

NEXUS

Physician Assistants for Global Health Monthly Newsletter

AUGUST 2013

CONTENTS

- Welcome . . . 1
- Disease of the Month . . . 2
 - Speaker Bios. . . 5
 - Student Corner . . . 6
- Announcements . . . 6
 - Careers . . . 7
 - Symposium . . . 8
- PAGH Positions . . . 9
 - Service Trips . . . 10
 - Organizations . . . 11

PAGH 2013

BOARD MEMBERS

- President:
 - Jacob Hauptman, PA-C
- Secretary:
 - Brittany Collins, PA-C
- Treasurer:
 - Harmony Johnson, PA-C
- Fundraising Chair:
 - Olivia Bockoff, PA-C
- Public Relations Chair:
 - Lea Dunn, PA-C
- Member/Volunteer Chair:
 - Nani Cuadrado, PA-C
- Web Chair:
 - Stephen Pasquini, PA-C
- Nexus Editor:
 - Chad Eventide, PA-C
- Student Co-Rep:
 - Kendra Cutter, PA-S
- Student Co-Rep:
 - Rachel Bonertz, PA-S

www.pasforglobalhealth.com

pasforglobalhealth@gmail.com

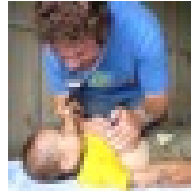
Join us on Facebook: *Physician Assistants for Global Health*



PA GH
Physician Assistants for Global Health
Local Hands, Global Reach

The Gift of Giving

Jacob Hauptman, PA-C, President, PAGH



Since its drafting in 2009, the Patient Protection and Affordable Care Act, intended to expand access to healthcare to more than 20 million Americans, has been a source of disagreement across the United States. Intense discussions regarding government's role in healthcare along with costs and constitutional rights have continued through today, almost 4 years later. Often brought up is whether health care coverage is considered a right or a privilege. Many of the members of PAGH who have traveled to all parts of the world, including low-access areas in the US, would argue that health care is neither a right nor a privilege but rather a necessity to ensure that the human race can reach its potential.

While completing a medical rotation in the rain forests of the Amazon in Peru, I witnessed families that would travel over 6 hours by boat in order to bring a loved one suffering from an ailment to be evaluated and treated at our clinic. I have heard tales from other PAs working in sub-Saharan Africa who describe patients who have spent a whole day attempting to reach a clinic for care only to have arrived too late to be treated and are forced to wait until the following day. While a day off from

work seems a welcome respite to us, to a family from an underdeveloped nation it can mean the difference between being able to afford food for the day or not. This burden to find care can dictate whether the children of the family can go to school or if they must attend to family duties while their parents attempt to obtain treatment. The lack of feasible access can mean succumbing to a disease instead of securing the means to regain health.

This is the essence of medical volunteering in low resource areas: to perform what seems like a relatively simple task for us but which is something that can give the gift of health to a fellow human being. It is an action which can change the course of an individual's or family's future and it is crucial that we as providers continue to give that gift. As we provide that care to those in need, that in turn will allow those people to support their families, achieve their goals, and secure a better future. It is the mission of PAGH to support those PAs and PA students who recognize the need that exists and help them achieve their goal of giving the gift of health to the global community. We thank you for being part of our organization and we hope that we can provide that support for years to come.



Now Recruiting Board & Committee Members!

See Page 9 for more details!



Disease of the Month: Tick Borne Illnesses

Brittany Collins, PA-C

North American tick borne illnesses are common knowledge to most practitioners in the U.S. However, when looking beyond our borders there is often less knowledge surrounding what tick-borne infections exist on a global scale. This is mostly due to lower incidence rates when compared to other arthropod diseases such as malaria, leishamianiasis, and chagas to name a few. Nonetheless, for practitioners traveling abroad or treating patients who have been traveling abroad, it is important to expand our knowledge of such illnesses. This article will aim to provide an overview of some of the common tick-borne illnesses seen worldwide.

Background and Life Cycle

Ticks are either hard-bodied (ixodid) or soft-bodied (ornithodoros) blood sucking arthropods that feed on human and various animal reservoirs (3). Some feed in less than an hour, transmitting infection rapidly, while others will feed for days, requiring several hours to transmit infection. Based on the type of tick, many live in vegetative environments where they can latch onto hosts passing by while others live in caves, thatched roof homes, mud floors, or other dwellings waiting for human or animal hosts (3). The tick will latch onto a host by inserting its hypostome (front hooks) into the host and secreting an anti-coagulant, anti-inflammatory, immuno-suppressive substance that allows them to obtain a blood meal without the host noticing (9).



An adult tick will lay several thousand eggs. The eggs will hatch into larva and if the larva (usually 6 legged) do not find small animal reservoirs to feed on they will die. If the larvae survive they will molt into nymphs (usually small and 8 legged) and find a larger animal hosts to feed on, humans only by accident. If they are successful, they will molt into an adult (larger 8-legged) tick, feed on large animal reservoirs, such as humans and mammals, and lay eggs thus beginning a new life cycle (9). This takes place

over several seasons based on the type of tick and their normal life cycle.

Lyme Disease

Lyme disease is noteworthy of its own section due to the Holarctic distribution (majority of terrestrial Eco zones found in northern continents of the world). Lyme disease, caused by the spirochete *Borrelia burgdorferi* (species can vary worldwide), is the most common tick borne illness with over 10,000 new cases each year (2). Lyme borreliosis can affect many different organs based on the stage of disease that is classified as early or late with manifestations that are localized or generalized (1).

Clinical manifestations are variable depending on species, age of patient, and various factors with incubation period ranging from days to weeks after tick bite. Typically a host will develop erythema migrans, or “bullseye rash” (see right), around the site of infection, known as stage I.



This is an antigen reaction to tick saliva. 80 percent of people will develop the rash (10). Weeks to months later, stage II, an untreated host can develop meningitis, facial palsy, encephalitis, arthritis, myalgia, myositis, or pericarditis. Longer than six months and perhaps years after the tick bite, stage III, a person may develop encephalitis, cerebral arteritis, polyneuropathy, or mono- or oligoarthritis to name a few of complications.

Diagnosis of Lyme disease, based on recommendations from CDC, include the presence of erythema migrans or at least one late manifestation (musculoskeletal system, nervous system, cardiovascular) plus lab confirmation with isolation from a specimen or IgM/IgG *Borrelia* antibodies in serum or CSF. Treatment is with doxycycline, amoxicillin, or cefuroxime for 10-21 days in early disease. Late disease or systemic complications often require IV antibiotics (7).



Disease of the Month: Tick Borne Illnesses (cont.)

Brittany Collins, PA-C

Common Tick Illnesses

The common tick illnesses discussed below have an annual incidence of 1,000-10,000 new cases each year (8).

Tick-borne spotted fever Rickettsial infections

include a variety of species with distribution around the world including the U.S., Africa, Mediterranean region, Australia, Tasmania, Indian subcontinent, Northern China, Europe, Japan, Thailand, Asia, and the Americas (North, Central, South). Symptoms generally include fever, headache, fatigue, and muscle aches. A maculopapular or petechial rash may be present (see image) often with a distinctive eschar at the site of the tick bite, a diagnostic clue to differentiate Rocky Mountain Spotted Fever (RMSF). Severity of illness varies depending on the species ranging from mild self-limiting illness to more severe presentations. Prompt treatment with doxycycline should be initiated in all suspected cases without delay.



Diagnostic testing includes PCR assay, culture isolation from eschar, or RMSF serologic assays, which have cross reactivity with the spotted fever infections but makes it difficult to distinguish the species. (5)

Crimean-Congo Hemorrhagic Fever (CCHF)

is a viral illness (*Nairovirus*) found in Eastern and southern Europe, Mediterranean, northwest China, central Asia, Africa, the middle east and the Indian subcontinent. Transmission can occur through infected animal blood or ticks and can be spread from human to human through body fluids and blood. The onset is sudden with



headache, high fever, back pain, joint pain, stomach pain, and vomiting. Common clinical findings include red eyes, flushed face, red throat and petechial palate, with later manifestations of severe bruising (see image), nosebleeds, and uncontrolled bleeding at injection sites lasting up to two weeks. In severe cases there may be jaundice, changes in mood and sensory perception. (6)

Diagnostics include ELISA or PCR assays, virus isolation, or detection of IgM/IgG antibodies. Recovery is often slow and fatality rates of those hospitalized range from 9% -50%.

Treatment includes supportive care including fluid and electrolyte corrections, oxygenation and hemodynamic support, and treatment of secondary infections. Some benefit has been shown with use of the antiviral Ribavirin. Further research is needed on prevalence of disease in endemic areas, development of a safe vaccination, and the efficacy of treatment with antivirals. (6)

Tick borne encephalitis (TBE) is an illness with Holarctic distribution, primarily in Europe, former Soviet Union, and Asia. TBE is a viral infectious disease (TBEV) involving the central nervous system with manifestations of meningitis, encephalitis. There is usually a biphasic febrile illness with non-specific symptoms including malaise, anorexia, nausea, vomiting, headaches, or muscle aches followed by 8 days of remission. The second phase occurs in 20-30% of patients and results in the CNS manifestations previously mentioned. Adults have more severe illness than children. The illness is rarely fatal but 10-20% of infected are observed to have long lasting or permanent neurologic sequelae.

Diagnostics include isolation of IgM, usually in the second phase of illness. Most cases occur between April and November and humans are usually accidental hosts. Mother to fetal transmission can occur.

Treatment includes supportive care usually requiring hospitalization, and anti-inflammatory drugs are sometimes used for symptomatic relief of CNS symptoms. (4)



Disease of the Month: Tick Borne Illnesses (*cont.*)

Brittany Collins, PA-C

Tick-borne Relapsing Fever (TBRF) is found in mountainous areas of North America (including Western U.S.), regions of Mexico, Central and South America, the Mediterranean, Central Asia, and much of Africa. It is spread by multiple species of the *Borrelia* spirochetes (see image of *Borrelia miyamotoi*, right) each with various preferred habitats and hosts. Typically occurring in summer months, the unique DNA rearrangement allows them to periodically change molecules on their outer surface called antigenic variation that leads to relapsing episodes of fever and other symptoms.

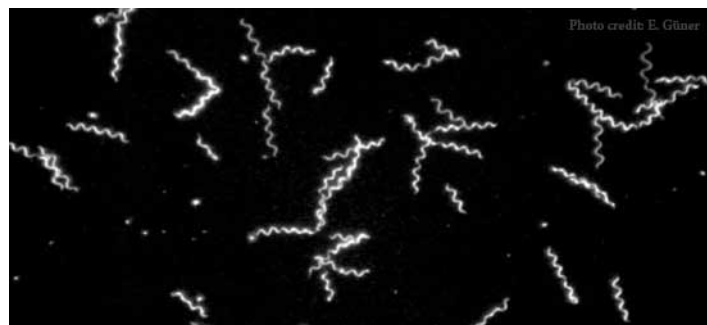
Symptoms include myalgias, headache, nausea, vomiting, anorexia, dry cough, rash, neck or eye pain, confusion, or dizziness. (11) Each febrile episode ends with a sequence of symptoms known as “crisis” where patients develop a very high fever (up to 106.7F) and may become delirious, agitated, tachycardic, or tachypneic lasting 10-30 minutes. This is followed by drenching sweats, a rapid decrease in body temperature, and possible hypotension. Untreated patients will develop 1-4 episodes before the illness resolves. Febrile periods typically last 3 days and afebrile periods are usually 7 days long.

Definitive diagnosis is based on presence of *Borrelia* spirochetes on peripheral blood smear obtained during febrile period.

Treatment includes penicillin or beta-lactamase antimicrobials as well as tetracyclines, and macrolides. Patients should be observed during the first 4 hours of treatment for Jarish-Herxheimer reaction, due to rapid breakdown of spirochetes, requiring supportive care. (11)

Prevention

Patient education about the known geographic distribution of illness and protection against tick bites can help to reduce the risk of infection. Wearing long pants and long sleeves when staying in heavily wooded areas can help prevent tick bite. Thorough inspection of skin and washing after spending time in known tick habitats is also at the



core of prevention. Using bug spray, tick repellent, or DEET can also help reduce risk of tick infection.



References

1. Roland Nau et al. "Lyme Disease-Current State of Knowledge." *Deutsches Arzteblatt International* 106, no. 5 (January 2009): 72-82.
2. Bacon, R.M, K.J. Kugler, and P.S. Mead. "Surveillance for Lyme Disease - United States 1992-2006." *MMWR* 57, no. SS-10 (2008): 1-9.
3. Barbour, Alan G. *UpToDate*. August 15, 2012. <http://www.uptodate.com/contents/microbiology-pathogenesis-epidemiology-of-relapsing-fever> (accessed 07 22, 2013).
4. CDC, Special Pathogens Branch. *Tick Borne Encephalitis*. June 19, 2013. <http://www.cdc.gov/ncidod/dvrd/spb/mnpages/dispages/TBE.htm> (accessed July 22, 2013).
5. CDC. *Other Tick-Borne Spotted Fever Rickettsial Infections*. Feb 15, 2012. <http://www.cdc.gov/otherspottedfever> (accessed July 22, 2013).
6. CDC, Special Pathogens Branch. *Crimean-Congo Hemorrhagic Fever*. April 24, 2012. <http://www.cdc.gov/ncidod/dvrd/spb/mnpages/dispages/cchf.htm> (accessed July 22, 2013).
7. Linden, Hu. *UpToDate*. October 10, 2012. <http://uptodate.com/treatment-of-lyme-disease> (accessed July 22, 2013).
8. Paddock, Christopher. "Through A Glass Darkly: The Global Incidence of Tick Borne Disease." *Institute of Medicine Committee on Lyme Disease and other tick borne diseases*.
9. Sanson, Tracy. *Medscape Reference*. April 19, 2012. <http://emedicine.medscape.com/articles/786652-overview> (accessed 07 22, 2013).
10. Steere AC, Sikland VK. "The presenting manifestations of Lyme Disease and outcomes of treatment." *New England Journal of Medicine* 348, no. 2472 (2003).
11. CDC. *Tick Borne Relapsing Fever*. March 13 2012. www.cdc.gov/relapsing-fever/clinicians (accessed July 22 2013).



2013 PAGH Global Health Symposium, Speaker Bios: Nani Cuadrado, PA-C

Nani Cuadrado is a certified physician assistant working for an emergency department in the Allentown, Pennsylvania area for the past 10 years. Prior to being a physician assistant, Nani worked for 7 years in advanced life support for a rural ambulance corps and for a local search and rescue team in Colorado. Recently, Nani joined the DeSales Physician Assistant Program in Center Valley, Pennsylvania and serves as faculty there, continuing her clinical work in the emergency department. She has a passion for medical missions; her travels have taken her to the Peruvian Amazon, Zambia, Uganda, Haiti, Mexico, Nicaragua, and Guatemala. She is team member of a newly established non-profit organization called One Million Children, whose mission is to

transform the lives of one million children in sub-Saharan Africa by providing fresh water, medical care and the Gospel. She plans to return to the Zambian bush with medical teams to work hand-in-hand with Zambian physicians to educate local community health workers to eventually sustain and manage their own medical clinic. Recently nominated to the board of Physician Assistants for Global Health (PAGH) as Membership & Volunteer Chair, she is eager to promote cross-cultural awareness and serve as a resource for physician assistants who want to work or volunteer in medically underserved areas. She will be giving us a lecture on waterborne illnesses at this year's conference, and we are so excited to have her experience on the PAGH board.

Zehra Ahmed, PA-C

Zehra Ahmed, PA-C is a long time PAGH member and one of our best assets as a globally experienced lecturer and provider. She is an educator at the Center for Global Health at NYIT. She is currently teaching the *Cultural and Health Disparity Issues in a Global Setting* didactic section. She travels with the students to Ghana and El Salvador and is responsible for all the logistics

involved in El Salvador. She is the vice president of CHISPA Global, an NGO that works with a local communities in the Morazan area of El Salvador. She also leads in the Women's Health Initiative (for more info, visit www.chispaglobal.org). She graciously volunteered to lecture at the Global Health Symposium, adding to this year's impressive list of lecturers.

Michael Sinclair, MD

Michael Sinclair is a surgeon who works approximately six months each year with humanitarian organizations in various parts of the world. For nearly thirty years he practiced cardiothoracic surgery – primarily in Allentown, Pennsylvania, where he was Associate Clinical Professor of Surgery at Pennsylvania State University, and Clinical Professor at DeSales University, where he was involved in the Physician Assistant program. He has climbed in the continental United States, Alaska, Canada and South America.

He has been on numerous expeditions to the Himalayas both as a climber and expedition doctor. In 1993, he was the leader of the American Sagarmatha Expedition. Ten members of that expedition (including Sinclair) reached the summit of Mount Everest. He has a special interest in the physiology and the adverse effects of altitude on man. He is volunteering his time to give a lecture on Altitude Medicine for the Global Health Symposium.
See page 7 for more about our 2013 Global Health Symposium, Sept 28-29, 2013.



Student Corner

Kendra Cutter, PA-S; Rachel Bonertz, PA-S

Hello fellow students! There have been some exciting new changes within PAGH's student group to be aware of. A huge congratulations to Emily Pilachowski for graduating from Arcadia University – she is officially a PA-C! As we all know, the road to and through PA school is, at best, challenging, and Emily has accomplished a great goal! In addition, she concurrently received her MPH degree. Way to go Emily! She is stepping down from her role as PAGH Student Representative at this time, and we thank her for all her hard work and dedication she has devoted to PAGH over the last year. With Emily's hard work, we have seen a marked increase in student membership numbers. She has written some excellent articles for our monthly newsletter as well and contributed greatly in decision making within the Board of PAGH. She will be missed, but we wish her well on her new adventures and career path!

We are now welcoming Rachel Bonertz, PA-S as our new student co-representative. Rachel is a first year dual MMS/MPH degree student at Arcadia University. She plans on spending two

of her clinical rotations abroad, as well as integrating her international public health experience with her future clinical practice. Her interests include culture, language, health, knowledge and travel, with a passion for underserved countries. Expect to see emails from her regarding student issues as well. Welcome aboard, Rachel!

Don't forget about the PAGH Global Health Symposium in Virginia Beach, VA over the weekend of September 28-29, 2013. If you're able to attend and would like to volunteer, please email myself or Rachel and we will put you in touch with the appropriate contacts.

We are always looking for contributors for the Student Corner, so if you or someone you know likes to write, we'd love to hear from you! We would also like to hear from you if you have questions about PAGH or PA school in general, concerns, or ideas on how to make PAGH better.



Your PAGH Student Representatives,
Kendra Cutter, PA-S : cutt2072@pacificu.edu
Rachel Bonertz, PA-S : rlbonert@gmail.com

Announcements

Welcome To Our New and Returning Fellow Members!

Alison Kirby, Kristina Lynch, Jamie Krivoski, Travis Sherer, Joshua Patterson.

Welcome To Our New and Returning Student Members!

Mike Otte, Sarah Bennett, Elizabeth Prevou, Kiira Christianson, Erica Batres, Kulraj Bhatti, Meg Leone, Aaron Finley, Kyleigh Nelson, Troy Bowers, Jessica VanderWilp, Ahna Olson, Paul Redfern, Kathleen Carlson, Emily Breton, Ben Tanner.

Fellow Grants

\$500 fellow grant which is intended to support members working in underserved areas. You must be a current PAGH member to apply. Applications for our \$500 fellow grant will be available on our webpage, www.pasforglobalhealth.com. More details available on the application.

Due Oct 20, 2013 @ 12 pm PST



Careers / Announcements

PA Editors wanted

PAEA's scholarly publication, *The Journal of Physician Assistant Education* (JPAE), is seeking editors for four features: Cultural Perspectives, Global Perspectives, Medical Director Dialogue, and Technology and Education. For more information, visit: <http://networker.paeonline.org/2013/07/17/jpae-invites-applications-for-four-feature-editors>.

Clinical Associate Mentor, South Africa

American International Health Alliance, a government-funded non-profit that works in global health primarily in Sub-Saharan Africa, is actively recruiting **Clinical Associates Mentors** to serve in a 3-12 month placements in South Africa. Launched in 2008 by the South African Department of Health, Clinical Associates are similar to Physician Assistants and are dramatically increasing the number of mid-level medical professionals in the health workforce who are able to confront the country's immediate health needs.

The Volunteer Healthcare Corps began a South African Clinical Association Mentorship Program, providing US professionals (primarily physician assistants) with the opportunity to serve as mentors and clinical trainers of the students while they are in the district hospitals, often located in rural areas. This is a unique opportunity for highly skilled health professionals to directly apply their skills and expertise in a place that desperately needs it.

www.twinningagainstaids.org/documents/SouthAfricaCountrySnapshot07-09-12.pdf
Please contact Sara Adelman for more information about this post: sadelman@aiha.com

Positions Open in Afghanistan

Onsite OHS is looking for PAs to work in Afghanistan. Make a difference to EXPATS and Third Country Nationals in our clinics. Bring your boots and spirit of adventure! 12 month contract for up to \$205,000 plus benefits. For more information please go to www.onsiteohs.com or contact jessie.dyer@onsiteohs.com

Travel Packs by MAP International: Medicines and Supplies For Mission Trips

MAP International provides essential medicines for short-term missions through their Travel Pack Program. Medical providers experienced in short-term medical missions have helped design the MAP Travel Pack, a program with options for ordering either pre-packed assortments and/or customized orders, all consisting of the most essential supplies for clinic settings within the developing world. Products include: antibiotics, analgesics, antifungal creams, vitamins, medical supplies, rehydration salts, over-the-counter medications.

It is designed to relieve the time consuming and lengthy process of identifying diseases common to developing countries and then choosing appropriate medicines to take.

Per their website: Preferred MAP partners who order 20 or more Travel Pack Originals will get them for \$300 each until September 30, 2013. Regular price: \$400 each.

For more information, brochures, and order info, visit <http://map.org/content/travelpack>

International Training Courses Available

Oregon Health and Sciences University; Portland, Oregon. Sept 12-Nov 22, 2013
www.ohsu.edu/xd/education/continuing-education/global-health-center/gh-education/ptgh.cfm



2013 PAGH Global Health Symposium

Virginia Beach, VA. Sept 28-29, 2013.
the Sheraton Virginia Beach
www.sheratonvirginiabeach.com



- * Earn CMEs in topics related to working in under-served areas: women's health, contraception, ethics, nutrition, HIV, burn care in Africa, tropical diseases and more!
- * Network with global health PAs and organizations.
- * Participate in the PAs for Global Health semi-annual meeting, update, and resource sharing session.

- * Questions or recommendations? Contact conference coordinator Harmony at harmoniouspa@gmail.com

- * PAGH members: \$175
- * Non-PA/Non-PAGH members: \$225 (includes membership)
- * PAGH Student members: \$100
- * Non-PAGH students: \$115 (includes PAGH membership)
- * Single day: \$115. Single day student: \$60
- * Sheraton room rate: \$149 (must book by 08/27/13)
- * Nearest airport: Norfolk ORF



Open PAGH Positions

Want to participate in the only organization dedicated in advancing the PA profession globally? Email pasforglobalhealth@gmail.com if you are interested in an active role.

1. Treasurer

- Maintains treasury information.
- Develops Fundraising Plan with Fundraising Committee Chair.
- Presents monthly Treasurer reports .
- Develops aspects of Grant applications with Fundraising Committee.

2. President-Elect

- Supports President in duties including meeting agendas, business plans, progress reports.
- Helps coordinate committees.
- Automatically assumes President Position after 1 year of service.

3. Public Relations Chair

- Maintain our relationship and influence with AAPA,PAEA and state PA organizations, including participation on international committees of other large PA organizations.
- Help PAGH assert its role in Global Health arena.
- Develop informational tools for promotion of PAGH and use of PAs in underserved areas.
- Develop educational tools for NGOs that use PAs on the PA-physician team and proper use.
- Public relations with media.

4. Web Co-Coordinator

- Help manage web page, www.pasforglobalhealth.com.
- Announcements on web, Facebook, LinkedIn.
- Topic discussions on Facebook, Forums.
- Direct member questions to proper people.

5. Healthcare Disparities/ Cultural competency committee Chair

- Member and non-member education.
- Recruit experts to write articles for PAGH email/newsletter and speak at conferences.
- Topic discussions on FB, web forum, Nexus (newsletter).

6. Network Resource Coordinator

- Maintain and update database of organizations that use PAs in underserved areas.
- Research and publish upcoming opportunities for PAs and PA students.
- Develop searchable web-based database of organizations that use PAs.

7. CME Chair

Attending the 2013 PAGH Global Health Symposium is a perfect opportunity to learn the ropes so you can then lead the planning for our 2014 PAGH Global Health Symposium.

8. Research Committee

- Help coordinate and execute research projects directly related to global health and PA role.



Upcoming Medical Service Trips

Sea Mercy, Floating Health Care Clinic

www.seamercy.org

Tonga: June – August 2013.

Mountain Medics International

www.mountainmedics.org

Pisco, Peru, Earthquake Recovery: Ongoing
Cordillera Huayhuash, Peru: August 3 – August 16, 2013.

International Medical Relief

www.internationalmedicalrelief.org

Thailand Gulf: September 7 – 15, 2013.

Senegal: October 17 – 27, 2013.

Uganda: November 22 – 30, 2013.

Cambodia: December 26, 2013 – Jan 2, 2014.

Amazon Promise

www.amazonpromise.org

Villages of the Yarapa, lower Ucayali, and lower Marañon rivers:
Sept 7 – 28, 2013.

Project CURE

www.projectcure.org

Haiti: Sept 14 – 21, 2013.

Flying Samaritans

www.flyingsamaritans.net

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

Peacework Medical Projects

www.peaceworkmedical.com

Ranquitte, Haiti: Summer 2013.

Benjamin Wellness Center

www.benjaminwellness.org

Gatamaiyu, Kenya: Jan 2 – Jan 19, 2014.

Health Horizon International

www.hhidr.org

Dominican Republic:

January 4 – 11, 2014.



Volunteer Organizations

If you are aware of any trips or organizations that are looking for **PA volunteers**, please contact Olivia at obockoff@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

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

Health Volunteers Overseas - looking for volunteers to train and educate local health care providers around the world. www.hvousa.org

HealtheChildren - Ecuador, Haiti. Contact: jensorooni@gmail.com. www.healthechildren.us

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

Hospitals of Hope - Year-Round Clinic work opportunities in Bolivia, Haiti, and Liberia.
www.hospitalsofhope.org

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



Volunteer Organizations

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

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.nunoproject.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.operationsmile.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

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

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

Help Nexus Improve! Your input can make a difference for future issues of Nexus. We welcome suggestions and submissions for future Book Reviews, Spotlights, or other features. And of course any and all comments are welcome. Contact chad.eventide@gmail.com

