

NEXUS

Physician Assistants for Global Health Monthly Newsletter

OCT 2013

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PAGH 2013

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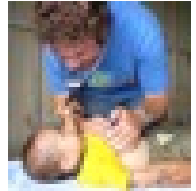
Assistants for Global Health



Physician Assistants for Global Health
Local Hands, Global Reach

Getting PAGH Online

Jacob Hauptman, PA-C, President, PAGH



Over the nearly 4 years that I have been with PAGH I have watched the organization grow and develop, with new membership, new volunteer board members, a consistent monthly newsletter, and now two successful global health conferences. As a completely volunteer-run society, some of the changes we implement can take a little bit more time to perfect, one of these being our new website. Now in our 9th month of using *pasforglobalhealth.com*, our excellent web developer Stephen Pasquini is still working out some of the bugs including the connection speed, new member sign-ups, and access issues. He has been donating his time to do this in between working full time as a PA, being a parent, and volunteering time in Haiti.

I want to thank everybody who has contacted us with any issues regarding the website and I want to encourage everybody to continue to do so. Stephen will continue to work on the specifics of the website so that we can effectively offer opportunities for networking with

like-minded PAs and PA students as well as deliver relevant information on global health topics. In addition, over the next 4 months I will be working with Stephen to obtain experienced web support so that the bugs are fewer and further between. We will also be working to achieve our goal of creating an interactive database of volunteer organizations that utilize PAs and have upcoming opportunities so that as a member you will be able to find the trip and organization which fits your needs. We appreciate your continued patience and we hope to have smoother, better web access in the near future.

As always I would also like to take this chance to encourage our members to contact us if they want to join our board or volunteer their time. We can always use the help, and with more PAs and PA students involved, it will help ensure the continued success of PAGH. Please contact either myself at hauptmanjacob@yahoo.com, or send an email to our organization at pasforglobalhealth@gmail.com. Thank you again for being a part of PAGH!

Welcome To Our New and Returning Fellow Members!

Kelly Humes, Jean Covino, Sunshine McWhinney, Natalie Meulenberg, Jefferson Rodieck, Mindi Mancuello, Dustin Ross, Elizabeth Bachiochi, Jonathan Benak, Erin Kelle Dean, Jane Whitney, Jenora Randolph, Alice Price, Robin Loubert, Matthew Crystal, Eric Guajardo, Martina Murialdo, Joanna Dubinsky, Ashley Kalvaitis, Bomoyo Nkongolo, Jacqueline Benson, Emily Durret, Drew Lopenzina.

Welcome To Our New and Returning Student Members!

Jo Myers, Kelsey Slavik, Sayre Limburg, Reagan Gagnon, Julie Zito, Morgan Crandall, Christine Gasparo, Taera Robbins, Emma Williams, Anna Moore, Michael Tansey, Cara McGee.



Disease of the Month: Guinea Worm Disease

Brittany Collins, PA-C

Guinea Worm Disease (GWD) is caused by a parasitic worm *Dracunculus medinensis*. This worm is the largest of the human tissue parasites and can measure up to 800mm in length and 2mm in diameter [6]. GWD is the first parasitic disease set for eradication in the 1980's by the World Health Organization (WHO) and has already been successfully eliminated in several countries. In 1986, there were 3.5 million GWD cases per year and that number has decreased to 524 cases in 2012 thanks to the GWD Eradication Program [1].



<http://www.who.int/dracunculiasis/epidemiology/en/>

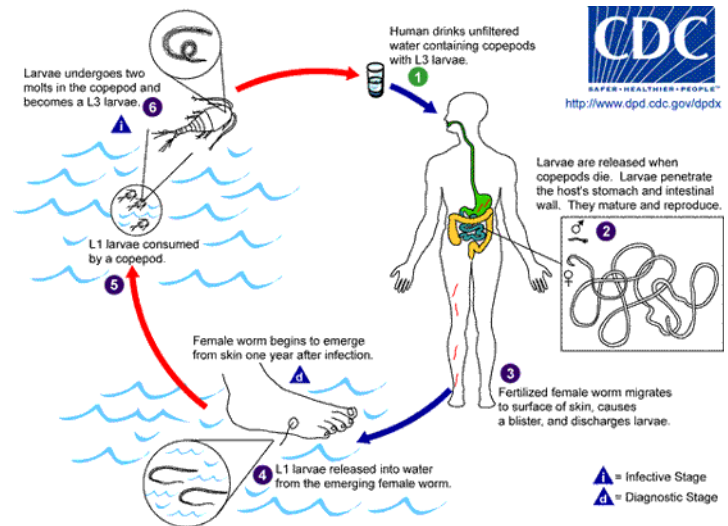
Epidemiology

More than 96% of cases in 2012 came from South Sudan with the remainder in Chad, Ethiopia, and Mali. GWD is spread by drinking contaminated and stagnant water that contains copepods (water fleas) that carry the Guinea worm larvae [1]. In dry regions, people usually get infected in the rainy season when stagnant water is available. This is opposite of wet regions in which infection usually occurs during dry season when water sources begin drying up. The greatest risk factor for GWD is having the infection in the prior year. It is unclear if this is due to a biochemical susceptibility or repeated contamination of water sources combined with conditions favoring the spread of disease [1]. GWD occurs in the poorest 10% of the world in populations that have no

access to clean drinking water or health care and therefore is a disease of poverty and cause of poverty [1].

Pathogenesis

GWD is caused by a round worm or nematode. A human will ingest contaminated water sources which contain mature larvae via copepods. Once ingested the copepods will die and larvae will be released to penetrate the host stomach and intestines where they mature and reproduce. A female worm will then migrate to the surface of skin where a blister will develop and larvae are released into a water source as the female emerges. This is typically 1 year after infection. A female can have up to 300 embryos [1]. The larvae are then eaten by copepods in stagnant water sources and mature after 2 weeks to begin the life cycle again. [2]



(Continued on page 3)



Disease of the Month: Guinea Worm Disease (*cont.*)

Brittany Collins, PA-C

Clinical Manifestations

As stated above, it takes about 1 year for the female to emerge at the surface of the skin. Many persons will be asymptomatic until this time. When the person begins to feel ill they may develop slight fever, itchy rash, nausea, vomiting, diarrhea, dizziness [5]. The most obvious sign of infection is a blister that develops and can form anywhere on the skin. In most cases the blister will form on the lower portion of the body. It will enlarge and cause a burning pain. Often due to pain, persons will put the body part in cool water which causes the worm to burst from the blister and release hundreds of thousands of larvae [5]. It is thought that the worm will sense temperature change when the body part is in water causing the burst [6]. There can be complication associated including pain when removing the worm, wound infections that can lead to sepsis, septic arthritis, or tetanus. Also, if part of the worm breaks off in the body the dead worm can cause inflammation, pain, and cellulitis in the remaining part of the body. Disability is from pain and secondary bacterial infections cause disability lasting up to 8.5 weeks on average and sometimes permanent cases [5].


Diagnosis and Treatment

Diagnosis is clinical based on systemic symptoms of illness followed by development of classic blister.

Treatment often occurs after immersing body part in cool water for symptomatic relief. Optimally each day the affected body part will be placed in water to encourage more of the worm to come out. This stage is important in prevention of transmission and infected persons should not be allowed to enter drinking water sources. The wound should be adequately cleaned then gentle traction is used to slowly pull the worm out. It is important to stop pulling with any resistance as breaking of the worm can cause disability and pain to infected persons. Full extraction can take several days to weeks due to length of worms. As the worm is pulled it is wrapped around stick or gauze to maintain some tension on the worm and

encourage emergence and prevents slipping back inside. Topical antibiotics and wound dressing is used to prevent secondary bacterial infection of wounds. These steps are repeated until the worm is fully removed. [4]

Prevention

The Guinea Worm Eradication Program uses a number of interventions to prevent transmission including case surveillance and containment, provision of safe drinking water and filtering aids, vector control with chemical larvicide, and health education and community mobilization. [4] 

References

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Student Corner: My Volunteer Experience in Ukraine

Erica Batres, Pre-PA student

This summer, my father, a family practice doctor, and I spent one month volunteering at The Way Home, an organization that provides housing, education, legal representation, and medical services to homeless children in Odessa, Ukraine.

In preparation for my trip, I gathered a wide variety of medical supplies such as band-aids, alcohol wipes, and wound care materials. My employer donated medical supplies and medications, but after much consideration, I decided to leave them behind. The thought of explaining why I had a suitcase full of sharps and prescriptions to Ukrainian customs was a bit daunting. I quickly discovered how complicated international medical volunteer trips are for this reason.

I rationalized my decision to ditch controversial supplies from the States by telling myself I would be able to buy anything I needed when I arrived in Ukraine. After one day of volunteering, however, I experienced the lack of access to basic medical supplies. While treating a homeless girl's self-mutilation cuts, I pulled out a little tube of Neosporin. The clinicians were thrilled to see I brought Neosporin, because it is not available for purchase in most Ukrainian pharmacies. I was astonished by the notion that Neosporin, an inexpensive and common ointment in the United States, is a luxury item in Ukraine.

I learned during my trip that although the state provides healthcare of all its citizens, most people avoid seeking medical care at all costs. A Ukrainian friend of mine said this is because "[hospitals] are places where people go to die." He described them as lacking basic materials and equipment, and being severely underfinanced. Emergency Medical Services will not even take you to a hospital unless you pay them when they arrive. The population that is most affected by these healthcare limitations are the low-income, and homeless youth.

Motivated to bring medical care to the children living on the streets, we headed out on our first street patrol throughout the city. That



day we encountered a group of homeless teenagers who displayed neurological defects due to a life of drug abuse. We cleaned and dressed some of their lacerations and abrasions but most of their medical concerns were not treatable without certain medication and supplies. Treating a bacterial infection, for example, was impossible since a full course of antibiotics costs more than most middle-class Ukrainians pay for one month's rent.

One of the teenagers started telling us he was having abdominal pain. My dad asked if he could examine his abdomen. What we witnessed was terrifying – we saw a healed, but poorly stitched, nephrectomy scar. To our surprise, another boy in the group had a nearly identical and equally disturbing scar. The boys were reluctant to truthfully answer my questions about how they got the scar, so I may never know their full story. We were told that organ harvesting and selling one's own kidneys for money is common amongst this population, however.

The inaccessibility of basic medical supplies, the exorbitant expense of vital medications, and the potential for organ trafficking in Ukraine illuminated the many medical disparities that exist around the world. My recent experience has not only fueled my passion to help, but also taught me how to better prepare for my next international volunteer trip.





Student Corner: Reflections of Ecuador

Danielle Littrell, PA-S, Arcadia University



I remember it as if it had happened last night. Tears streamed down my face, and I vacillated among anxiety, sadness and hope. How could something so devastating happen to a child of less than three years of age? Possibly years of corruption and preventable poverty brought him here. I can still visualize his family sitting in the unbearably hot, dirt-filled waiting room. They planned to bring him to the clinic the week prior, but transportation was costly. He would not stop crying. His temperature read 39.2 degrees Celsius - approximately 102.5 degrees Fahrenheit. His symptoms: malnourished, fever, jaundice, bloody vomit, and fatigue. The doctor confirmed the diagnosis I had feared: stage-three yellow fever.

As I learned in the classroom, yellow fever is easily treatable as long as the symptoms are not too devastating. However, in a climate where mosquitoes are plentiful, clean water is scarce, and medical attention to the general population is virtually nonexistent, yellow fever can be deadly. The staff's objective was the same as in the hospitals I worked at in the States: Help the patient. For the first time in my volunteer experience, I felt more than a sense of wanting to learn - it was more of an urgency to save a life. I felt anxiety, excitement, curiosity, and sadness -- a maelstrom of emotions that could never be taught, but was evoked by witnessing the human consequences of health care.

As a pre-med student from the U.S., I had more money than the child's parents could offer. All the students in the clinic contributed ten dollars so that the boy could have travel and care in a hospital for two days. A few days later, we learned that he needed no more assistance and that he was much healthier. In this case, ten dollars was enough to save this child's life; it was the best ten dollars I have ever spent.

It is heartbreaking to think that this situation could have been prevented with adequate education and access to medical care. My volunteering experience in Ecuador has helped solidify my aspiration to become a physician assistant and eventually travel abroad working in impoverished regions. It was the first time in my

life that I played a part in the powerful and humbling experience of saving a life.

Apart from the young boy with yellow fever, hundreds of patients came into the clinic in search of some help or relief. Walking miles in bare feet through sewage filled streets was worth the hours of waiting in a clinic to the patients. Most of the time the patients could be helped with basic medicines; however, there were the few whose illnesses surpassed the threshold of what the clinic could offer. In the United States, most of those people would have access to care. The dry season of coastal Ecuador in combination with large populations in poverty was the perfect storm for medical issues, and our clinic was all the local population had to rely on.

The clinic, Luchadores del Norte, is one of few who serve the impoverished Guayaquil area. With one doctor, and a pediatrician who practices twice a month, the clinic lines are usually out the door and down the street. It may be a small building with no electricity, but it



serves a large population who is lacking medical attention. I attained this position alongside two physician assistants through the service learning program IPSL (International Partnership for Service Learning). While living with a host family, I worked seven hours in the clinic during the day, and took classes at the local university (Universidad de Espiritu Santo) in the evening. This opportunity allowed me to integrate myself into public health and clinical situations in an international setting, while at the same time allowed me to take classes and expand on my Spanish vocabulary.

While that small child in Ecuador may have been the most poignant inspiration, there is still much to be done in international health. From policy and education to medical care and rebuilding, any person can be a part of changing the lives of others both at home and abroad.





Announcements

Fellow Grants: Last Call!

\$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.

Due Oct 20, 2013 @ 12 pm PST

Several Volunteer Opportunities in Nepal!

Hospital and Rehabilitation Centre for Disabled Children, a non-profit in Nepal, invites volunteers come for 4 weeks, and allow 2 weeks of travel time to enjoy the region.

\$200/week donation to HRDC + \$200/week for food/lodging
www.hrdcnepal.org or email adminhrdc@ntc.net.np

B. P. Koirala Memorial Cancer Hospital
is looking for PAs to be exposed to Pediatric Oncology
www.bpkmch.org.np or contact Earle Canfield at jecan314@gmail.com

ANSWER (American-Nepali Student and Women's Educational Relief)
www.answernepal.org or email jecan314@gmail.com

Social Entrepreneurship Institute Conference December 6, 2013. New Haven, Connecticut.

Presented by Unite For Sight, the Social Entrepreneurship Institute provides mentoring, guidance, and successful strategies for participants to apply to their work in global health, social entrepreneurship, and international development. In addition to unique interactive sessions by leaders in global health and social entrepreneurship, the Institute also includes networking receptions with the speakers.

www.uniteforsight.org/institute

Internship: ¡Soy Capaz!

Educational Programs of Amazon Promise

Amazon Promise is a U.S. based, non-profit organization whose mission is to give essential medical care and provide education to alleviate suffering, save lives, and inspire hope in the poverty-stricken remote and urban communities of the Loreto province in the Peruvian Upper Amazon region. Since 1993, Amazon Promise has been organizing four to six medical interventions per year, each staffed by educators and medical and non-medical volunteers. The organization is headquartered in the jungle city of Iquitos, while its strategies are developed by the core Members in the United States. Through Amazon Promise, over 120,000 inhabitants of the most underserved parts of Peru have received education and medical care, and over 800 professionals have volunteered their time. *(continued on next page)*



Announcements (*cont*)

¡Soy Capaz! is the educational program of Amazon Promise that specializes in the prevention of transmittable infections, HIV in particular, and of other common diseases, such as diarrhea (with focus on personal hygiene and water treatment). Furthermore, we address issues of domestic violence, alcoholism, and women's and reproductive rights. A new addition to our program is focus on the synergies between health-protection and environmental-protection behaviors.

¡Soy Capaz! is seeking an intern for strategic support of the program's operations, namely fundraising, grant writing and media outreach. The intern will work for the minimum of 20 hours/week for approximately 9 months, starting in fall 2013.

Specific duties include:

- **Fundraising:** ¡Soy Capaz! relies solely on private contributions. We need funding for the existing educational and training activities, and in order to include new educational topics that have surged from our ongoing dialogue with the local communities. We also intend to broaden our social services for patients from the jungle areas. The intern will thus provide support to the program's **fundraising operations** through grant and other prospect research, grant writing, and drafting of donor correspondence.
- **Media Outreach and Communications:** The intern will develop and maintain the program's **media presence** by drafting press releases, by regularly featuring the program in social media (including Facebook, Twitter, YouTube, blog, etc.), and by working with alumni and friends to draft and place articles and commentaries in publications.

Qualifications:

- **Strong writing skills** and the ability to communicate with diverse audiences.
- Previous experience in fundraising, particularly grant writing, drafting of donor correspondence, and social media applications.
- Ability to work independently, prioritize, and make deadlines.
- Commitment to international development and providing services to populations in need.
- Experience working and/or living abroad, preferably in Latin America
- Proficiency in Spanish preferred

The intern will be asked to demonstrate the results of his/her funding research, produce large quantities of written text, and maintain the program's media presence on a weekly basis. All work will be conducted in close collaboration with Director of Educational Programs, Dr. Elena Deem, who will manage the intern, and under the general supervision of the President of the organization.

While Amazon Promise is unable to offer compensation, **the intern will be invited to participate in one medical expedition in Peru.** Amazon Promise will waive **50%** of the trip fee, and **100%** provided the intern is fluent in Spanish (note: all travel expenses, e.g.; airfare to Peru/Iquitos, hotels and meals while in Iquitos will be the responsibility of the intern).

To be considered, send a cover letter, resume, writing sample, and two letters of recommendation to elena@amazonpromise.org. No phone calls or inquiries, please. We cannot respond to every applicant, but you will hear from us if you are selected for an interview. For more information about Amazon Promise, visit the Web site at www.amazonpromise.org

Amazon Promise has been recognized for its long-term commitment and effectiveness to improving health in Peru. In March 2010, Amazon Promise President Patty Webster was named a *CNN Hero* (www.cnn.com/heroes) for her life-long dedication to providing desperately needed medical care and health education to vulnerable populations in Peru. The organization has been featured in the *Huffington Post*, the *Detroit News*, and *VIV Magazine*; promoted by the Portland Area Global AIDS Coalition; and past volunteers have received awards for their work with Amazon Promise, including the D. Robert McCaffree, MD, Master FCCP Humanitarian Award.



Careers

U.S. Department of State

Now accepting applications for Foreign Service Health Practitioners.

Due **October 23, 2013.**

http://careers.state.gov/specialist/vacancy-announcements/hp?source=govdelivery&utm_medium=email&utm_source=govdelivery

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 an 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

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.paeaonline.org/2013/07/17/jpae-invites-applications-for-four-feature-editors>.



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. 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.

4. 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).

5. 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.

6. 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.

7. Research Committee

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



Upcoming Medical Service Trips

International Medical Relief

www.internationalmedicalrelief.org

Senegal: October 17 – 27, 2013.

Uganda: November 22 – 30, 2013.

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

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.

More medical service trips are always being scheduled.

There are dozens of medical volunteer organizations that enlist Physician Assistants for its service trips around the globe.

See the following pages for our listings. Please let us know if you know of others to share!



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.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

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

