



American Medical Women's Association  
The Vision and Voice of Women in Medicine since 1915



*She who has HEALTH has HOPE.*

*She who has HOPE has EVERYTHING.*

## American Women's Hospitals Service

### Postcards from the Field 2014

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### AWHS Student Travel Grantees Return from Overseas

"It is almost impossible to return to practice in the US without a deeper awareness of systems and resources; I'll rely more on my history and exam, and will assess whether the diagnostics I'm considering are really necessary. When I do order tests or treatments, I will be more grateful that they are available."

- *Rebecca Cook, Mbarara University of Science and Technology Medical Center, Mbarara, Uganda February 2014*

"It was amazing to see these women who had been dejected from society, and who had been so ashamed of themselves for so long, to finally feel beautiful. I printed hundreds of photos to give to the patients [at Hamlin Fistula Hospital]. Sharing the joy they felt seeing how beautiful they were, was a feeling I will never forget."

- *Sarah Smith, National Teaching Hospital, Kigali, Rwanda, University Teaching Hospital, Lusaka, Zambia, August 2013*

"This rotation involved a great deal of information about public health and community organization. Overall, I was incredibly impressed with Swami Vivekananda Youth Movement and the efforts they have made in their community."

- *Kathleen Miller, Vivekananda Memorial Hospital, Saragur, India, 2014*

"I learned more than I ever imagined during my month at Macha Hospital—about myself, about other cultures, and about medicine... I saw more true human suffering at Macha than I have ever witnessed in the United States, but I also saw more human resiliency in the face of such burdens than I could ever have imagined."

- *Caitlin Sacha, Macha Mission Hospital, Choma District, Zambia, January-February 2014*

#### Apply for an Overseas Travel Grant

The AWHs Overseas Assistance Grant provides assistance with transportation costs up to \$1,000 connected with pursuing medical studies in an off-campus setting where the medically neglected will benefit. The grants are awarded to national AMWA student members completing their second, third or fourth year of an accredited U.S. medical or osteopathic medical school or to AMWA resident members. Applicants must spend a minimum of four weeks and no longer than one year in a sponsored program which will serve the needs of the medically under-served.

For more information contact [AWHS@amwa-doc.org](mailto:AWHS@amwa-doc.org).

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## Letters from the Editors



Dear AMWA,

Welcome to the first issue of Postcards. In this issue we present AMWA members' experiences abroad. I hope you enjoy reading about their experiences as much as I have, and are inspired by each individual's passion and commitment.

If you would like to have an experience abroad similar to those presented, I encourage you to apply for one of the numerous grant opportunities provided by AWHs, and make it happen! I can say personally that placing yourself in a new and unfamiliar environment can be life changing, and will absolutely provide a valuable learning experience.

Thank you for reading. I've enjoyed preparing this issue of Postcards and welcome your suggestions for those to come.

Jean Chavez  
Editor



Dear AMWA Members,

This upcoming year will herald the 100th Anniversary of the American Medical Womens Association. As her charitable arm, the American Womens Hospitals Service looks forward 100 years more years of inspiring students, young physicians and health care providers around the world..

When AWHs first began, women physicians combined their courage, selflessness, knowledge and skill to provide medical aid overseas during WWI.. We plan to continue this tradition through service, education, and leadership, encouraging our members to seek out the problems facing our modern world and to help build in them the confidence needed to design the solutions.

In this issue, we hope to capture the optimism, discovery, and growth of those that have worked with our service and to inspire others to share in our spirit.

Dyani Loo, MD  
AWHS Co-Chair

### Caitlin Sacha | Macha, Zambia | February 2014

#### Summary:

Medical rotation at Macha Mission Hospital

Macha is a rural village in the country of Zambia. It is an hour from Choma, a medium-sized town on the main road between Lusaka and Livingston

Language: English (official), Chitonga (local)

*"Despite having few resources, the hospital helps hundreds of patients. And as I quickly realized, limited resources maximizes the opportunities for medical creativity."*

Macha Mission Hospital was started by a Zambian Nurse and an American physician over fifty years ago. The hospital contains female, male, pediatric and maternity inpatient wards, as well as a TB ward. Radiology capabilities include basic x-rays and ultrasounds. Labs can only be done twice a week. There is no ability to check electrolytes. Despite having few resources, the hospital helps hundreds of patients. And as I quickly realized, limited resources maximizes the opportunity for medical creativity.

There is a pervading sense that the physicians and medical officers (Zambia's version of a PA) are responsible only for doing the best they can with the time and resources they have. There were many cases, both outpatient and inpatient, when we were unable to diagnose the patient. The physicians in turn use their best clinical judgment to help the patients. All patients carry a book that contains their medical records, and there are no HIPAA laws.

The first night I took call, one of the results showed that a patient had a hemoglobin of 5.0. She was recovering from a D&C after an incomplete abortion. My first instinct was to transfuse the patient two units and recheck her hemoglobin the next day. However, there was only one unit of blood available in the hospital for emergencies. And as the nurses told me, this was not an emergency. The patient was started on iron and folic acid, and she was discharged the following day. This lack of intervention was one of the most difficult adjustments I had to make while working in the hospital.

The labor suite contains four beds with a thin mattress, plastic sheet, and bed sheet. There are curtains in front of each bed that are never

closed. The women in active labor are instructed to lay naked on their sides through the course of their labor. They are scolded if they make noise; yelling or groaning wastes energy that should be directed towards pushing when the time comes. There is no analgesia for vaginal delivery.

The c-section rate is only about 10 to 15% at Macha, and the nurses are very aggressive in their management of labor. Oxytocin is frequently administered, and episiotomies often performed – with scissors and no local anesthesia. The physicians are able to do vacuum-assisted deliveries. Several of the c-sections I was involved in were indicated for premature rupture of membranes with thick meconium. The nurses suspected in these cases—where the contractions were very strong and the cervix barely dilated—that the patients had been given herbal medicines to promote labor. The women never admitted to this.



Above: Mornings were spent in the maternity ward, which included an antepartum/postpartum wing and a labor suite.



Above: The maternity ward of one of Kenya's larger sub-district hospitals. Larger hospitals are built on large stretches of land and have many outdoor components.

### Jean Chavez | Kisumu, Kenya | Spring 2014

#### Summary:

Research on the management of postpartum hemorrhage following the introduction of a PPH management package with low-cost UBT  
 Kisumu is located on Lake Victoria in Western Kenya  
 Language: Swahili (health professionals: English)

*"In Kenya I saw the immense and inspiring effect physicians have on the health and wellbeing of individuals. This research reminded me that to be a physician is to be an advocate your patient's health and wellbeing."*

There are an estimated 350,000 maternal deaths that occur worldwide each year, with approximately 99% of those deaths occurring in developing countries. Approximately one woman dies of PPH every four minutes, and this is likely an underestimate. For those that survive postpartum hemorrhage, many will have debilitating health conditions that have physical, social and economic impact. These deaths and complications can be largely prevented with existing technologies and proper management. However, in low-resource settings, access to life-saving medicine and technology, as well as birth attendants trained in obstetric emergencies, is quite limited. Women living in resource-poor settings are therefore highly susceptible to the morbidity and mortality associated with postpartum hemorrhage.

In the United States and other developed countries, all obstetric units must have the proper equipment, facilities and personnel in place in preparation for the obstetric emergency. First line treatment options for PPH in these settings include pharmacological uterotonics, followed by uterine tamponade with careful gauze packing or intrauterine balloon. When pharmacological uterotonics fail to control bleeding (with or without the use of tamponade), surgical techniques are indicated. Transfusion of blood products is necessary if blood loss is significant, especially if vital signs are unstable.

Uterine balloon tamponade (UBT) involves the insertion of a balloon into the uterine cavity and inflation to achieve a tamponade effect. It can be used as an end-point intervention, or to reduce bleeding while further care is sought. UBT as a treatment and management option for PPH in well-resourced settings has a success rate that does not vary significantly from that of surgical outcomes. However, the high-cost of UBT, up to \$300 for single-use tamponade, prevents the widespread use of this effective device in these areas. Thus, a practical, low-cost device has the potential to dramatically reduce the impact of PPH in resource-limited settings.

The Massachusetts General Hospital Division of Global Health and Human Rights has developed a low-cost UBT that is <\$5. The device is distributed with pictorial directions checklist to facilitate ease of use. To date, the device has been used by a wide cadre of health care providers in almost 200 cases of refractory PPH. My research focused on provider management of PPH after they were trained on the low-cost UBT. To this end I traveled throughout Kenya and visited health facilities where the UBT device had been used to manage PPH.

## Past AWHs Grantees Discuss Their Experiences

"After being in Iran for a short time I realized that the line between public and private life is not clearly delineated. As soon as people meet you they want to know your life's story... This lack of privacy translates to the hospital and clinics. In all the clinics where I worked, the physician's office was also the exam room... The patients would stand around and listen to each others' medical complaints."

- Hajar Kadivar, Shiraz, Sultan Abad, and Martyr Faghihi Hospital, **Islamic Republic of Iran** 2009

"While at Selian hospital [in Arusha, Tanzania], I learned excellent physical exam skills, I learned about the problems facing health care in a third world country, and I learned a lot about myself. [The most surprising part of my trip was realizing] that in reality, all you need to live is shelter, clean water, and food. The rest is all material that make it a little nicer stay on Earth, but you can go without."

- Heather Miller, Selian Lutheran Hospital, **Arusha, Tanzania** January-February 2010

"The two months I spent in Arusha were perhaps the most amazing months of my life. Not only did I gain invaluable experience in treating infectious diseases and diseases of poverty such as malnutrition, but I also learned that happiness is possible in the most dire of circumstances."

- Mollie Malaney, Selian Lutheran Hospital, **Arusha, Tanzania** January-February 2010

"My most profound experience involved an infant whose parents brought her in after 12 days of high fever, due to the difficulty in traveling from Burma to Mae Tao Clinic. Despite our best efforts, she developed severe sepsis with respiratory failure and died within hours of arrival at the clinic. This case highlighted the devastating impact of the lack of healthcare in many areas of Burma and the need for more clinics, health education, and basic supplies and medicines in rural villages."

- Melissa Morgan, M.Sc., **Mae Tao Clinic, Burma** Spring 2010

"The Engeye Health Clinic, more than anything, is a partnership between Ugandans and Americans who are both passionate about improving health care through the practice of compassionate medicine in [Ddegeya Village]."

- Misty Richards, **Ddegeya Village, Uganda** February 2009

(Continued on Page 5)

## Kathleen Miller | Saragur, India | January 2014

### Summary:

Global Health Elective with Swami Vivekananda Youth Movement at Vivekananda Memorial Hospital

Saragur is located in the state of Karnataka

Language: Kannada (Health professionals: English)

*"This rotation involved a great deal of information about public health and community organization. Overall, I was incredibly impressed with Swami Vivekananda Youth Movement and the efforts they have made in their community."*

The hospital had a mobile van that visited tribal villages. At each haddi (village), the community health worker in the van would walk around and ask about anyone who was pregnant or ill, and invite them to come to the van. In many cases, we saw gravely ill children whose parents declined treatment despite it being free of cost, opting instead for traditional remedies. Those that I remember most vividly include a nine-year-old girl with a necrotic wound, a child with a broken bone, and a neonate with a fever.

During our first week, we went to a Women's Self-Help Group where there were talks on hygiene and health, as well as games. The games were particularly creative. For example, one game involved throwing a ball in a bucket. One bucket was labeled "Home Birth" and the other "Institution Birth." The "Institution Birth" bucket was worth more points, in an effort to normalize and promote hospital births. The second game was tossing a ring around the item you wanted to win, and all the items and prizes were basic hygiene supplies (soap, toothbrushes, toothpaste, etc). The third was throwing a ring at the four most common methods of spread of HIV in the area, which were written on the ground with chalk, in order to help learn prevention. All very simple games with a very simple message, but they were held in a fun and festive atmosphere, in a culturally sensitive environment.

In each haddi there was a woman who was designated to keep track of obstetric cases. She was given a cell phone, and the contact information for

the community health workers, "ashas." She is responsible for calling the ashas when a woman is newly pregnant, in labor, or having dangerous symptoms.

The healthcare system in Saragur is arranged in tiers, with advancing care from primary health centers to community health centers to district hospitals. Hospital births are incentivized with 600 rupees (about \$10) paid to rural women for delivering in the hospital, and 500 rupees paid to women who live in an urban area and deliver in a hospital. Women are paid 1500 rupees for a cesarean section. There is a small financial incentive for tubal ligations and vasectomies as well.



Helping with a women's meeting for prenatal care with the local community health workers.



Playing with children at a maternal health meeting.



Participating in the mobile van visit to tribal villages.

## Kaylan Christianer | Riobamba, Ecuador | March 2014

### Summary:

Cachamsi Medical Spanish program in Riobamba, Ecuador

Riobamba is a 3-4 hour drive from Quito, Ecuador

Language: Spanish

*"My experience with the Cachamsi program far exceeded my original expectations. I ended up learning an incredible amount of medical-focused Spanish, something that I know will be useful for the rest of my career in Primary Care medicine, and came away with a deep connection to the people and culture in Ecuador."*

As I stepped foot out of the airport, my learning experience began. I was met in the airport lobby by Jorge, a driver who has worked for the Cachamsi program for 9 years in various capacities, among them transporting students to and from the airport. I was the only student arriving that morning, and since Jorge spoke only Spanish, we talked the entire 3-hour drive to Riobamba – all in Spanish. In those three hours I learned many vocabulary words and gained confidence in my ability to speak Spanish.

During the program I lived with a local family, all of who spoke only Spanish. The father was a dentist, the mother a former nurse, and they had four children: the oldest son was a surgery resident, a daughter, who was my age, worked for the city, and two teenage girls.

I spent the mornings shadowing in a local clinic, and my afternoons in Spanish class. My experience shadowing in the clinic was a "medicine" culture shock. Patients would freely open office doors and walk into the exam room,



Riobamba, Ecuador

even if the doctor was meeting with other patients. There was no hand washing between patients. I found that I spent a lot of the time trying to maintain a balance between respect for the culture and not compromising my own standards. The most memorable patient I met in clinic was a 4-year-old girl. We played a game naming different things in Spanish and English – this was a wonderful opportunity for me to review Spanish, and her to learn English.

My afternoon Spanish classes consisted of two hours of one-on-one instruction with Pablo, a linguistics PhD. Although the two hours were exhausting – we worked at warp speed through tenses, grammar, key medical phrases and important cultural differences to know – it was an incredible learning experience.

## Apply for a Community Project Grant

AWHS will be soliciting applications to fund a new type of grant geared towards student and resident members of AMWA. These grants are focused on community engagement and include medically-related (1) Community-Based Research, (2) Sustainable Community Service Projects, (3) Community Advocacy/Education.

The primary goals of the Community Project Grants are to:

- Engage AMWA students, resident, and physicians in partnering with under-served communities
- Increase community outreach and resources
- Improve access to or quality of care for at-risk populations
- Maintain community self-reliance by focusing on sustainability
- Promote awareness of issues with medical care access, resources, disparity
- Plan for long-term solutions by empowering residents to explore innovative ideas in addressing these issues

Projects grants will be in the form of grants not to exceed 500\$, and will be awarded based on criteria including sustainability, benefit to community, engagement of community members, and educational value.

For more information or questions please email at [AWHS@amwa-doc.org](mailto:AWHS@amwa-doc.org). Applications will be accepted on a rolling basis, with committee selection occurring quarterly.

## Past AWHS Grantees Discuss Their Experiences (Continued from Page 3)

"Many of the patients we worked with were women and children and very few were educated or had ever received preventative health care services. The challenges we experienced as health care providers included explaining the diagnosis and counseling patients in a way that was both understandable as well as realistic for their lifestyles."

- Julie Taylor, Claire Clelland, and Kate Kolstad, Christopher Barley Hospital, Humla, Nepal, Summer 2010

"Most importantly, this experience really challenged me to differentiate what I believed was 'standard of care' versus a different mode of delivering care than I was used to."

- Mo FitzMaurice, Komfo Anokye Teaching Hospital, Kumasi, Ghana and Akwidaa, Ghana, April 2011

"My experiences, research, and clinical work here has brought me more insight into the culture and personality of Yantaló, the workings and character of NGOs, the interactions between foreign medical aid and rural patients, and the balance between health disparities, technology, and irreversible alterations to culture and lifestyle... It became perfectly clear to me that no matter how different the culture or how remote the place, more things remain universally true than not. People are still people, here or there."

- Dyani Loo, San Martin Region and Yantaló, Peru, May 2011

"Having the opportunity to enter someone's life and correct disabling conditions to improve that individual's way of life is why I decided to practice medicine. Having the opportunity to provide that same intimate clinical care to individuals who live in basic resource and healthcare limited areas and who would otherwise simply live with conditions for which there are treatments is why I love serving in underdeveloped areas."

- Susan Wilson, Moi Teaching and Referral Hospital, Eldoret, Kenya, 2011

"At PROCOSI, I was surrounded by positive, motivated, and genuinely compassionate public health professionals. Every day I would be greeted by staff with a kiss on the cheek, common to Latin culture but absent in American society. [...] I felt as if I was part of a family—not just a medical student completing my public health field study."

- Savitha Bonthala, Program de Coordinacion en Salud Integral, Bolivia, 2013



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## Special Thanks to our AWHS Committee!

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If you would like to join the AWHS Committee please email us at [AWHS@amwa-doc.org](mailto:AWHS@amwa-doc.org)

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