, the WHO reported a 24% increase in cases of dengue fever in the central Philippines with 84% of cases being in the Leyte Province. While our team did not seem to have problems with mosquitos where we were, we did take diligent precautions including using DEET insect repellent and treating clothing with permethrin.



The chief and most evident difference from practicing at home was (#5) the lack of all those peripheral things we have to do as clinicians other than medicine. It certainly would have been an enormous advantage to have had some sort of previous records on the patients we saw, but they were generally either people who lived in

extreme poverty and did not have regular care or people who were displaced from their home areas. While we did have a notecard system for making records for potential follow up, there was something refreshing about being able to spend the day simply helping people. There were no forms to fill out, no work comp, no insurance companies, no pre-authorizations, no disability forms, etc. – just straight medicine. We were in a tropical paradise treating people who had every right to be miserable, but instead welcomed us cheerfully. This is what struck me the most about the Philippines in particular. The people had just been dealt a severe blow with this tragedy, but the islands had this ethos of hope and optimism as they went on helping each other and rebuilding lives.





Student Corner: Guatemala

Amber Durkee, PA-S, University of Colorado, Denver Physician Assistant Program

While Guatemala is known to be an economically poor country, it is rich in culture, language, and beauty. This is the second year that the CHA/PA program has sent students to Xela, Guatemala to complete a community clinic rotation and I was able to participate in this opportunity for the month of June, along with my classmates Anna and Erin. Each morning we traveled to small government-run clinics in the rural communities outside of the city while in the afternoons we were able to improve our Spanish skills by taking classes at the Celas Maya language school. The clinic in which I worked is located in a town called San Martín Sacatepéquez in the western highlands of Guatemala. The clinic serves a population that mainly belongs to the indigenous Mayan Mam tribe, so many of the patients spoke to the healthcare providers in a mix of Spanish and Mam. It was interesting to learn how medicine must be practiced differently with a complete lack of diagnostic testing and when caring for patients who are used to using traditional home remedies to cure their illnesses. Some of the most common health concerns at the clinic were: nutritional support for infants and young children, prenatal



care, immunizations, respiratory infections, and intestinal parasites due to poor hygiene and water contamination. During my time there, I learned a great deal about the challenges of global health, but I also learned practical skills that will help me to relate better to Spanish-speaking patients right here in Denver.





Announcements

Welcome To Our New and Returning Fellow Members!

Fayrose Abodeshisha, Britta Kolodziej, Patrician Kelly, Toni Lalla, Dawn Durrell,
Lisa Piper, Melissa Bailey, Elizabeth Stoebe, Amy Shutt

Welcome To Our New and Returning Student Members!

Emily Graf, Sarah Fisher, Celine Sledge, Rachel Belew, Nassim Nabavi, Nicole Brugger

PA INVEST 2014

October 30 - November 1, 2014. Amsterdam.

www.pa-invest.nl/en/Amsterdam_20_291.html

To celebrate their 10th anniversary the Dutch Association of Physician Assistants (NAPA) is inviting physician assistants and PA educators from around the world to participate in the international congress.

Upcoming Medical Service Trips

Peacework Medical Projects

www.peaceworkmedical.com

Ranquitte, Haiti: September 2014 (12 days).

Non-medical positions also available
(rebuilding, security, interpreters, and more).

International Medical Relief

www.internationalmedicalrelief.org

Thailand Gulf: Sept 20-28, 2014

Myanmar: Oct 4-12, 2014

Uganda: Oct 25 – Nov 1, 2014

Indonesia: Nov 22-30, 2014

Haiti: Dec 27, 2014 – Jan 3, 2015

Flying Samaritans

www.flyingsamaritans.net

Frequent trips originating from California and Arizona to clinics
throughout Baja California, Mexico



Volunteer Organizations

If you are aware of any trips or organizations that are looking for **PA volunteers**, please contact pasforglobalhealth@gmail.com. Please Note: it is not our desire to promote specific organizations only to connect PAs with opportunities and encourage professional philanthropy. This information is not an endorsement of these organizations.

Africa Cancer Care Inc - International opportunities with an oncology focus. www.africacancercareinc.org

Amazon Promise - Medical trips to portions of the Amazon Basin. www.amazonpromise.org

Benjamin Wellness Center - Opportunities in Gatamaiyu, Kenya. www.benjaminwellness.org

Christian Medical and Dental Assistance - www.cmda.org

Community Coalition For Haiti - need for medical professionals for 1-2 week trips to staff a primary clinic in Jacmel, Haiti. www.cchaiti.org

Exploration Logistics - Places PAs worldwide to serve as medical support for various expeditions. Positions include oil rigs and other industrial projects, etc. www.elgfze.com

FIMRC Global Health Volunteer Program - Opportunities in El Salvador, Nicaragua, Peru, Costa Rica, India, and Uganda. www.fimrc.org

Flying Doctors of America provides medical assistance and hope to as many of the poor and needy as they are able to reach. Medical & dental teams to wherever the current need is. www.fdoamerica.org

Flying Samaritans Mexico - year-round for Baja California, Mexico. www.flyingsamaritans.net

Global Brigades - www.globalbrigades.org

Goabroad.com - Assists different professions with placement internationally. www.goabroad.com

Grounds for Health - Uses PAs in Africa, Mexico, Peru, Nicaragua. www.groundsforhealth.org

Health Horizon International - www.hhidr.org

Heal the Children - Ecuador, Haiti. Contact: jensorooni@gmail.com. www.healthchildren.us

Heart to Heart International - weekly trips to Haiti and Guatemala. www.hearttoheart.org

Holy Rosary International Medical Mission - www.hrimm.org

Hospitals of Hope - Bolivia, Haiti, and Liberia. www.hospitalsofhope.org

ICHA Outreach to fight Cardiovascular Disease - Ghana. www.ichaonline.org

International Medical Relief :Currently recruiting for a trip to Pakistan. Also trips to Asia, Africa, South & Central America, Eastern Europe. www.internationalmedicalrelief.org



Volunteer Organizations

Kenya Relief - www.kenyarelief.org

Lalmba - Lake Victoria in Kenya and in a rain-forest in Ethiopia. Goals are clinical medicine, coupled with public health, and working with local physicians. www.lalmba.org

Many Hands For Haiti - www.mh4h.org

Medical Missions Response - North Africa, Middle East, South/East Asia. www.mmronline.org

Mercy Ships - volunteer opportunities aboard "hospital ships". www.mercyships.org

Mountain Medics International - Cordillera Huayhuash, Peru. www.mountainmedics.org

Nunoa Project - two trips a year to Peru. www.nunoaoproject.org

NYC Medics - deployment to disaster zones and humanitarian emergencies. www.nycmedics.org

Omni Med - work focused in Uganda. www.omnimed.org

Operation Smiles: providing surgeries around the world. www.operationssmile.org

Palmetto Medical Initiative - www.palmettomedical.org

Panama Global Connections - www.panamaglobalconnections.com

Peacework Medical Projects - www.peaceworkmedical.com

Physicians for Peace - work in Central/South America, Africa, Asia. www.physiciansforpeace.org

Project HOPE - land-based and ship-based care to regions around the world. www.projecthope.org

Rotations and Courses Internationally - www.gorgas.dom.uab.edu and www.cugh.org

The Carolina Honduras Health Foundation - Limón, Honduras. Active clinic, frequent need for medical volunteers. www.carolinahonduras.org

The Damien House - Leprosy in Guayaquil, Ecuador - <http://thedamienhouse.org/aboutus.html>

Timmy Global Health - looking for volunteers year-round. www.timmyglobalhealth.org

US Doctors For Africa - utilizes PAs for Africa work. www.usdfa.org

Volunteer Kenya / ICODEI - accepting PA volunteers year-round - www.volunteerkenya.org

WellShare International - www.wellshareinternational.org

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