



The JOURNAL

of Phi Rho Sigma

Volume 113

Winter 2018

58th Grand Chapter Meeting June 2017 - Tampa, Florida

Highlights of the meeting included the awarding of the Cutter Medal for outstanding service to the field of medicine to Dr. Michael Mara. Dr. Mara is a graduate of Notre Dame and received his medical degree from the University of Michigan where he served as President of Zeta Chapter. He is an Orthopaedic Surgeon and is now associated with the Beacon Hospital in Dublin. Previously he had been in Africa serving as the Head of Orthopaedic Surgery at the AIC Kijabe Hospital in Kenya and as the Associate Director of the RCSI/COSECSA Orthopaedic Surgery Training at the same hospital. Involved in international training and disaster relief he has volunteered in many countries through out the world. Honors include the Dr. Thomas A. Dooley Award from the University of Notre Dame which is conferred on an alumnus who has exhibited outstanding service to mankind and the Heart of Healthcare Award from the Volunteers in Medicine for his dedication to the poor and disadvantaged in society.



Greater Dayton. Dr. LeRoy gives much of his time back to the Dayton community serving many organizations in various capacities. He is also a past president of the Ohio Academy of Family Physicians and has received both the Educator and Philanthropist of the Year award from the Ohio Academy. Honors include being named as one of America's Most Positive Physicians, Miami Valley Physician of the Year, and the National Council of Community and Justice Humanism Award.

The McLain Medal goes to the undergraduate member who has done outstanding research while in medical school. This year the medal was presented to Leah Svingen of Iota Chapter at the University of Nebraska. She has served as President of her Phi Rho Chapter and is the current President of Alpha Omega Alpha Honor Society. Leah will graduate in 2018 and plans for a residency in psychiatry.

Other educational sessions were presented by Dr. Julie Best, Dr. Michelle Polich, Dr. Christy Benson and Dr. Gabriel Cuka.



The recipient of the Griffin Medal for service to Phi Rho Sigma was Dr. Gary LeRoy of Dayton, Ohio. He is a graduate of Alpha Upsilon Chapter at Wright State University in Dayton and now serves as the counselor to that chapter. He has also

served the society on the national level where he holds the office of Vice-President. Presently he is Associate Dean of Students of Student Affairs and Administration at Wright State University where he is also an Associate Professor of Family Medicine. In addition, he is practicing part time at Community Health Centers of

In this issue:

- 1 58th Grand Chapter Meeting - June 2017
Tampa, Florida
- 2 Officers Elected for the 2017-19 Biennium
- 3 Goals of Phi Rho Sigma
- 4 Phi Rho Grant Helps With Service Trip to India
- 5 Colonel Thomas Tredici, MD: Seventy-Five Years
of Selfless Service
- 6 Report From Uganda

Officers Elected for the 2017-19 Biennium



Executive Committee

*1st row - l to r - Dr. Sheryl Mascarenhas, Dr. Elisabeth Righter, Dr. Julie Best
2nd row - l to r - Dr. Gary LeRoy, Dr. Gabriel Cuka*

Elected to serve as officers of the Grand Chapter were: Dr. Elisabeth Righter - President, Dr. Gary LeRoy and Dr. Julie Best - Vice Presidents, Dr. Gabriel Cuka - Treasurer, Dr. Casey Drake - Historian and Dr. Sheryl Mascarenhas, Editor. The following undergraduates were elected to serve as Grand Council members: Tayler Bockstock - Theta Tau, Claire Kwan - Alpha, Brooke Kennedy - Alpha Upsilon and Nicole Patel - Zeta. Alternate undergraduate delegates elected are Brittany Thomas - Eta, Tanner Hannapel - Iota, Sylwia Rychtarczyk - Eta, Eliza Peirine - Theta Tau, and Matt Thomas - Alpha Upsilon. Dr. Righter announced that the following would serve as committee chairs this biennium - Neil Knight, Leah Svingen, Dr. Michelle Polich, Dr. Joseph Wheeler, Dr. Christy Benson, Dr. Wade Swenson, Dr. Patrick Crooks, and Dr. Worthe Holt. Congratulations to all!

Goals of Phi Rho Sigma

Phi Rho Sigma has five goals which every chapter needs to meet each academic year. One of these goals is to promote the concept of medicine as a professional service to society. Our chapters do a great job of meeting this goal with their many activities.

At Northwestern members participate as medical volunteers at the Hustle Up the Hancock to provide medical assistance to those making their climb up the Hancock building in order to raise funds for lung disease research. Members also participated in Chicago's March for Science...they did whatever was needed...putting up booths, clean up and provided assistance where needed.

Zeta members participate in Tag Days with the Galens Medical society to raise money for local children in need.

Our two chapters in Omaha compete against each other in the Phi Rho games. Each chapter recruited nine teams of six people each and there was a friendly competition with proceeds going to the Meyer Foundation for Diabetics. Iota also hosts a Phi Rho for a Cause Golf Outing. The golf outing raised \$6,000

last year for the Meyer Foundation for Disability and is a good way to include the entire medical school, alumni and the community. Project Homeless Connect is a yearly event that hopes to provide and connect Omaha's homeless with much needed healthcare. Eta members give eye exams to attendees and hand out reading glasses to participants.

Service to others is one of the most important components of Alpha Upsilon chapter. Their programs are many and varied ranging from helping the children at the St. Vincent de Paul Center at Halloween and Valentine's Day, Special Olympics, Habitat for Humanity and Day of Caring Community Wide Pancake Breakfast. Their main philanthropy is their annual Food Drive. This is a community wide food and donation collection and last year provided 12,600 meals to the greater Dayton area.

At Theta Tau members participate in the student-run volunteer clinics such as the Pillsbury House and the Phillips Neighborhood Clinic. They also give of their time and talents to Feed My Starving Children and Loaves and Fishes.

Phi Rho Grant Helps With Service Trip to India

My name is Matthew Borchart, I am a second year medical student at Creighton University. During the summer between my first and second year of medical school I had the opportunity to travel to India on a healthcare-centered service trip through a program called Project CURA, a group organized by Creighton medical students. The goal of the trip is twofold, as represented by its name: CURA stands for Creighton United in Relief Assistance, and also references Cura Personalis, a core principle taught to Creighton medical students that each patient should be viewed holistically and as an individual. While abroad, our goal was both to offer our developing skills in the form of service to the healthcare community, and also to gain a greater appreciation for the local culture and understand how healthcare works in a different part of the world. Ultimately, our hope was that through international outreach we could gain a greater understanding of cultural differences in medicine, with a broader perspective on issues facing healthcare on a global scale.

We arrived in Mumbai in May 16, 2017, and left for Pune the following day, which is a city about four hours southeast of Mumbai. There, we spent nearly two weeks working with a local nonprofit organization called 'Tara Mobile Creches Pune' that provides education and regular health checkups to underserved children around the city of five million. The first day we were there we went to a work camp, where families housed in cramped huts of corrugated iron spend their days working on a nearby construction project to build luxury high rise apartments. While the parents work on the building, their youngest kids attend class in a small community hut, which functionally operates like a preschool or kindergarten might. During this time we were joined by local Indian medical students and a local physician, and together we performed physical exams on the roughly 100 children and decided what, if any, medical action to take. We grew very familiar



Our Project CURA India group. Seven medical students went on our trip, and 28 medical students total went abroad through Project CURA this year.

infections, tonsillitis, and skin rashes, but noted that nearly every child we encountered was malnourished, some even with severe acute malnutrition. We provided multivitamins to these children, but unfortunately many of their families simply could not afford adequate food. Since monsoon season was nearly coming, the local medical students were expecting to see a rise in parasites in these children, who often did not have access to clean water.

with how to do a basic checkup on a child, focusing on ears, nose, throat, mouth, abdomen, heart, and lungs to find any signs of infection or abnormality. We would then present the child to the Indian physician to develop a plan. We did this every day while in Pune, moving to different camps around the city, all of which were under similar conditions of poverty. We encountered many health conditions relatively common in pediatric cases, such as ear



After a much needed break for a week, we travelled to Shillong, a smaller city in the Northeast. It's important to note here that the cultures we saw differed vastly in the different parts of India we visited, especially in the Northeast where hundreds of different languages are spoken. Here, our healthcare experience primarily involved shadowing local physicians in the intensive care, emergency room, pediatric, and surgery departments. Through our conversations with the physicians we got a much better idea of how healthcare in India functions. There is no health insurance system, so all costs are out of pocket. When a physician recommends a treatment for their patient, they also give them a price of how much it will cost so the patient can decide if they can afford it. Many patients must also decide between visiting a government or private hospital, with the government ones being cheaper but overcrowded and the private ones often being faster but more expensive. One experience that will stick with me was an elderly patient who needed to receive



... Continues on page 4

albumin as a treatment, which he was told would cost several hundred rupees per dose, and he needed three doses. As he and his son deliberated over the decision of whether or not they could afford it, I realized that the entire bill would cost the equivalent of about \$40, which I had in my pocket at the time. I have never been faced with a scenario where I would have to forgo treatment because of cost, but that was the reality for this family, and for what seemed to me to be such a small price. Poverty's effect on a healthcare decision in this scenario made me really think about how socioeconomic forces could guide decision making in such a critically important situation. In another case, a young man in the operating theatre was having a plate removed from his fibula, which he had broken playing soccer. The doctor had used Indian-made screws when he originally placed the plate, since they were significantly cheaper than American-made screws. Unfortunately, since they were made of cheaper metal, many of them stripped when he attempted to remove them, so the entire plate could not be removed. Again, cost acted as a barrier to achieving good healthcare.

Following Shillong, our final destination was Tura, a rural town also in the Northeast. Here, we did more shadowing, and I had the opportunity to see several fascinating cases that I might never encounter again, including patients with Dengue Fever, Tuberculosis, and Tetanus. When one patient suffered a stroke, I realized how frustrating it must be for the physician to have so little equipment to diagnose his patient. Whereas in the United States we would immediately order a CT to decide on the next course of action, there were no such tests available at this hospital. What few tests were available were often far too expensive for the typical patient to afford out of pocket. When speaking to the physician, he informed me that while practicing there he is challenged to be the best physician he can be. Since patients can often only afford one or two lab tests (if any at all), he is forced to primarily use the signs and symptoms they present with to settle on a diagnosis, and must select any tests he orders very carefully because of their limited availability. He told me that practicing here demands a lot from physicians, who must become extraordinarily familiar with how certain disease states present. In the stroke patient, for example, the presence of convulsions was used as criteria to determine if it was ischemic or hemorrhagic in nature. He encouraged me to return to Tura once I'm a physician, not only to help the underserved community, but also because he thinks the limited-resource experience in such situations is invaluable for young doctors.

After Tura, we began our journey back to the United States. Though I'm still reflecting on my experiences there, I believe I have gained a great deal through my experience with Project CURA. India, while an incredibly beautiful country with a vast array of different cultures, faces an overwhelming amount of poverty. This poverty is evident everywhere you look

in the country, from the broken houses covered in trash to the homeless folks begging on the street. What amazed me is that one of the biggest problems facing healthcare in India is also currently the biggest issue facing healthcare in America – accessibility. While an inarguably greater proportion of people in India are in poverty and can't afford healthcare, still both countries face a situation where the poor cannot access the healthcare they need. My experience in India gave me a very personal experience with poverty and the difficulties it presents to families seeking healthcare. I am eager to carry what I learned in Project CURA into my career with a greater understanding and compassion for those who struggle to pay for their healthcare. Being involved in healthcare in a non-English speaking country also helped me become comfortable working with people who I have difficulty communicating with. Nonverbal communication was often key to my success while working with young Hindi-speaking children, and is a skill that I will always be able to use with my non-English speaking patients. Finally, India gave me a sense of what I really care for in our own healthcare system. I am incredibly thankful for the insurance helps Americans cover their medical bills. In India, where there is no comparable system, the prices that doctors quote for patients are intimidating and can lead to poor health decisions. Money should not stop us from choosing what we want for the health of ourselves and our loved ones, and in America we are fortunate to have a system where our conversations with physicians can be focused on what's best for us, not how much it will cost. Still not everyone has access to functional health insurance in the United States, but experiencing healthcare in India has inspired me to continue fighting for a system where everyone in the United States can use our healthcare system. My Project CURA trip to India has helped me understand the things I stand for as a physician-in-training, and I am incredible thankful for the invaluable learning experience it presented.

— Matthew Borchart, Eta Chapter

Lessons Learned in Residency

"Top Ten Things I Learned in Residency" was the topic represented by Dr. Christy Benson, Mu, at the 2017 meeting of the Phi Rho Sigma Grand Chapter. The following are her top ten things:

1. You are not a super hero, you are only human
2. Stay positive
3. The intern year may not actually be the hardest year of your residency
4. Take care of yourself
5. Keep studying
6. Don't be afraid to ask for help or admit that you don't know everything
7. Trust the process
8. Learn from your mistakes but don't dwell on them
9. Continue to fear the whale
10. Don't try to be the best in the world but instead be the best for the world

Spotlight on Alumni - Dr. Thomas Tredici

Dr. Thomas Tredici, Chi, was honored by the Daedalian Foundation with the first Col. Thomas Tredici award for the top UTP graduate of the Flight Surgeon's School at Wright Patterson which was presented in December of 2017. The award's name was chosen by the Flight Surgeon school leadership and honors Dr. Tredici's 75 plus years of both being a pilot and a doctor. His teaching at the Flight Surgeon's school is unparalleled to any other. The award is to be given three times a year to the top graduate of each class and is to be presented by a Daedalian at the graduation ceremony.

The Daedalians are an all services aviation organization with a mission to advocate for air and space power and honor those who flew and fly in defense of our nation and to promote military aviation, education, citizenship and charity. Their philanthropic arm is the Daedalian Foundation. The article on Dr. Tredici was written by Major General Jerrold Allen, Foundation Chair, and originally published in the Winter 2017 issue of their magazine. The article is being reprinted with the permission of the foundation.

Seventy-Five Years of Selfless Service

When the Japanese attacked Pearl Harbor on December 7, 1941, Daedalian Tom Tredici had recently graduated from high school and was working in a Pennsylvania steel mill. For years he had held a strong interest in aviation so he set his sights on serving as a military pilot. Initially he lacked the required college degree for flight training. Soon that requirement was replaced by a written test and a physical examination. Tom passed both and awaited his call to fly. But almost immediately he was drafted.

He reported to Miami Beach for basic training and lived in a large hotel. He was housed on the 12th floor and the trainees were not allowed to use the elevator. Of course much of his initial training involved running up and down endless flights of stairs. Tom excelled in basic and the Army sent him to Wittenberg College in Springfield, Ohio. Two weeks before finals he was ordered to Santa Anna, California, and was then assigned to primary flight training. He earned his wings in May of 1943 and trained in the B-17. His crew sailed on the Ile-de-France to join the 751st Squadron, 457th Bomb Group, 8th Air Force. They flew combat missions over Germany, Czechoslovakia, and Poland.

They were targeted by anti-aircraft fire on every mission. Often the briefer would declare "There is no known flak at the target." Immediately the crews would respond "But plenty of unknown flak!" The B-17s flew at 30,000 feet and higher. The aircraft were unpressurized but Tom says his crew suffered no significant health issues due to the altitude, other than the discomfort of the

extreme cold and the need to wear several layers of bulky clothing, plus flak vests. To insure that they would not be mistaken for spies if shot down, crew members wore their uniforms, including collared shirts and ties, under their flight gear.

Tom and his crew had completed 18 combat missions when the war in Europe ended. They flew to the States in their B-17G, My Mary Myrtle, to train in the B-29. They expected orders to the Pacific theatre. While they were awaiting training, Japan surrendered. Tom was discharged in December of 1945. He immediately entered college and then completed medical school. Next he entered the Air Force as an ophthalmologist.

During his distinguished medical career, Doctor Tredici never forgot the effects of his cold, unpressurized combat missions in the B-17. He was assigned to Scott and Clark Air Force Bases and performed surgery in Vietnam during 1965-66. Then he served for 50 years at the USAF School of Aerospace Medicine. When he retired in 1987 he was the only WWII combat aviator on active duty. Upon retirement he began 24 years service to airpower as a civilian employee. Even today, in his tenth decade, he serves as senior scientist emeritus at the School of Aerospace Medicine. Major General George Anderson, Commander, Human Systems Division, Air Force Systems Command, said "Colonel Tredici's quest for excellence has been unmatched in duration and consistency." During his career, Tom worked to shield aviators' eyes from the effects of nuclear detonations, and he fostered development of the gold visors that protect astronauts' eyes from ultraviolet radiation. He taught countless flight surgeons to support aviators. For 50 consecutive years he was invited to present papers at top-level professional conferences. Throughout his career he advanced airpower by supporting the men and women serving in Air Force aircraft and spacecraft. Tom Tredici's 75 years of exemplary aerospace achievements epitomize the Daedalian tenet of placing service above self.



✓ US OUT!

Website at
www.phirhosigma.org

Report from Uganda

Dear Dr. Ayres,

I would like to sincerely thank Phi Rho Sigma for helping fund my trip to Uganda this summer through Project CURA. This was an incredible experience for my group and me. The trip was costly, so I am incredibly grateful for having received assistance from Phi Rho.



to witness an incredible surgeon, who single-handedly treated two cases of femoral osteomyelitis, gave a skin graft to a burn victim, delivered a baby via C-section, removed a ganglion cyst, and treated a severe case of genital warts. The region we were in does not have surgical specialists,

so in the words of the surgeon I was working with, "If I don't treat these patients, nobody will."

This was the first year Project CURA sent a group to Uganda. We partnered with Global Livingston Institute, a non-profit organization based out of Denver that was started by a Creighton graduate. I was chosen as the group leader and made the journey with four of my classes. We were based in Kabale, Uganda and worked at two hospitals and one outreach clinic for four weeks. This was an incredible experience for all us and is something we will surely never forget. Alongside local health care providers, we were able to see hundreds of patients, some of whom were in their 80s and had never seen a medical professional in their lives. They lived in rural areas without any form of transportation and walking to the hospital would've taken multiple hours. We also tested hundreds of people for HIV, diabetes, and UTI. I had to opportunity

In addition to our medical experience, we also had the opportunity to immerse ourselves in the local culture. We lived amongst 20 Ugandans, visited the local witch doctor, gave swimming lessons to children on Saturday mornings, went on a safari in Queen Elizabeth National Park, hiked a volcano, and visited the Rwandan Genocide Memorial. I am truly grateful for this opportunity and really appreciate the support I received from Phi Rho.

From the bottom of heart, thank you so much for helping me have this incredible experience. I think my smile in the picture here shows just how much joy I had during my time in Uganda.

Sincerely,
Brian Reilly Eta Chapter

**The Journal
of
Phi Rho Sigma**
(ISSN: 0022-3581)

Volume 113
Winter 2018

Published By:
Phi Rho Sigma
Medical Society
P.O. Box 90264
Indianapolis,
Indiana 46290

Distributed without
charge to every
member.

Central Office e-mail:
hrodenbe@sbcglobal.net

World Wide Web:
www.phirhosigma.org

Editor:
SHERYL MASCARENHAS, M.D.
P.O. Box 90264 • Indianapolis, IN 46290

Address all correspondence concerning the society to:
GABRIEL CUKA, M.D., Secretary-Treasurer
P.O. Box 90264 • Indianapolis, IN 46290-0264

PRSRT STD
 U.S. POSTAGE
PAID
 INDIANAPOLIS, IN
 PERMIT NO. 8365

The Journal of Phi Rho Sigma
 PO Box 90264
 Indianapolis, Indiana 46290-0264
 Address Service Requested