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## **Mary Burry and International Medicine**

Mary Burr, Iota Gamma, '69 was in junior high school when she first saw a television program that featured a mustached man walking though an open air jungle hospital reaching

out his hand to patients around him. The man was Albert Schweitzer and that scene was one she could not put out of her mind. She knew that this was something she wanted to do in the future. After graduating from medical school at the University of California, Irvine she



went on to specialize in Radiology with a subspeciality in Neuroradiology. For over 23 years she was employed by the Portland Veteran's Administration as Chief of Neuroradiology and as an Assistant Professor of Radiology at both the Veteran's Administration and OHSU.

Mary spent six weeks in Africa after the Somali War in 1992 and has never looked back. She resigned from her full time position and started Paladin Radiology, a locum radiology provider, which would allow her the flexibility to be available to be part of a disaster response team. She earned a diploma from the London School of Tropical Medicine and studied at the Christian Medical College in Vellore, India as well as the British Medical Research Council, The Gambia, West Africa. She has been an active volunteer with Medical Teams International serving in over twenty countries throughout the world. Medical Teams International presented Dr. Burry and her husband, Dr. John Thomas Hoggard, a Family Practitioner, with their Spirit of Life Award.

Below is a brief article Dr. Burry shared with Phi Rho Sigma about one of her trips to Somali:

Musings of a Medical Volunteer Somali: The Last Child

The woman stood across from me sobbing, thrust out her moribund baby toward me and spoke in Somali to my interpreter who quietly translated, "All my other children are dead. This is my last child, please make her well!".

This was a heavy lift, to be sure. After all I am Neuroradiologist from Portland, Oregon, not a down in the

trenches bush doctor. Granted I have a couple of years as an emergency room physician under my belt, but I also have an electric garage door opener, a high tech angio machine and an electric view box that works. I also have safe running water right to my house and wall to wall carpeting. No one has been shot or hacked to death in my neighborhood in the last few days.

I am working in the shade of a large tree under the incredibly hot African sun near the Somali Kenyan border where thousands of Somali refugees fleeing war and starvation are camping in enclosures ringed by bushes with very thick 2 inch thorns and sleeping in huts made with branches covered by camel skins and cooking over wood fires. They are mostly women, children, and old men. I have limited basic medications, no lab, no xray, no running water. I do have a secret weapon, in that I did make this first 3rd world medicine trip with husband and Family Doctor, Tom Hoggard. It is truly amazing what you can do with basic antibiotics and rehydrating solutions. This story had a happy ending, but many did not.

When Tom has asked how I would feel about traveling with him halfway across the world to work in a place where it was hot and humid, full of mosquitoes and flies, and people were dying of starvation, malaria, and diarrhea with virtually no medical infrastructure, it, of course, had been irresistible. I did not, however, expect it would also be life changing experience. I had imagined and read about, but never really seen people literally starve to death, or suffer and die of easily preventable and treatable disease. This mother and child before me had made real the fact, that no matter how many children a woman has born, or how many have died before, the loss of a child is just as real and devastating, though not as unexpected, in the harsh deserts of Somalia, as in Portland, Oregon. I learned there was a very different reality, in which much of the world's people lived.

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# Report on Internation Ophthalmology Rotation, Paris, France, April 2016

During April 2016, I went to Paris as part of an exchange between University of Michigan Medical School and several clinical and research ophthalmology institutions in Paris. This was during the last month of my 4th (final) year of medical school, and I hoped to gain clinical and research knowledge and international perspective about the practice patterns of medicine in a European country. During the month, I primarily worked on a research project utilizing a new imaging device, and also spent time shadowing faculty and residents in a clinic and operating rooms.



Clay Bavinger with resident on research project at hospital Laribosiere.

The hospitals I rotated at were Rothschild, which is a private dedicated ophthalmology neurology hospital, and Laribosiere, a general hospital. At Rothschild, I primarily shadowed one of the retina faculty, Yannick Le Mer, and his residents. At Lariboisere, I primarily worked on a research project, with several residents organized by

the head retina faculty there, Ramin Tadayoni. On top of these activities, I also attended lectures at the Institute of Vision. One memorable lectures series was a lab-to-lab meeting between a large research group in Paris, headed by Dr. Sahel, and a group in Oxford, UK, headed by a retina faculty, Robert Maclaren. I enjoyed meeting both groups, and established a connection with Dr. Maclaren that could be useful for me later in my career, as he encouraged me to consider a fellowship in his retina program after my residency.

The clinical time allowed to see several differences between healthcare delivery at UMHS and in Paris. First, I noticed how rarely cost or payment was mentioned, due of course to France's socialized medicine system. On top of that, I rarely heard a patient say they would have trouble taking time off of work to come to a medical appointment. Faculty I worked with told me that labor laws in France stipulate easy access to sick days to come to the doctor. However, there were also some characteristics in which I think the French medical system has deficiencies. I noticed the longer waits typical of French medicine. Patients wait very long to schedule appointment, and then when they do have appointments, they seemed to wait all day in the office to be seen. The facilities were also very poor compared to UMHS, with overcrowded waiting rooms and too few restrooms that were always dirty. Specialist care also seems concentrated in Paris. I noticed many patients traveled from all over France to come to the retina specialists in Paris.

Further, I noticed many differences in resident education in Paris. One is that there is much less nurse or technician assistance there. As result, residents spend much time performing duties that would deemed non-educational at UMHS, including taking ophthalmologic photographs and measuring visual acuity. Also, residents are not assigned to a



Clay and classmate Lesley Everett having lunch with Cameron Parsa, an ophthalmologist previously working in USA, now working in Paris

specific hospital or program, as in the USA, but rather assigned to a city. In the case of Paris, there are several institutions that residents switch between every 6 months. Many residents and faculty commented that this creates a non-centralized and non-programmic training environment, and it would be easy to go through residency with serious gaps in knowledge.

The research project I was involved with focused on a

new imaging technique that allows visualization of retinal vasculature in condition of venous occlusion in the retina, called Branch Retinal Venous Occlusion. The hypothesis is that vascular density will be low in sections of the retina that have a occlusion. I have great interest in blending my clinical career with technology development and clinical studies, and so this project via email with the residents in Paris, and it has been very gratifying experience.

Further, I met several ophthalmologists throughout Paris, primarily through a Michigan mentor, Dr. Trobe, a faculty ophthalmologist at UMHS. Through email introductions, I arranged to have meals with 5 ophthalmologists, some French, some American, and they all provided me with wonderful advice on my professional development, options for pursuing international work, and options for alternative careers in industry and technology.

Thank you to those who helped fund this international rotation, including Michigan's Ophthalmology Department, Michigan Medical School's Global Research Programs, and Phi Rho Sigma, a medical fraternity of which I am a member.

- Clay Bavinger, Zeta Chapter



# Iota Chapter Members Take Medical Service Trips to Jamaica and Nicaragua

Leah Svingen, Micaelea Clark, and Josh Allwardt all spent their spring break of 2016 helping others while learning about and experiencing medical practice in other countries. Below are their reports to the Phi Rho Sigma Foundation which helped each student to partially fund each of the student's trips.



The second year medical students on the trip to Jamaica.

Below is Leah Svingen's summary on her trip to Jamaica:



The clinic sign in Stewart Town, Jamaica. This was my first of the two away trips I went on to a rural area.

Over spring break I joined a group of 27 students and 9 faculty members on a medical service trip in Falmouth, Jamaica. My motivation for applying for his trip stemmed from an interest in global health and a desire to sharpen my clinical skills. Additionally, I hoped that this trip would help reinvigorate my passion for choosing a career in medicine in the months leading up to my medical board

exam. My experience in Jamaica was everything and more than I hoped it would be and I am deeply grateful for this incredible opportunity.

As a second year medical student it is easy for me to adapt the view that my role in the healthcare field is strikingly insignificant. Currently, my medical skills are still in their early days of development and I do not yet know how to successfully treat patients. My time

in clinics in Omaha have predominantly been spent in the role of a shadow with minimal time for direct patient contact or the ability to critically think about medical diagnoses.

In Jamaica, everything was different. We arrived at clinic each morning to a waiting room packed with patients. Dozens of men,



The clinic in Dee Side, Jamaica, the second of my two away trips



One of two exam rooms at the Dee Side Clinic.

women, and children had missed work and school so that they could sit and wait patiently to receive medical care. Because of the large volume of patients needed to be seen each day, the medical students had to take a very active role in patient care. As I helped triage the patients by taking their chief complaint and vitals, I became acutely aware of my

significance in their care. I was no longer simply practicing on a standardized patient; instead, I was likely the only person to take each of these patient's blood pressure in a year, and an accurate reading was crucial for determining the patient's medication regimen. During each patient interviews I focused intently on deciphering the meaning of their foreign dialect as my understanding of their symptoms was imperative for correctly diagnosing their medical problems.

In just a week, our group from UNMC treated 465 patients in Jamaica. I am deeply motivated to continue medical service throughout my career and hope that this is just the first of many medical missions in developing countries. Thank you again for your support as this trip would not have been possible without you and other generous donors.

Below is another summary by Micaelea Clark about her views of her trip:

We had a truly amazing time in Jamaica serving the local residents! During our trip we were able to provide a variety of healthcare services including basic primary care, blood glucose screening cervical cancer screening, STD testing, minor surgical procedures, and pharmaceuticals to 465 patients!! We operated out of an existing clinic in Falmouth that relies on the services of volunteer groups, as well as trav-



eling to more rural locations to set up clinics to meet the needs of those who are not able to travel into the city. A few of us even had the opportunity to participate in home visits to patient who were home-bound, and otherwise unable to receive medical care and their medications.

We were able to serve patients of all ages and had the opportunity to learn about their backgrounds and how their culture differs from ours. The country has a lot of natural beauty, as to be expected because it is a popular tourist destination. However, participating in this service trip allowed us to see the poverty that the majority of Jamaicans endure. This was an eye opening experience into what not only healthcare is like in third



world countries, but also the differences in their way of life. Many Jamaicans live on limited income and do not even have enough money to take care of their basic needs. Their healthcare system also seems to be limited and access is a major problem, according to the patients we served.

I am so thankful I was able to have this wonderful, eye-opening experience! I greatly appreciate the sup-

port of the Phi Rho Sigma Foundation in making this service trip a success!

Below is another summary by Josh Allwardt about what he experienced during his trip:

Over spring break this year, I had the opportunity to participate in a service trip to San Marcos, Nicaragua through the University of Nebraska Medical Center's Students Allied for Global Health interest group. It was a much needed break from the classroom that reminded me why I chose to enter into the medical profession in the first place. We had a team of around 25 students that embarked for Nicaragua at the beginning of Holy Week, or 'Semana Santa' as they call it in Central America. After landing late Sunday night, we stayed at a hotel in Managua, the capital city. Since we were a group of medical, nursing, PA, and pharmacy students, we had a quick injection workshop in the morning to make sure everyone was prepared to administer vaccines. With many medical careers represented, the trip ended up being an excellent inter-professional bonding experience, which is something UNMC works hard to promote. The big team then split up into 3 smaller teams: one stayed in Managua, and two went to San Marcos.

After traveling across the country to San Marcos, my team met up with several local doctors who explained how the health care system works in Nicaragua. They also gave us a tour of the local hospital, which was much different than what we are used to in the States. There were wards that ended in open-air courtyards, and everything was on a single floor. Since it was Semana Santa, it wasn't as busy as it normally is; when it's not a holiday, the hospital is often packed with people due to their free health care system. We did have an opportunity to meet several patients who were happy to briefly talk to us (even though few in the group spoke Spanish well). This was our one chance to experience the San Marcos hospital, since the next few days would be spent in rural mountain villages doing home visits.

The home visits we provided were great for raising cultural awareness. From seeing how the locals responded to Western medicine to seeing their appreciation for medical services, it was both rewarding and insightful. My team of 9 split up into 3 groups that rotated between the local health care leader (an orthopedic surgeon who also provides home visits because he

recognizes the importance of primary care for these villages), a Cuban-trained Nicaraguan doctor, several nurses, and two Nicaraguan medical students. As we visited the houses, we treated the water to prevent mosquito infestations. We also provided pap smears, vaccines, well-child visits, and hypertension screenings for patients with disabilities. The first HTN patient I screened had extremely high blood pressure, which was quickly explained when we learned that with his severely arthritic knees, he had difficulty walking to the local clinic to get his free medication. We gave it to him, and when we ran into him later, he was much improved. Another interesting incident was when we learned that a local belief in magic made some of the villagers distrustful of Western medicine. On the other hand, some fully embraced it and were grateful for modern medicine. One family was so thankful that they insisted my group sit with them for a few minutes and enjoy a quick snack. Since I am interested in working with Latino populations in the future, it was a fantastic opportunity to share in their culture.

On Friday, nearly all of the country was shut down for Good Friday celebrations and parades, so the entire team took a quick trip to the colonial town of Granada. It was incredibly beautiful, and gave us all the opportunity to see a Good Friday celebration in Latin America. There was a giant parade as a dozen men carried statues of Jesus and Mary across the city for the different Stations of the Cross. To top it off, several people with instruments played sad funeral music as they marched. After an afternoon of cultural enlightenment, we returned to Managua for our early morning flight as our trip quickly came to an end.

#### Letter to the Editor

Dear Sir:

I received your Journal today and read the letters. I agree that my living in three years in the Phi Rho house was the finest that ever happened to me up to that time for a poor Georgia boy in 1950. I was the youngest in my class aged 19 years and lived with and studies with some of the most intelligent men I have ever met. Charles R. Hatcher, Dempsey Guillbeau, Lamar S. McGinnis, John N. Bickers, Leland Pool to name a few. Our faculty Advisor was Dr. Corbet Thigpen, the co-author of Three Faces of EVE.

The Medical College has greatly increased after receiving a large donation from Dr. Harrison, who graduated the year I entered school, replacing most of the buildings and setting 45 tenured professors and 100 scholarships per year.

At my 60th anniversary only five of my class was able to attend and only about 16 of the 85 are living. I am proud to have been in Phi Rho Sigma.

Sincerely,

Van Bibb Saye, M.D.

## **News from Alumni**

John Garber, Pi, lives in Lebanon, IN where he is an Orthopedic Surgeon with Witham Orthopedic Associates. He is Past President of the Indiana Orthopedic Society and is now serving as President of the Clinical Orthopedic Society.

An Ophthalmologist, who resides in Traverse City, MI, is Kenneth Musson. He is a Past President of the Michigan State Medical Society and is a Fellow and Life Member of the American Academy of Ophthalmology. Honored by his peers, he has been awarded the Life Time Achievement Award by the Michigan Society of Eye Physicians and Surgeons and an Achievement Award for Service to the American Academy of Ophthalmology.

Keeping it all in the Phi Rho family should be the motto of the Drake family. Carol Drake, Iota, joined Phi Rho when she attended The University of Nebraska Medical School. Two sisters, Casey (1994) and Markey (1999), followed in her footsteps. We are now into the second generation of Phi Rho's as Carol's two children, Andrew graduated in 2012 and Claire who will graduate in 2020 are members of Eta chapter at Creighton University. Both Carol and Casey continue to be actively involved with Phi Rho. Carol serves as councilor to both Eta and Iota chapter and is the recipient of the Jesse Ansley Griffin Medal for service to the society. A member of the society's Executive Board, Casey is our Historian.

Leo J. McCarthy, Iota, is a retired emeritus professor from the Indiana University School of Medicine in Indianapolis where he was in the Department of Pathology and Laboratory Medicine. He was named Distinguished Alumnus of the Year in 2014 by the University of Nebraska College of Medicine and in 2015 endowed the Leo J. McCarthy, M.D. Special Collections Suite at the McGoogan Medical Library at the University of Nebraska. He also recently endowed the Leo J. McCarthy M.D. History of Medicine Room at the Ruth Lilly Medical Library at Indiana University.

A Professor in the Department of General Internal Medicine and Chief, Section of Consultative Medicine at M.D. Anderson in Houston, TX is Sunil K. Sahai, Alpha Nu. He also serves as the Medical Director of the Internal Medicine Perioperative Assessment Center. Dr. Sahai developed the first formal perioperative medicine program at a comprehensive cancer center in the United States. Additionally, he is the Medical Director of the Clinical Decision Unit for patients placed on observation status in the hospital. An advocate for patients being a partner in their health care he is recognized internationally as an expert in the perioperative care of the cancer patient.

James Breen, Alpha, is now retired and enjoying life in Hilton Head, SC. He was Professor and Chairman of the Ob-Gyn Department at St. Barbanus Medical Center in New Jersey. Dr. Breen was active in his specialty and is a Past President of both the American College of Obstetrics and Gynecology and the Society of Gynecological Surgeons.

Alpha Nu member Noel Giesecke is a Visiting Professor of Anesthesiology at the University of Texas Health McGovern Medical School in Houston, TX.

Steven Sanders, Chi Eta, is an Orthopedic Surgeon in Las Vegas where he is also the Orthopedic Consultant for the UFC (Ultimate Fighting Championship). He has served both as President and Treasurer of the Nevada Orthopedic Society.

Zeta chapter members, Ben and Lori Whitis, are living in Eau Claire, Wisconsin where both are practicing medicine. Ben is an Interventional Radiologist while Lori is the Medical Director of the Chippewa Valley Free Medical Clinic.

Allison Kovar, Iota, is a Family Physician in Onawa, IA. She is Medical Director of Burgess Home and Health Care there.

A retired Professor from the Baylor College of Medicine is William P. Glezen, Beta Gamma. He received the Ralph D. Feigen Award for Excellence from the Immunization Partnership in Houston, TX for 2015.

Now practicing "casual time" (part time) is family physician Henry Shaw, Theta Tau. He practiced in South Dakota and has been with the Ministry Medical Group in Stevens Point, WI since 1976. His free time is spent in many pursuits including improving the environment, renewable energy, and the Citizen's Climate Lobby.

Richard W. Nasson, Alpha Eta, is a Professor of Surgery at the University of Manitoba and has practiced as a Head and Neck Surgical Oncologist at CancerCare Manitoba since 1993. Past appointments have included Head of Surgical Oncology CCMB, Chair Head and Neck Disease Site Group CCMB, Chair Department of Surgery – University of Manitoba, Chair Examination Board in General Surgery RCPS and President Canadian Society of Surgical Oncology.

#### 2017 Grand Chapter Meeting

Phi Rho Sigma's Grand Chapter in 2017 will be held in Tampa, Florida in June. The dates are the weekend of June 9th and 10th and the venue will be the Tampa Marriott Westshore Hotel. Highlights of the meeting will include the awarding of the gold medals for outstanding service to both the profession of medicine and to our society. The Student Research award will also be awarded to a member of Phi Rho who has submitted an outstanding research paper. All members are welcome to attend. For additional information, please contact the Phi Rho Sigma center office.

### Additional News from Alumni

Joseph Serra, Epsilon, lives in Stockton, CA in burn and wound reconstruction. Her where he is a retired Orthopedic Surgeon. He keeps busy pursuing his many interests. He has been involved in polio eradication since 1988, gone on twelve surgical missions to Malawi, Africa, and has been fitting children in wheelchairs in Viet Nam, Central America, and Mexico for the past twelve years. Closer to home, he has received a Lifetime Achievement Award from the San Joaguin County Medical Society and co-founded a free medical clinic in Stockton. He also finds time to teach orthopedics at the University of Pacific doctorate PT program.

Lambda Phi member, Samuel Giamber, is now serving as Chair of the Board for the St. Luke's University Health Network in Bethlehem, PA. He previously was Chief of Cardiology at the same network.

An Emergency Medicine Physician is Irene Agostini, Iota. She resides in Albuquerque, NM.

Now at the University of Nebraska Medical Center in Omaha is Debra Reilly-Culver, Alpha Nu. She is a Plastic Surgeon specializing passion for international medicine has led her to missions teaching burn and breast reconstruction around the world.

Gillian Pearis. Theta Tau. lives in Providence. RI where he is a Child and Adolescent Psychiatrist and a Clinical Assistant Professor at Brown University. A former president of the Rhode Island Chapter of the American Academy of Child and Adolescent Psychiatry he has been serving on the Rhode Island **Special Education Advisory Committee for the** Rhode Island Department of Education since

A former Zeta chapter member and counselor to the chapter is William Cederquist. He was the Chief Resident in Anesthesiology at the University of Michigan Hospitals and is now with Anesthesia Associates of Ann Arbor.

Joan M. Kolodzik, Alpha Upsilon, lives in Bellbrook, OH where she is an Emergency Physician. She serves as Medical Director of the Emergency Department at Mercy Hospital in Urbana, OH and also serves on the Board of Directors of the Mercy Health Foundation.

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**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

Address Service Requested

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