

Winter 2011

Global Health NEWS

CONTEMPLATION • COMPASSION • ADVOCACY



Special Edition:
Surgery Abroad

Dr. Robert Harbaugh – Neurosurgery in China

Interviewed by Sarah Smith

Dr. Robert Harbaugh, a neurosurgeon at Penn State Hershey Medical Center has been interested in neurosurgery since the beginning of his first year of medical school at The Penn State College of Medicine. On his interview day, Dr. Harbaugh was interviewed by the chief of neurosurgery.

Following his acceptance, Dr. Harbaugh received an invitation to work in the chief of neurosurgery's lab. Dr. Harbaugh accepted the offer and was captivated with neurosurgery from that point on.



The Penn State neurosurgery department is currently involved in several projects overseas including work in Zambia, Australia, and China. Dr. Harbaugh became involved with neurosurgery in China when the Chinese Bureau of Health contacted the Penn State neurosurgery department, looking for partners in the United States. The Bureau sent twelve Chinese students through an exchange program to train for a couple months in neurosurgery and neuroscience research. Through this exchange program, the partnership initiated international clinical trials for a malignant brain tumor drug as well as building an ALS clinic in Tianjin, China modeled after the ALS clinic here.

China

Dr. Harbaugh has been to China five times and has been able to visit hospitals, scrub in for operations, and give talks to students and faculty. When asked what differences he noted in the Chinese neurosurgery department, Dr. Harbaugh expressed that he was surprised to learn that Chinese neurosurgeons have a more restricted field of

practice than neurosurgeons in the United States. While he is used to performing a variety of spinal cord, carotid, and cranial surgeries, Chinese neurosurgeons primarily focus on cranial surgeries, leaving the remaining surgeries for the general surgeons.

Dr. Harbaugh also discussed the disparity in access to health care in China, which does not have universal health care. Access to healthcare operates on a two-tiered system. People with money, communist party members, and people with private insurance are able to receive excellent care. However, poor people and those living in rural areas receive second-rate care, if they receive care at all. Dr. Harbaugh explained that the top tier is rapidly evolving and that the Chinese Bureau of Public Health is working hard to build new hospitals, with signs in Mandarin and English, hoping to serve as an international referral destination. Unfortunately, the bottom tier is left out, and an individual's inability to pay will prevent him or her from receiving the help they need. Dr. Harbaugh expressed his discomfort with this disparity by stating "I can't imagine a brain tumor patient showing up at my clinic and not being able to treat them, regardless of their ability to pay."

Dr. Harbaugh enjoys going to China because he is able to gain insight into how medical systems operate in other parts of the world. He also thinks it is a good opportunity for his residents to be able to see other cultures and medical systems. Finally, he enjoys visiting with good friends he has made during his visits, as well as helping to advance neuroscience in China.



Dr. Ned Schwentker – Pediatric Orthopaedic Surgery in Honduras

Interviewed by Lionel Fonkoua

Dr. Schwentker first thought about traveling to Honduras after being contacted by Dr. Brad Hoch, a pediatrician based in Gettysburg. Dr. Hoch had been doing missionary work in Honduras and solicited the help of Dr. Schwentker to help with the multiple cases of clubfoot deformities that he was seeing. Dr. Schwentker agreed and in June 1995, flew to San Pedro Sula as part of Medical Ministry International (MMI), a faith-based organization that specializes in promoting short-term medical and dental projects throughout the Developing World.

After this first short two-week project, Dr. Schwentker was hooked. He subsequently led 26 two-week pediatric orthopedic projects with the help of local doctors and other members of the Pediatric Orthopedic Society of North America (POSNA). With time, he realized that MMI did not have enough resources to help him fulfill his dream of having a facility where he could work full-time and provide year-round care. That's when he contacted Dr. Scott Harrison of CURE International to solicit some advice. He made a commitment to work in the hospital for 2 years, if CURE would build it.

It came to pass, and in January 2009 The CURE Honduras Hospital was opened for business. The first year of operation was remarkably successful with 4,364 outpatient evaluations, and 539 operative procedures performed on 382 children.

Pediatric Orthopedic Hospital in Honduras

Dr. Schwentker is most proud of the fact that there is now a hospital in San Pedro Sula, equipped by First World standards, which provides the best pediatric orthopedic care in Central America. He expects to periodically go into rural areas in different parts of the country and hold clinics and identify patients that can then come to the main clinic for the operative treatment they need.

Although retired, Dr. Schwentker has retained valuable connections with the medical school where he is still involved in medical education, facilitating PBLs and providing global

health experiences for both medical students and residents, trying to infect them with the “working in the developing world bug”.

Advice

According to Dr. Schwentker, to those interested in global health it is very important to learn the culture of the country. The first step is certainly to learn the language, and it is even more important to be sensitive while seeking to understand the people and the way they work. He also believes it is extremely important to combine the service with teaching local doctors, to ensure a sufficient amount of trained healthcare professionals who can take care of the patients afterwards.



Drs. Jay and Pauline Bridgeman – CURE Hospital, Honduras

Interviewed by Derek McCleaf

Honduras

Drs. Jay and Pauline Bridgeman are both physicians at the Penn State Hershey Medical Center. Dr. Jay Bridgeman is an orthopedic surgeon, and Dr. Pauline Bridgeman, board certified in internal medicine, pediatrics, and infectious diseases is currently focusing on general pediatrics at the medical center. Although the Bridgemans have spent many years working at Penn State Hershey Medical Center, they will soon be moving to Honduras to work at the CURE hospital. Dr. Jay Bridgeman will serve as the house orthopedic surgical officer and Dr. Pauline Bridgeman will be consulting part-time in pediatrics and infectious diseases. Most of their time



will be spent performing their clinical duties, training national residents, and organizing the teams of foreign physicians that volunteer their time at the hospital.

As for their motivation, both physicians talked of long-standing desires to practice in developing countries. As a child, Dr. Jay Bridgeman’s family was strongly involved in faith-based mission work in other countries. Dr. Pauline

Bridgeman has a significant amount of family overseas, so the distance is a part of the normal flow of family interaction. Both physicians stated that they drew strong motivation from their religious faith. CURE, being a religiously oriented NGO, is a very good fit to their Christian beliefs and professional aspirations.

The CURE hospital was founded by Dr. Edwards ‘Ned’ Schwentker. Dr. Schwentker had been operating in Honduras for many decades, during which he built up a network of physicians at the Penn State College of Medicine. He consulted his fellow physicians via email and even invited them to the country for elective rotations. Dr. Schwentker recruited the Bridgemans because of their relationship with him as well as their personal training. It is likely that these strong interpersonal and professional ties will bring strong relations between the CURE hospital in Honduras and the Penn State College of Medicine.

Challenges in Surgery

When speaking about the healthcare in Honduras Dr. Jay Bridgeman explained that in developing countries physicians face the issue of having minimal access to technology. The equipment is frequently out of date. A wide variety of diseases and pathologies can show up at any time, and it is difficult to proceed

with limited technology. The physicians work alone with much less consulting. Dr. Jay Bridgeman noted, “surgeons are challenged to achieve similar results” in developing countries as compared with surgeons in developed countries despite these limitations. He also mentioned that he sees pathology that has progressed far beyond what would normally be observed by physicians in the west. He noted that one particular man had



compartment syndrome so severe that his hand was curled into a claw.

The Bridgemans plan on living in Honduras as long as they continue to feel a sense of purpose at the location. Their intent is to go overseas long-term, but their first term will be for three years. During these three years, they will assess the goodness of fit of the mission in Honduras with their family. They have a bilingual school picked out for their children and have the full support of their extended family members.

The Children's Heart Group--Ecuador

The Children's Heart Group has a rich history in global health. Dr. Cyran and Dr. John Myers, director of pediatric cardiothoracic surgery, spearheaded a medical outreach effort to Colombia in the late 1980's that relocated to Guayaquil, Ecuador in the late 1990's. At the time, Hospital de Niño Roberto Gilbert Elizalde in Ecuador was a poor, resource limited healthcare center but had plans to expand its children's

hospital. Developments ensued to such that today there is a catheterization lab. The team performs 8-10 ablation surgeries annually, about 300 children are evaluated, and 30 undergo operations. Each year the Children's Heart Group takes a team of about 60 members, including physicians, nurses, 4th year medical, senior nursing, college, and high school students.

Dr. John "Jack" Myers – Pediatric and Congenital Cardiac Surgery in Ecuador

Interviewed by: Yuri Gordin

Where did you obtain your education and medical training?

I grew up in Indiana, and attended an all-men's liberal arts school called Wabash College in Crawfordsville, IN. Then I went to Indiana University for medical school, from which I graduated in 1977. Following that, I completed my residency in General Surgery in 1983 at Penn State Hershey Medical Center and a fellowship in Cardiothoracic Surgery in 1985. I also completed a fellowship at Children's Hospital of Philadelphia in Pediatric Cardiothoracic Surgery. I stayed on as a faculty member from 1986 to 1994, then worked at the University of Pittsburgh Medical Center (UPMC) from 1994 to 1997, and finally returned to Penn State Hershey in 1997, where I've been ever since. I've been doing Pediatric Heart Surgery for about 24 years now.

What is the history of your involvement in medical missions in South America?

I've been doing work in South America since the 1980s. Initially we had a group of about twelve individuals visit Colombia on four separate annual trips. We worked in a mountain town called San Gil. It was very rural, and the medical facility looked like something you could find in the U.S. in the 1920s. It was very antiquated. We eventually were urged by the U.S. State Department to avoid Colombia with such a large group, because of security concerns, so we stopped. When I was at UPMC, I traveled to Venezuela, but since returning to

Hershey I have worked in Ecuador with Dr. Stephen Cyran (Pediatric Cardiology), Dr. Patrick McQuillan (Anesthesiology), Dr. Brian Clark (Pediatric Cardiothoracic Surgery), Dr. Steven Lucking (Pediatric Critical Care Medicine), Dr. Linda Pauliks (Pediatric Cardiology), Dr. Mark Cohen (Pediatric Cardiology), and Dr. Ramesh Kodavatiganti (Pediatric Cardiac Anesthesiology), among many other important members of our medical team. We currently travel every November to a town called Guayaquil in Ecuador, where the hospital was actually in really bad shape the first trip. Fortunately, the second year we came to Guayaquil, the Junta di Beneficiaria de Guayaquil (a foundation that runs the lottery system in the region and uses proceeds to provide health care and facilities for uninsured citizens) had completed construction of a large 400-bed hospital. The Junta has been very effective in improving health care quality in this part of Ecuador, having built pediatric, adult, women's, psychiatric hospitals as well as a maternity ward. There is a building on the grounds of the hospital that used to be nuns' quarters, but the nuns no longer live there, and so we use that as living accommodations during our stay. We do about two cases per day, so it comes out to 15-20 cases over the course of the week.

Is there anything lacking at the hospital? How does the health care environment differ between Ecuador and the U.S.?

Well, despite having nice facilities, the machines are rather outdated. Labor is cheap so it is easy to build a facility, but the cost of outfitting the operating room is much higher. Furthermore, there's the problem of structuring an efficient health care system. In the States, appointments are scheduled, you have support staff that attend to the needs of patients in waiting, and patients with pressing needs will be treated first, payment considered second. Unfortunately, in Ecuador you can literally walk into a large waiting room, sign in, and could sit there waiting to be seen for hours - and that's only if you can afford it. So there's not a high sense of structure or efficiency, but most simple cases are eventually treated.

As for the specialized work we do, very few such surgeries are done because of a lack of specialists locally that are trained to perform them. Those that can often work in a private practice setting and patients who cannot afford their services are left with no options. Many of the children simply die in the absence of the time-sensitive surgeries they require. Although we have made exceptions and taken on some of the most anatomically complex cases, we try to prioritize those children we can anticipate will have a good outcome and low risk of complications post-operation. Approximately 80% of the cases we treat involve less severe forms of Tetralogy of Fallot [a set of defects in the heart valves that causes less oxygenated blood to flow throughout the body], and since these

patients can survive for three to ten years with this condition we are able to schedule a fair number of the total cases in advance. We have found that our approach is the best way to treat the largest number of children without creating additional health complications that we cannot address due to the limited time we are in Ecuador.

Aside from the physicians you already mentioned, who else gets to be a part of your “team”?

We started as a single team composed of forty people, including nurses specializing in intensive care, technicians, residents in our program, as well as students whom we hope to educate through this unique experience. We have a highly selective program for Hershey High School students studying Spanish, and every year have about twenty-five top students that all would ideally be able to come, but we randomly select six students from this pool to make the selection process easier on

us. We also take some students from Penn State University Schreyer’s Honors College, and 4-5 fourth-year medical students from Penn State College of Medicine. I personally select all the students for the program, and have had a great time every year with the students who come along. I would encourage medical students who want to go to Ecuador on our medical mission to contact me in January of their third year of medical school. We try to have the medical students select Pediatric Cardiac Surgery as an elective for the month of November so they can get credit during their time with us.

Finally, what advice would you offer for prospective physicians who want to get involved in Global Health?

I have been interested in doing work like this since my years in training, but I never imagined I would be able to actually give back in a specialized field like Pediatric Heart Surgery because of how much

equipment and manpower is needed. And maybe that prevents specialists

from pursuing these opportunities, but the truth is there’s always a way. The hard part is getting a program established, but going back is easy and so rewarding. One of the big goals our team has is to get students and young doctors accustomed to service abroad, and if we can plant that seed our hope is down the road these individuals will be less intimidated to work along those same lines because they will have experience to build upon. I think it was [former U.S. Senator and heart and lung transplant surgeon] Bill Frist who once said, “Medicine is the currency for peace”, and I certainly hope that is the impact our program has.



Dr. Steve Cyran - Pediatric Cardiology in Ecuador

Interviewed by Michael Chau

Dr. Steve Cyran is a pediatric cardiologist in Penn State Hershey Children’s Heart Group. Dr. Cyran completed his residency training in pediatrics at Penn State Milton S. Hershey Medical Center and fellowship training in pediatric cardiology at Cincinnati Children’s Hospital Medical Center. Dr. Cyran currently practices with a comprehensive team of pediatric cardiovascular physicians to provide advanced heart care for patients ranging from newborns to adults with congenital heart defects.

When asked about his initial motivations to pursue medicine overseas, Dr. Cyran expressed the freedom of being able to do what he signed on to do in medicine – to care for patients without the impediment of excessive paperwork, restriction of hours in the hospital, and other variables that depreciate a physician’s commitment to medicine. There is also the appealing “frontier” mentality, as Dr. Cyran puts it, to take a form of medical practice to a place in the world where it does not exist. Providing medical care in Ecuador has allowed Dr. Cyran to rekindle the reasons that made him go into medicine in the first place.

Lessons learned

A complex system of healthcare providers is required to evaluate and perform open-heart surgery for children, including dynamic post-operative care. Educating the local healthcare providers,

particularly the postoperative nursing staff, has been the rate-limiting step in this effort. Dr. Cyran has also come to realize that there is a stark contrast between patient expectations in Ecuador compared to that in the US. In Ecuador, the expectation is simply that you care, while in the US patients feel more entitled to have their problems cared for.

Girl from the Amazon

Dr. Cyran shared a story about a 17-year-old girl that had a significant, inspiring impact on him. The girl was from the Amazon and traveled an immense distance to their hospital in Guayaquil, Ecuador by foot, horseback, canoe, and bus in order to be treated for a congenital heart defect known as Tetralogy of Fallot. The hospital has a rule that patients must be younger than 16 years old in order to be operated on, but the girl, even though she was over the age limit, convinced them that she was eligible. A few years later, she came back to the hospital with her own child and now has a family of her own. If there were one thing that continues to keep Dr. Cyran going and that he would like to share, it is that the gratitude that is expressed by the patients for your efforts is immeasurable.

Dr. Donald Mackay - Plastic Surgery with Operation Smile

Interviewed by Travis Ludwig

Dr. Donald Mackay is the William P. Graham III Professor of Plastic Surgery and Chief of Plastic Surgery at Penn State Hershey Medical Center. He has worked internationally with Operation Smile, performing cleft lip and cleft palate repair operations. Operation Smile has performed over 150,000 cleft surgeries in over 50 countries.



Why did you choose to work in plastic surgery?

I was initially trained as a dentist in South Africa. This led me to surgery, and I later practiced in Britain before coming to the United States. This is the greatest country in the world. You are measured by excellence, not by what you look like or anything else. There is no other place like that.

How did you get involved in global health efforts?



I began by working on programs for AIDS orphans in South Africa, specifically a program called N.O.A.H. (Nurturing Orphans of AIDS for

Humanity). The AIDS death rate has peaked in South Africa; about 1000 people are dying from AIDS each day, and that leaves a huge number of orphans. The programs provide food, clothes, counseling, and other support for these at-risk youth. I later became involved in Operation Smile because there was such a huge need for these cleft repairs. It is an excellent organization that replicates exact operating room conditions anywhere; China, Siberia. Standardized conditions and modern technology ensure patient safety in any environment. Operation Smile was the project doing the best job at fighting this problem.

Where does Operation Smile work?

I have worked in India, but Operation Smile goes to dozens of countries all over the world. A large expansion is underway in China. The need there is almost unimaginable. I usually go on two trips a year.

Who gets surgeries?

We don't operate on children under one year of age for safety reasons. Many patients are children, but I have operated on old men in India. They have never in their whole lives had access or money for these surgeries. It is really amazing. We take as many patients as many as possible, but unfortunately we cannot accept everyone.

With estimates of 200,000 children born with clefts each year, how does Operation Smile hope to make a dent in such a huge problem?

A big part of the Operation Smile program is training surgeons and developing incentives for doctors in the countries themselves. Foreign doctors can only do so much and it is better when they can do the work themselves. Education is important, but we cannot simply train plastic surgeons; many will do elective surgeries and not repair clefts. We are working towards establishing year-round clinics, rather than



temporary operations, staffed by both local and international physicians. The effort is growing, but growth must not exceed the limits of safety and surgical excellence.

Do you have any advice for aspiring surgeons?

How are your grades? You had better be at the top of your class in everything if you're thinking about surgery. You must always work harder; surgery requires excellence.

Are there opportunities for students to shadow you or travel abroad on surgical missions?

Yes, we are working on developing opportunities, come talk to me.



Dr. Spence Reid - Orthopedic Trauma Surgeon with Operation Smile in Haiti

Interviewed by Juliette Mandel

Dr. Spence Reid is an orthopedic trauma surgeon at Penn State Hershey Medical Center. In January 2010 he went to Haiti with Operation Smile following the earthquake. Although Operation Smile was originally founded to help repair cleft lips and other facial deformities, Dr. Reid assembled a team and flew to Haiti where they stayed for approximately two weeks, performing surgeries on everything from skin grafts for broken legs to general wound repair.



Working in Haiti was full of obstacles. Getting to the location where help was needed was a huge challenge. Small planes from Port Au Prince had to pass through the Dominican Republic, and long bus rides were necessary to get to locations in dire need of basic medical care.

Dr. Reid's team partnered with local orthopedic and plastic surgeons in Haiti. The team soon realized that they weren't going to be doing any trauma surgery for chest or head injuries, because people who sustained those injuries died before making it to the hospital. Those who were able to survive the journey to the hospital had suffered mainly arm and leg injuries.

After the earthquake, there was a waiting period to build the infrastructure needed to house and take care of locals who had been injured. Utilizing the mantra "build it, and they will come," a local orphanage was transformed into a hospital and local efforts collaborated with the team to help set up a makeshift clinic to begin treating patients. After only 10 days, the patient

load dramatically increased from 50 to 250. Dr. Reid and his colleagues set out to help as many patients as they could. "People are the same anywhere you go," Reid explains, "grateful and filled with hope even in times of desperation."

Lessons learned

One of the hardest lessons Dr. Reid learned while working in Haiti was that you can only take care of the people you can get to. "There is a feeling, an understanding that only comes as a result of spending time abroad in a country that has been destroyed by a disaster such as the earthquake in Haiti. It is a realization of the 'overwhelming-ness' of the problem," states Dr. Reid. His advice for medical students and doctors traveling abroad to help in Haiti was clear and simple, "Focus on the people that you can, and don't assume you will have anything there when you get there."

According to Dr. Reid, one of the most frustrating parts about working in Haiti was the question, "what happens next?" After fixing a child's leg, it was naïve to think that the child was "in the clear." Considering the current cholera epidemic and the sanitation situation a year out from the earthquake, saving a child's leg doesn't necessarily mean saving his life. One should consider what kind of life the child will have.

Because many of Haiti's surgeons were lost in the earthquake, Dr. Reid is planning to go back to train Haitian orthopedic surgeons. Dr. Reid stressed that there is a need to not only bring care, supplies, and doctors to aid in the rescue relief, but also to train native Haitian doctors to help the country build the infrastructure necessary to foster the progress of recovery.

Upcoming Events

Global Health Night

Speakers: Thuy Bui, M.D., University of Pittsburgh and John L. Myers, M.D., Penn State Hershey Children's Hospital
Date: January 27, 2011
Time: 5:30 PM • Location: T-2500

GHIG monthly talks

email Anny Smucker: annysmucker@gmail.com, or Christina Huang: christina.lee.huang@gmail.com for more information.

Unite for Sight Conference

Date: April 15-17, 2011
Location: Yale University
FMI: <http://www.uniteforsight.org/conference/>

Film Showing: The English Surgeon

Date: March 24, 2011
Time: 5:00 PM
Location: Junker Auditorium
For more information on the film:
<http://www.theenglishsurgeon.com/>

Global Health Day

Date: April 26, 2011
Scholars Debate, scholarships awarded along with Medical/Nursing Students International Experience Presentations
Time: to be determined

Global Health Student/Faculty Dinners

Location: Home of Thomas Lloyd, PhD

Gordon Kauffman, M.D.

Malawi, Africa and Bolivia, South America

Is there one place you work volunteer primarily? Can you tell us a bit about it?

I have visited Togo, West Africa on several occasions. There is a hospital that is fully equipped with two operating rooms. The surgeons spend anywhere from two weeks to 6 months. Many of them are retired surgeons. I have also been to Guinea, West



Africa where there was just a clinic and I was the only surgeon for a couple of weeks. Last year I spent two weeks in Malawi, Africa where there was a hospital at which smaller surgical procedures were done by physicians but the larger cases were saved for our team of two surgeons. In October I spent two weeks in Bolivia, South America where two of us, with an anesthesiologist and a couple of nurses did the first surgery that had been done in that hospital. One has to be creative, flexible and recognize that you cannot fix everything. In some cases, the post operative support system is less than optimal. In Bolivia, for example, we had to bring our anesthesia



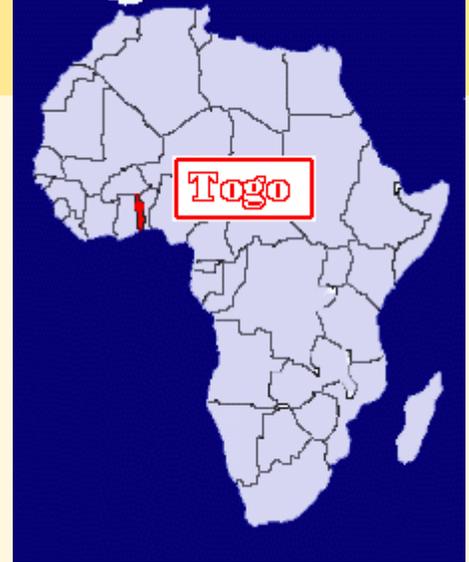
machine in pieces and put it together there. There are always lots of hernia repairs, hysterectomies, uterine prolapse repair, perforated bowel from typhoid, incarcerated and strangulated hernias, oophorectomies for symptomatic cystic disease, removal of ectopic pregnancies, thyroidectomies, cholecystectomies, all kinds of trauma (including orthopedics) and C-sections.

How do surgeons contribute uniquely to the work in global health?

Surgeons bring an opportunity to help people with conditions for which there are no medications. Most of the time what we do really has an impact on the patients' quality of life rather than being lifesaving, with the exception of such conditions as ectopic pregnancies. At hospitals where there are surgeons all the time, surgeons save lives by operating on bowel obstruction, bowel perforation, appendicitis, ectopic pregnancies and trauma.

Do you remember your first volunteer trip abroad? When did you realize that you were going to continue to provide surgical care abroad? What motivates you?

My first medical trip abroad actually occurred during my senior year of medical school. I spent three months in Eritrea. Not much happened from that time until 2003 when my younger son, as a senior medical student at the University of Michigan asked if we could go abroad together. That was the first trip to Togo. I realized, then, how much benefit surgeons can be to global health. So, as I needed to use vacation time for these trips, I reduced my FTE to 0.9 which gave me an extra 4-5 weeks of vacation for trips such as these. I am always motivated by helping people in need, especially those with no other recourse. Now, when opportunities arise for which I am contacted as a potential member of the surgical team, if I can logistically work it out, given my commitments here,



I go. The challenges are enormous and as I mentioned, one has to be creative yet careful.

To young, budding surgeons, what advice do you have for them if they are interested in including global health work into their careers?

I suggest that young surgeons learn basic operative techniques that don't require sophisticated equipment. There are no staplers, laparoscopes or CT scans. It is also important to learn as much ultrasound as possible because many hospitals do have that capability, albeit rudimentary. Learn how to do regular laparotomies, hand sewn bowel anastomoses, and all those basics that are being lost in our world of Western technology.



World Affairs Council Spring Event Schedule:

The Penn State Global Health Center has recently collaborated with the World Affairs Council for a series of upcoming events. The World Affairs Council of Harrisburg is affiliated with the World Affairs Councils of America based in Washington, D.C. It is dedicated to educating and engaging the residents of our region in global issues. For more information: <http://www.wacharrisburg.org/>

Feb. 3, 2011

From Aids to Swine Flu: Why Global Health Matters

Time: 6:00 PM

Panelists: **Devyani Chowdhury, MD**, Division of Pediatric Cardiology/Children's Heart Group – Nyes Road; Milton S. Hershey Medical Center
N. Benjamin Fredrick, MD, Director, Office of Global Health, Department of Family and Community Medicine,

Dr. Mehdi Noorbaksh

Coordinator of General Education and Humanities at Harrisburg University of Science and Technology

Jose Stoudt, MD, Dept. of Medicine

PSU College of Medicine

Location: Harrisburg University

Auditorium

Reception hosted by:

Penn State College of Medicine Global Health Center

March 3, 2011

Socialized or Privatized: Who Lives Longer, Better?

Location: Harrisburg University

Auditorium (tentative)

Reception following event

Panelists: **Wenke Hwang, Ph.D.**, Public Health Sciences, PSU College of Medicine

Dennis Felty President and CEO of

Keystone Human Services

Sarah Noorbaksh, MD, Messiah Village

April 7, 2011

Poverty & Global Health

Time: to be determined

Location: Harrisburg University

Auditorium

Reception following event

May 5, 2011

America's Healthcare –

What's Right, What's Wrong

Key Note Speaker: Dr. Darrell Kirch, President and Chief Executive Officer of the Association of American Medical Colleges

Time: 6:00 PM

Location: Harrisburg University

Auditorium

Reception hosted by: The Doctors Kienle

Center for Humanistic Medicine, Penn

State College of Medicine

June 2, 2011

High Tech Health

Location: Penn State Hershey Simulation

Center, Penn State Milton S. Hershey

Medical Center - Including tour of the

Simulation Center

Reception hosted by: Penn State Hershey

Simulation Center



Haiti Medical Update

Child Health Campaigns in rural Pestel, Haiti:

- Reached 12,000 children
- Cost: \$3 per child per year

Results show

- 50% anemia with worst section at 80% anemia (avg in Hbg = 8)
- 30% malnutrition
- successful deworming based on post-intervention survey

In the works

- GIS mapping of all 220 villages in Pestel
- Anemia Campaign
- Community Health Education (nutrition, hygiene)

For more information contact:

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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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