

Milwaukee Academy of Medicine
1357th Meeting
November 17, 2020

Dr. Jack Klineman, President, opened the 1357th meeting of the Academy. An appeal was made for more member involvement in the Academy such as contributing to the newsletter or becoming members of various Academy positions. Contact Angie!

Dr. Leslie Martin, Program Committee Chair, introduced the speakers, Stephen Hargarten, MD, MPH, Associate Dean, Office of Global Health, and Professor and past Chairman of Emergency Medicine at the Medical College of Wisconsin (MCW), and Libby Shroeder, MD, FACS, Associate Professor of Surgery/Trauma Critical Care and Associate Director of Global Surgery at MCW.

The Topic was “Global Health: From Neighborhoods to Nations”. Highlights from this November 17, 2020 Zoom presentation to the Milwaukee Academy of Medicine are summarized by K. Shetty and L. Martin.

Summary of the presentation by Dr. Hargarten is as follows. Global Health is an area for study, research, and practice that places priority on improving health and advancing equity in health for all people worldwide. It involves many disciplines within and beyond health sciences. Global Health is about understanding causes and finding solutions for disparities in health status in people all over the world. Academia is advancing global health by making Universities a transforming force in global health through research, education and service.

He reviewed the history of international and global health engagement at MCW. MCW has been involved in Global Health since at least 1981. All departments have at some time, and increasingly, had training, research, or service activities and collaborations abroad. PhD, Masters, medical student, and residency activities and pathways have been added. The MCW Office of Global Health was established under Dr. Hargarten in 2010, and MCW became a member of the Consortium of Universities for Global Health in 2011. The Consortium now has 187 institutional members worldwide.

In 2017, the MCW Office of Global Health became a stand-alone administrative office, with Dr. Hargarten promoted to Associate Dean for Global Health. The mission of the MCW Office of Global Health is to “reduce global health inequities through local and global multi-institutional collaborative partnerships in community engagement, education, patient care, and research”.

At present the office has 33 locations worldwide for M4 student electives. There are Kohler scholars across the globe. MCW has faculty mentored research collaboration involving 102 faculty members in 53 countries, including 153 activities in 26 departments.

Dr. Shroeder showed a pictorial presentation of her lessons learned while operating in faraway places. She notably presented on experiences in Ethiopia, where she has provided surgical care, collaborated, observed, and taught at a university hospital. This public facility is underequipped. She admires the ingenuity of the physicians performing procedures in sometimes difficult conditions without the help of modern equipment. She also described her experiences during visits to various other countries, including Columbia, Guatemala, Kenya and Zambia.

The presentation was followed by a lively Q+A session.

Dr. Thomas Russell asked whether checklists are being used in Africa to facilitate adoption of new healthcare strategies. Dr. Schroeder replied that checklists are indeed being used, but that use while not

observed is hard to ascertain, and that it is necessary to adapt lists and medical approaches to the local healthcare needs and realities.

Dr. Jack Kleinman explained that he had seen great disparities in availability and quality of healthcare in India. Many physicians are attracted to the lucrative state-of-the-art private sector. Dr. Schroeder answered that the same is true in Ethiopia. Many physicians want to deliver care to the needy and to do research and teach, but they switch to full-time or part-time private practice due to economic imperatives. Opportunities for academic advancement help retain participation in the public system.

Dr. Leslie Martin asked what insights Ethiopian physicians might have about US healthcare, and about specific skills learned that Dr. Schroeder finds useful in her practice in the US. Dr. Schroeder responded that Ethiopian physicians uniformly would like to see the US healthcare system. They are shocked to hear about the disparities in the US system. Physicians in the public system in Ethiopia demonstrate very skilled use of a physical exam and simple x-ray. International experience makes one more frugal in the OR. Sometimes a single suture is enough for an entire case.

Dr. Bruce Campbell asked about possibilities for, and benefits from, short experiences abroad. Dr. Schroeder explained that during her own first short trip to Zambia, she quickly was caring for a leper with AIDS and TB. We discover we are more similar than different. Logistics in Ethiopia really are set up very well for students and residents, and hopefully experiences can happen when the borders open up again. Programs lasting several months may also be possible in Ethiopia or elsewhere.

Dr. Kaup Shetty asked what different types of trauma one sees in Ethiopia. Dr. Schroeder said there are more bull horn impalements, and the motorcycle drivers and their many passengers never wear helmets. A trauma registry is being developed to better profile traumatic injuries in Ethiopia.

Dr. Thomas Russell asked Dr. Hargarten about evacuations and disruptions due to the recent hurricane in Belize and about how it, and spread of COVID-19, are complicating healthcare there. Dr. Hargarten answered that a physician we collaborate with is now Chief of Staff of a hospital there, and that although hurricanes are indeed a recurrent challenge, COVID-19 is increasing and is their main focus at this time.

Dr. Victoria Fetter related that, as an outsider in the Belgian Congo, she had experienced some extremely prejudicial racial hostility, and wondered whether this has been a problem. Dr. Schroeder recognized that possibility but has found that Ethiopians consistently are very welcoming. This may be heightened by current interest in foreign investment and development.

Dr. Leslie Martin asked how MCW students and residents are being prepared for their international electives. Dr. Hargarten explained that pre-travel training is taken very seriously by the MCW Office of Global Health and by the donors whose gifts make these international experiences possible. Completion of cultural sensitivity training is required of all students and residents participating in the program.

Dr. Thomas Russell has recently seen a strong Chinese presence in Kenya and wondered whether this is also true in Ethiopia. Dr. Schroeder replied that the Chinese were indeed very aggressively increasing their projects and influence in Ethiopia. They have recently built a hotel, an airport, and roads that will facilitate access to resources such as coffee and minerals. The construction is not of good quality but is being quickly accomplished.

Dr. Jack Kleinman pointed out that, other than for the Italian campaign of Mussolini, Ethiopia has been independent and does not have a colonial history, perhaps explaining good relationships with visiting

physicians. Dr. Schroeder thought this was an interesting point but reiterated that her experiences have also been very good in countries that do have colonial histories.