

N Global Health NEWS

CONTEMPLATION • COMPASSION • JUSTICE



Santo Tomas church in Chichicastenango. In the early 1700's, the Popul Vul, one of only 9 surviving Maya parchments, was found hidden beneath the steps of this church. Everything currently known about ancient Maya astronomy is derived from this parchment.



What is “Global Health”?

A working definition proposed in The Lancet

“Global health is an area for study, research, and practice that places a priority on improving health and achieving equity in health for all people worldwide. Global health emphasizes transnational health issues, determinants, and solutions; involves many disciplines within and beyond health sciences and promotes interdisciplinary collaboration; and is a synthesis of population-based prevention with individual-level clinical care.”

www.thelancet.com Vol 373, June 6, 2009.

Pakistan Flood Relief

Ahmed, an 11 year old Pakistani boy who had seen our truck pull into the relief camp, approached us, “Are you from the government? Have you brought food for my family? We haven’t had anyone come by here in five days and I’m so hungry,” he claimed. As we drove through the relief camp in Nowshera, Pakistan, many other people like Ahmed gathered around. Soon, we had about 50 people following our truck asking us to please help them and their families as they hadn’t eaten in several days.

I had set off on this trip full of naïve optimism that I could be a big source of hope for my beleaguered countrymen. Driving through this camp quickly made my heart sink. These men, women, and children were not in need of a small truck carrying 40,000 rupees (\$450) worth of relief goods like I had brought with me. As I looked out into their desperate eyes and sweat/dirt covered clothes as they emerged from their tents (built adjacent to a massive graveyard), I knew that these people needed a miracle.

During the months of July and August 2010, the people of Pakistan were left to deal with the aftermath of the worst flooding in the country’s history. The impact of the floods was



truly catastrophic. 2,000 people were killed, over 1 million homes were destroyed, and 21 million people were rendered homeless as the waters showed little mercy. During the peak of the flooding, 1/5 of the country was submerged by water. To put this into perspective, the United Nations has estimated that these floods have affected more people than the 2004 Indian Ocean tsunami, the 2005 Kashmir earthquake,

and the 2010 Haiti earthquake combined. Furthermore, the Government of Pakistan estimates that when it is all said and done, the total damage caused by the flooding is expected to exceed \$45 billion. In a country where 25% of the population lives below the poverty line, this is nothing but catastrophic.

As these events unfolded in my home country, I felt like I could not sit back and simply watch. I planned a trip to Pakistan and before I left I worked with the Global Health Interest Group, friends, and mentors from the community to raise \$200 in cash donations. My family donated an additional \$250, and this amounted to about 40,000 Pakistani Rupees. We are also collecting clothes, shoes, and canned goods throughout

this month. With my cash donations in hand I left for my hometown of Islamabad, Pakistan on September 9th, 2010.

As soon as I reached Islamabad, I began to plan out how I was going to be of use to the flood victims. My cousin and I decided that instead of simply donating the cash to a charity we should physically travel to some flood-stricken areas ourselves and distribute relief goods. We went to a large utility store on the outskirts of Islamabad where we assembled 40 bags of relief goods. These bags each cost 1000 rupees and contained 1kg rice, 3kg lentils, 0.5 kg sugar, 0.5 kg salt, 0.5 kg tea, 0.5 kg powdered milk, and 1 packet of spices. We estimated that this was enough food to feed a small family for several days. Our goal was to reach 40 families in the area. On the morning of Thursday, September 16th 2010, we loaded our truck and set off towards Nowshera, a city in the Khyber Pakhtunkhwa province located about 100km west of Islamabad.

I was very fortunate that we had a driver who was from Mardan, a town very close to where we were headed. His knowledge of the surroundings and mastery of Pushtun, the language spoken by most of the local people, proved extremely vital. As we approached the camp in Nowshera, he turned to me said “Sahab, mai aik doosra camp jaanta hoon. Udhar koi bhi nahin jaata. Un logon ko bohut zaraoorat hai iss samaan ka.” (Sir, I know



a different camp here where none of the relief agencies go. It’s a little out of the way, but those people really need help.) So, we changed destinations, and decided to head out to this other camp instead. As we began to approach the camp, I realized exactly to what our driver was referring. Even getting to this camp proved hazardous as we had to make a very sharp turn on a major highway and cut across several lanes of speeding traffic. The camp was sandwiched in between a hilly mountain on one side and a massive graveyard on the other. There were dozens of tents haphazardly scattered around, built wherever people could find some semblance of flat ground. Unsurprisingly, there was no paved road, or any road whatsoever for that matter, and we were now fully relying on our driver to navigate his way through the camp without hitting any tents, objects, or flood victims.

As we slowly navigated the rocky roads, people like Ahmed saw our truck and began to gather around. Soon, we could no longer get any deeper into the camp because people had surrounded our truck and were not letting us go any further.

At this point, the situation became very real for me. On the flight over to Pakistan I was under the naïve and childish impression that I would be welcomed into the camp as some sort of a hero. However, this was anything but a hero's welcome. All around me, I could see looks of desperation from men, women, and children. These were people who had not eaten in days, and seeing our truck loaded with food had given them enough energy to get up and demand their share. Soon, the looks of desperation turned into looks of anger, and my hope and optimism started to turn into slight fear. I was worried that a fight was going to break out because even though I had brought 40,000 rupees worth of food, these people looked like they needed 40 million rupees worth of help. There simply was not enough food to go around - I knew it, my cousin knew it, and the people who had gathered around the truck knew it. My cousin and I decided that the best course of action to avoid any violence was to distribute the food as soon as possible and then quietly head out of the camp.

We hopped onto the back of the truck, and as we tried to distribute the goods, people decided that this is not how things were going to go down. First, two gentlemen climbed onto the truck and tried to tell us that they would direct proceedings. This upset



the masses even more and then a few more hopped on. Soon, dozens of people had either hopped onto the truck, or were attempting to get down without having their newly acquired bags of food stolen from them. People were jumping on, grabbing a bag, and running off into the distance. The 40 bags had disappeared from the back of the truck in a matter of a minute or so. Thankfully, there were no acts of violence to report. While the people who were not able to get a bag were disappointed, they understood that we did not represent the UN or the Pakistani government or any other organization. As the situation calmed down, I proceeded to talk to some of the flood victims that had stuck around after the distribution fiasco. Hearing their stories took this visit to a whole new level. I heard tales of immense suffering and profound loss. People



had lost their life earnings, their homes, and most importantly, their family members. All in the blink of an eye...

As we got back into the car and drove out of the relief camp, I couldn't help but feel for these people. To date, they had been left to battle with the brutal summer heat of July and August. In a few weeks, the winter will start, and this heat will give way to the harsh winter cold. The temperatures in the summer here can approach 50°C, and in the winter drop to below 0°C. I knew as I drove back to Islamabad that this trip was just the tip of the iceberg. I had only visited one relief camp in one city out of hundreds that had been brutalized by floods. I had met about 100 people at this camp, and yet there were 20 million Pakistanis living in such conditions throughout the country. And not only are they battling extreme weather conditions out of a tent, they are also battling a government that is desperately short of funds at the best of times. Even the governments of the leading nations around the world like the US and the UK would struggle to adequately cope if 20 million citizens were displaced and 1/5th of their countries were submerged underwater. However, in a poor country like Pakistan, this task becomes borderline impossible without outside assistance.

This is where you, the reader, can step in. For the last 2 months the Global Health Interest Group has had boxes set up outside of Lecture Rooms A and B. We are collecting clothes, shoes, and canned goods for the Pakistani flood victims. I urge you, on behalf of the people of Pakistan, to be gracious with your donations. We will ship all items we collect to Pakistan. They will be distributed to relief camps like the one I visited, and will directly impact the lives of dozens of innocent men, women, and children who have had their lives turned upside down by forces totally outside of their control. I thank you in advance for your whole-hearted generosity!

Adil Z. Solaiman
Penn State College of Medicine, Class of 2012

For questions, comments, or concerns, please email me directly at asolaiman@hmc.psu.edu, or contact the Global Health Interest Group at pennstateghig@gmail.com

LionCare

LionCare, Penn State College of Medicine's student run free clinic, recently celebrated the completion of ten years of service to Harrisburg's uninsured and underinsured population. A well timed and well deserved "birthday present" from the state of Pennsylvania was received in the form of a grant awarded to free clinics throughout the state. The funds will be used for multiple projects in the clinic. One major highlight includes the conversion of a room currently used for administrative tasks to a fifth examination room, providing students the opportunity to serve more patients. A second large project includes the addition of a vaccination clinic. LionCare will now offer a variety of vaccinations including Influenza, Pneumovax, Hepatitis A and B, Tdap and Gardasil to their patients.

Along with providing benefits to our patients in the form of additional services, the grant funds will provide numerous benefits to our students in the form of new learning opportunities. On clinic nights, first and second year student pairs develop their history taking and physical exam skills under the guidance of volunteer physicians. Working at the clinic is a wonderful opportunity for students to enhance their skills while giving back to their community by providing health services to individuals who would not otherwise have access to care. LionCare is always in need of physician volunteers to precept on clinic nights. Any physicians that are interested in working with students to serve the uninsured population are encouraged to contact the physician coordinators at:

LionCare@hmc.psu.edu for more information.

UPDATE

Global Health Interest Group



October 25th

About 30 students attended the first Global Health Faculty Dinner of the year.

A video screening and discussion was held at Dr. Fredrick's house. A Movie called "A Walk to Beautiful" that documents the plight of obstetric fistula sufferers in Ethiopia and the inspiring journey of five women as they move from devastation and despair to restored health, was shown.

If any faculty are interested in hosting such an event please contact Ben Fredrick at nfredrick@hmc.psu.edu or call Tomi Kurzinger at: 531-0003 ext: 281192.

Penn State Internal Travel Funding Opportunities

- The Doctors Kienle Center for Humanistic Medicine
- Derry Presbyterian Church Scholarship
- Mark J. Young International Health Policy Scholarship
- James and Mae Teeter Scholarship
- Dr. Graham Jeffries International Scholarship (new 2010)

For details regarding these scholarships, please visit our website:

<http://pennstatehershey.org/globalhealthcenter>
Tab: Travel Abroad Help

World Culture Club of Hershey and of Central PA meets the First Wednesday of each month

Lecture Room C
Hershey Medical Center
World Culture Club of Central PA presentations are taking place on the first Wednesday of each month.
<http://www.world-culture-club.org/>
For more info call: (717) 566-3553

Upcoming Trips

November

Children's Heart Group to Guayaquil, Ecuador

Dr. Fredrick:
to Pestel, Haiti

February

Dr. Virginia Hall:
leading a team of 12 to Northern India

Dr. Devyani Chowdhury:
Exploratory trip to India.



Student Experiences

INDIA:

ALLISON GOCKLEY:

This past summer, I travelled to Jamkhed, India through the Comprehensive Rural Health Project. The project was started by a local husband and wife team committed to improving the lives of the rural poor. Initially, they opened a clinic, but quickly realized that health could be vastly improved by focusing on other factors such as water quality, agriculture and women's rights as opposed to just medical care alone. Today the Comprehensive Rural Health Project hosts medical, public health and nursing students for a 1 month course aimed at learning the basics of rural health including medicine, community development and economic development. The course is a mixture of classroom and field visits. **Contact:** agockley@hmc.psu.edu

ECUADOR:

PENN STATE GLOBAL HEALTH SCHOLARS:

This past May, eight current 2nd year students travelled to Ecuador as part of the Global Health Scholars Program. The first 2 weeks were spent in Cumbaya and Yaruqi, near the capital city of Quito. At Yaruqi, we shadowed family practice, OB/GYN and pediatric physicians at a public hospital, and took overnight call in the Emergency Room. This hospital serves mainly indigenous people who are not able to pay for services, and it was an eye-opening experience to witness how physicians make use of limited resources to care for a multitude of patients. In Cumbaya, we stayed with host families, learning more about the Ecuadorian culture while practicing our Spanish skills. We worked at a daycare and also worked in a Rotary Clinic with Dr. Boley, an obstetrician from Lancaster General Hospital, and Dr. Groh, a pediatric rheumatologist at HMC and co-director of the Global Health Scholars Program (along with Dr. Fredrick of the Family and Community Medicine Department).

Prior to journeying to Ecuador, we had developed research projects that investigated

the use and practices of curanderos (natural healers), prevalence and beliefs about breastfeeding, delivery practices and resulting complications, COPD and relation of pulmonary disease to tobacco and alcohol use, training of pharmacists and their methods of prescribing antibiotics, anemia in elementary school children, health literacy, and prevalence of asthma related symptoms in adolescents. Several faculty were instrumental to completing our research, including Dr. Keil from the Biochemistry Dept, Dr. Lengerich from Public Health Sciences, and Dr. Nkromah, from the Pediatric Critical Care Dept. Keep an eye out for upcoming events to meet the scholars and learn more about the program!

Contact: amorrisson2@hmc.psu.edu



PANAMA:

ANNY SMUCKER

It was a week after we had arrived in Panama and we were already on assignment deep in the jungles of Trinidad las Minas, a community approximately 2 and a half hours west of Panama City. Our work included setting traps throughout the jungle for small mammals and setting traps around the village houses to catch small sandflies. Both small mammals and sandflies would be tested for the presence of leishmaniasis in Panama City at Gorgas Memorial Institute.

The sky was cloudy, but we were confidently told by Senor Montenegro, a member of the village who was our trusty jungle guide, that it would not rain. Shrugging our shoulders, myself and another student followed our research team into the jungle without proper rain gear. Thirty minutes into the excursion, the clouds unloaded

and we spent the next two hours in the pouring rain macheting our way through the jungle. Lesson learned: never leave home without rain gear during Panamanian rainy season.

This story was just a snapshot of the adventures that came with my research abroad. I spent the summer working with researchers at the Gorgas Memorial Institute researching tropical diseases. My research focused on identifying risk factors for acquiring cutaneous leishmaniasis, a prevalent parasitic disease that is found in South and Central America. I was also fortunate to be able to work at all different levels of a larger project being conducted in the parasitology department at Gorgas. I was able to participate in field-work, lab work, and clinical work all focused on cutaneous leishmaniasis.

Contact: jsmucker@hmc.psu.edu

Scholarships received

Derry Presbyterian International Scholarship

American Society of Tropical Medicine and Hygiene Ben Kean Scholarship

Infectious Diseases Society of America Medical Scholarship

HONDURAS:

CHRISTINA HUANG

For three weeks I lived in a small hospital funded and run by CURE International, a non profit organization based here in Pennsylvania. The hospital is the first and only elective pediatric orthopedic hospital in Honduras with state of the art facilities and highly skilled Honduran physicians. Most of my time was spent in clinic or in the operating room observing Dr. Schwentker - a retired pediatric orthopedic surgeon at Penn-State Hershey - or working with his Honduran counterpart, Dr. Vasquez. I observed dozens of cases of congenital diseases that are exceptionally rare now in the US including Perthe's Disease, hip dislocations, untreated osteogenic sarcomas, Spina Bifida, Cerebral Palsy, gigantism, achondroplastic dwarfism, various idiopathic bone deformities, and dozens of clubfoot anomalies. In my free

time, I worked on the hospital's electronic records for my MSR project looking at the changes in treatment from surgical to non-invasive treatments for children with congenital club foot. The hospital is now the center of a national clubfoot program with 19 satellite sites and in the past year has treated over 300 children. Working with the Honduran children, speaking with their families, and seeing the resilience of children with crippling physical deformities was both a learning experience and a motivational one as well.

Contact: chuang2@hmc.psu.edu
or cureinternational.org

Scholarships Received:
Sidgmore Family Foundation

PANAMA:
MALIKA ATMAKURI

When I was contemplating how to finish my MSR during the summer after MSI, the one thing I knew was that I wanted to be a foreign country. I was lucky enough to make a connection with a professor at Penn State who had colleagues, at top Panama research institutes, willing to accept a summer student.

Although I lived and worked in Panama City, I studied Chagas disease in a remote village known to be an endemic area for Chagas. Visiting Lagartera Grande was a unique experience. Just to reach the village involved hours in a 4 wheel SUV through dirt roads winding through the mountains, only to arrive at a lake which we crossed by fitting 11 people and all our supplies in a rickety old wooden canoe with a dysfunctional motor. At the village itself, I visited the school to obtain blood samples from all the local children to transport to the lab in Panama City to test for the disease. As an additional service, we also tested previously collected feces samples from all the children for parasites and giardia. One of the local helpers even climbed a mango tree at the end of our visit to supply our lab group with fresh mangoes! I had the chance to practice my Spanish with my lab group and the new Panamanian friends I made along the way.

Throughout my time in Panama, I participated in field work and bench work to contribute a broader Chagas project at the Gorgas Memorial Institute. I was also exposed to the running of a clinical trial and as well as their local health care system, both in the city and the village.

Contact: matmakuri@hmc.psu.edu

Scholarships Received
PSU-Lloyd International Research
Scholarship
American Society of Tropical Medicine and
Hygiene Benn Kean Fellowship
Infectious Disease Society of America
Scholarship



The Global Health Center is a multidisciplinary center that seeks to understand and address “health issues that transcend geographic borders and that commonly present a greater burden to disadvantaged populations.” In keeping with the University’s Center of Global Program Strategic Plan (2009-2013) to promote “Global Citizenship, Global Leadership”, the Global Health Center will seek to train students to “think globally while acting locally”.

The Center provides organization and oversight for the medical center’s educational, service, and community research activities in global health. The Center is responsible for promoting global health issues on campus.

If you would like to contribute to the quarterly newsletter or the blog, please contact the Global Health Center (GlobalHealthCenter@hmc.psu.edu). If you are not receiving this publication but would like to be added to the list, please send an email to GlobalHealthCenter@hmc.psu.edu

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On the Web: <http://www.pennstatehershey.org/globalhealthcenter>