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Hospital Without Borders

Magee will help breed the next generation of global health leaders.

— By Anna Dubrovsky

University of Pittsburgh medical students learn an awful lot, everything from anatomy to surgery.

But the seven who ventured to Haiti in June were woefully unprepared for one of their tasks: going to market for chickens. “It was quite funny,” says Daniel Lattanzi, MD, co-director of the Ob-gyn Global Health Program at Magee-Womens Hospital of UPMC, who led the trip. “We kind of stood out.”

For many of the students, Haiti offered their first glimpse of health care in the developing world. From malnourished infants to a hospital filled to overflowing with cholera patients, what they saw dispelled any romantic notions of the global health field. While the trip to market may have provided comic relief, it underscored the challenges of doctoring in impoverished areas. They left the chickens in the care of local families, explaining that the eggs would provide much-needed protein and maybe even some income. But they can’t count on the families to stick to the plan.

“Under the circumstances they live in, it’s going to be very difficult,” says Dr. Lattanzi, who has been working in Haiti for 15 years. “We have to convince them that the eggs are more important than the chickens, because they’re going to want to eat the chickens.”

Despite the challenges, many Pitt medical school students and Magee residents are eager to participate in the global health movement, which seeks to make health care more accessible in countries where deaths from preventable and treatable diseases are all too common. Though still in its infancy, the Global Health Program has an ambitious agenda: to provide them with firsthand experience, to raise awareness of disparities in women’s health care, and to markedly improve the wellbeing of women and children in the communities it touches. “We don’t want our residents and students to be simply tourists in a foreign country,” says W. Allen Hogge, MD, chairman of the

Department of Obstetrics, Gynecology and Reproductive Sciences at Magee. “Our goal is to match their interests with the needs of a particular community and to make a difference in the health and well-being of that community. And we want our efforts to be sustained, with long-term benefits to our partners.”

One of the strengths of the program is its leadership. Dr. Lattanzi and co-director Miriam Cremer, MD, have a combined 29 years of experience in global health work. And they’re not slowing down. Dr. Lattanzi, a UPMC ob-gyn who practices in Mt. Lebanon, travels to Haiti about three times a year.



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health clinic in a remote mountain village about 60 miles north of the capital city of Port-au-Prince. Dr. Lattanzi and several other doctors from western Pennsylvania treated 400 people in the first two days, including many small children. Hundreds more turned out to marvel at the new clinic – the second Dr. Lattanzi has opened in Haiti. “The people were very excited to have a health center,” he says. “It’s the only cement building other than the school in the whole area. Having a clinic not only gives them access to health care but also gives them a great deal of pride in their community.”

The doctors and students also spent a day tending to patients in a village that has no clinic. They made the trip there in the back of a truck but had to hike out after a downpour washed out the road. The two-and-a-half-hour trek exhausted Dr. Lattanzi, “but the medical students thought it was great to hike in the pouring rain,” he says. “Their mothers would probably kill me.”

Dr. Cremer has been to El Salvador, Guatemala, the Dominican Republic, and Nicaragua since she was recruited to Magee from New York’s Mount Sinai Hospital in December. Participants in the Global Health Program will have the unique opportunity to work alongside them.

During this summer’s Haiti trip, medical students participated in the opening of a

Battling Diseases – and Myths – in Haiti

Dr. Lattanzi made his first trip to the Caribbean country in 1997 after hearing the pastor of the LaCroix Haiti New Testament Mission speak at a Pittsburgh church. To prepare, he met with Pittsburgh-based administrators of Hôpital Albert Schweitzer Haiti, built in the 1950s by philanthropist and physician William Larimer Mellon and his wife, Gwen. They told him what to expect, but nothing could prepare Dr. Lattanzi and the nurse who accompanied him for the realities of life in the Western Hemisphere's poorest country.

"It was very dramatic," he recalls. "We traveled from village to village, setting up makeshift clinics, and we saw a lot of tuberculosis, a lot of malaria, a lot of intestinal parasites. Almost all the children had intestinal worms, and they were big ones. We saw a lot of malnutrition. About 25 percent of the children died before they reached age 5. They didn't even name the children for the first year of life because it was such a bad situation."

After several more trips, Dr. Lattanzi decided to open a permanent clinic on the grounds of the LaCroix mission. Now staffed by one doctor, one dentist, and several nurses, the clinic serves about 100 people a day, five days a week. In 2007, Dr. Lattanzi added a six-bed birthing center. "We're really working hard to decrease maternal and newborn mortality," he says. "One of the biggest problems we have is that most of the women still deliver at home with a birth attendant, who is a very important person in the community but has very little training. We get all their problems." In an average month, the center's trained midwives deliver only eight to 10 women but treat as many as 30 or 40 whose home births went awry.

The center has begun distributing birthing kits to pregnant women in the hopes of reducing complications during home deliveries. They include a cord clamp, sterile gloves, and a plastic sheet.



Deborah Landis Lewis, MD, the first Global Health Program fellow, holds a newborn in the southern African country of Malawi.

Dr. Lattanzi has also made a big push to catch malaria and syphilis in pregnant women. Haitian women are partially immune to malaria, but the parasitic disease can cause intrauterine growth retardation. At certain times of year, as many as 30 percent of pregnant women screened at the LaCroix clinic have malaria, which can be treated with antiparasitic drugs. Syphilis is even more prevalent – and far deadlier. "In 30 years of practice in the U.S., I've seen two cases of syphilis," Dr. Lattanzi says. "But in Haiti, 8 percent of our pregnant women have it. We think congenital syphilis is the main cause of newborn deaths." Treating syphilis is easy, but convincing women "that these babies are dying from something we can prevent is very difficult. Imagine a culture that has developed in the absence of health care. They're always going to try to explain what happens. So they believe that a werewolf bite causes babies to die. We're trying to do something that their culture is not familiar with, and that's our biggest challenge."

Taking on a Top Killer in El Salvador

Dr. Cremer will never forget the first time she saw someone die from a preventable disease. The year was 1997, and she was a University of Wisconsin medical student spending a semester in rural El Salvador. "While I was there, a woman in her early 20s died of cervical cancer.

She had metastases all over her body, she was in horrible pain, and she bled to death in her home. It was an impressionable experience for me."

In the U.S. and other developed countries, deaths from cervical cancer are virtually unheard of, thanks to routine screening and cutting-edge treatments. But worldwide, more than 500,000 women are diagnosed with cervical cancer each year, and 275,000 die from it. In El Salvador, it's the number one cancer killer of women.

The picturesque little town where

Dr. Cremer was based didn't have the equipment to screen for cervical cancer, let alone treat it. "So I had a friend who came to visit bring a duffel bag full of slides, and we did 87 pap smears," she recalls. "We brought them back to the University of Wisconsin, and the lab read them for free."



After medical school, she completed a masters in public health at Johns Hopkins University and then an ob-gyn residency at New York Downtown Hospital, spending most of her vacation time leading medical delegations to El Salvador. During a fellowship in family planning in Los Angeles, she founded Basic Health International, a nonprofit devoted to eradicating cervical cancer. Since 2006, the group has trained more than 100 Salvadoran physicians in pap testing and visual inspection, two basic methods for identifying cervical disease, as well as cryotherapy, which destroys potentially cancerous tissue. They in turn have screened about 9,000 women for cervical cancer. In the past year, Basic Health International has been invited to train physicians in Haiti, Guatemala, Nicaragua, and the Dominican Republic.

Among Dr. Cremer's latest undertakings is a research study to determine if carbon dioxide gas can be used in place of nitrous oxide in cryotherapy. The former is significantly cheaper than the latter and is made at any soda bottling plant. "If you could have locally available, inexpensive gas, it could really expand how many women you could see and treat, especially in very remote areas," she says. "No one has ever rigorously studied if that could work." She has enough funding to start the project and has applied for grants to finish it.

She has no regrets about moving her family of four from Brooklyn, New York, to Pittsburgh. "At Magee, I can focus more on global health work, which is really my passion," she says. "People here are very specialized, which was appealing to me, and they really seem to value global health."

Seizing an Opportunity at Magee

Physicians with as much experience in third-world medicine as Drs. Cremer and Lattanzi are few and far between, which makes Pitt and Magee magnets for the next generation of globetrotting docs.

Dr. Cremer has had promising discussions with medical school administrators about adding global health work as a clinical rotation. For Magee residents interested in global health, she and Dr. Lattanzi have begun offering a monthly lecture series on topics such as maternal mortality, fistula, and female circumcision.

One of the main components of the new Global Health Program is a two-year fellowship. Deborah Landis Lewis, MD, who completed an ob-gyn residency at the hospital this summer, is the first recipient. Her passion for global health stretches back to childhood, when her parents were working at a mission hospital in the Middle East. As a college student, she spent a semester in Yemen, screening rural schoolchildren for a parasitic disease and distributing bed nets to help prevent malaria. Later, she spent a year in Syria's capital, where she cared for developmentally disabled adults. During a yearlong break from Pitt medical school, she volunteered at a large maternity hospital in the southern African country of Malawi, which has one of the highest maternal mortality rates in the world. Shorter trips back to Africa, as well as to Honduras and Guyana in Latin America, round out her global health résumé.

Over the past year, Dr. Landis Lewis has surveyed directors of ob-gyn residencies around the U.S. about opportunities for residents to participate in global health work. "There's a lot of interest," she says. "About 70 to 80 percent of incoming residents in the field of obstetrics and gynecology report having had prior experiences in global health or want to pursue it in some capacity. But most residency programs offer very little in the way of global health education."

Magee has the opportunity to fill that gap — and it's not about to pass it up.

