

*“Working to fulfill the essential calling of the medical profession:  
To improve the standard of health care for those who need it most.”*



## OMNI MED UPDATE

[www.omnimed.org](http://www.omnimed.org)

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### Director Guyana Cervical Cancer Screening Program

*John Varallo, MD*

### Directors, Thailand Program

*Michael Morley, MD &*

*Kathy Morrow, MD*



### President’s Message

We have had another great year at Omni Med. Our programs in Belize, Thailand, Guyana and Kenya have continued to thrive while we received quite an honor by being selected by the Ayuda Federation for federal support. (See related story) The book that has occupied much of my time for the past seven years has now become two books, both to be released in February and March of 2006. Our first annual conference, held

on October 30, 2004 was well attended and will be the first of many. On a personal note, my wife Judy and I were blessed by the arrival on August 19 of our third child, Sean Francis. He joins James 6, and Michaela 2 in the somewhat chaotic but fun O’Neil household.

will follow in January 2006. The Belize government continues to support our efforts, as Dr John O’Brien and I confirmed during a March visit. During that visit, we also laid the groundwork for a CME course for physicians and for some potential programs for medical students and residents.

In Belize, 2005 has gone well thus far. Dr Sean Claire, a native Belizean traveled through the program template and had a great experience. Dr Chris Burns, a rheumatologist, followed him in October. Dr Jane Share, a pediatric radiologist,

In Guyana, Drs James Eadie and John O’Brien’s great program has continued to grow. Henry Epino of Partners In Health traveled to Guyana with Dr Eadie in February, offering considerable insight into the

*(Continued on page 2)*

### Cervical Cancer Program Expands In Guyana

**by Dr John Varallo**

As we ate our dinner by light cast from a kerosene lantern, Dr. Orin Liddell, an Ob/Gyn GMO from Georgetown Public Hospital Corporation (GPHC) in Guyana told me, “This has been the *most rewarding* professional experience of

my life. We *need* to continue doing this.” I could not agree with him more.

The rewarding experience Dr. Liddell spoke about was our very successful pilot Outreach Cervical Cancer Prevention Clinic, a mobile clinic to the remote Amerindian community of Moruca, where we linked screening for cervical cancer with same-day clinic-based treatment. This type of project has never been conducted in Guyana previously. It built upon Omni Med’s pre-

### VILLAGE HEALTH STATION PROJECT

#### Grows

**Nakhon Phanom, Thailand**



Dr. Morrow receives flowers from Thai children

### Ayuda Federation Selects Omni Med

Omni Med was selected by the Ayuda Federation in 2005. Ayuda is an organization that helps non-profit organizations secure funding and develop. As a member of the Combined Federal Campaign (CFC), Ayuda’s support means that Omni Med is

now eligible for funding from US federal government employees. In 2005, Ayuda received 68 nominations, of which just 32 went to the full board. Of these, only 15 were selected for inclusion in Ayuda’s fund-raising activities. Omni Med stands out even among these. Our audit

*(Continued on page 4)*



Dr. Varallo teaching medical students at bedside in Guyana

*(Continued on page 3)*

*By Dr. Kathy Morrow*  
During our first visit to Nakhon Phanom in northeast Thailand in 2002, we found a community with reasonable healthcare infrastructure for a developing country, yet significant healthcare needs. The initial request from the provincial governor at that time was to help

*(Continued on page 5)*

(President's Message, Continued from page 1)

HIV/ AIDS program there. Subsequent trips have focused on HIV/ AIDS education, cervical cancer screening and general education. Dr Bryan Marsh traveled through our program in the spring and has subsequently signed on with FXB/ University of Medicine and Dentistry of New Jersey. Anyone interested, please contact Dr. James Eadie at [jseadie@gmail.com](mailto:jseadie@gmail.com) or Omni Med. Dr Eadie is now serving with the United States Air Force in Iraq; please keep him in your thoughts and prayers.

During 2005, Dr John Varallo, an Ob-Gyn



Dr James Eadie tends to a wounded soldier in Iraq

physician from Washington D.C., continued to expand his cervical cancer screening program in Guyana.. (See related story on page 1) John spent five weeks in June and began outreach screening and treatment in the Amerindian communities. Cervical cancer is easily detected at an early stage with appropriate tools and training, and is the cancer most commonly associated with HIV. Guyana currently lacks a screening program, with lethal consequences for many. Anyone interested in assisting, please contact Dr Varallo at [varalloj@gwu.edu](mailto:varalloj@gwu.edu) or Omni Med.

In Asia, Drs Michael Morley and Katherine Morrow have continued their work in the NKP region of northeast Thailand. In 2005, they solicited nearly \$75,000 in donations to develop a Center for Eye Excellence there. Dr Morley works at the Ophthalmic Consultants of Boston (OCB), which has a non-profit arm called the Center for Eye Research and Education (CERE). Dr Morley



Dr. O'Brien reviewing X-Rays with physician colleagues in Guyana

and Morrow's program is a partnership effort involving both Omni Med and CERE. In addition to their multiple site visits, they solicited a \$60,000 phaco machine for cataract surgery and grants from the Barnstable-Yarmouth Lions Club. Their Thai partner, Dr Suwat, recently visited the Morleys' home in Newton. They will bring a group from Dr Morley's clinical practice (OCB) in January 2006 to conduct more screening and expand the program.

In Kenya, we shipped \$204,110 worth of supplies to our affiliate, St Mary's Hospital in 2004 alone, with a comparable amount sent



Dr. Morley examining a patient in Thailand

in 2005. Many people from Omni Med also contributed to the new library in the recently completed Educational Center at St Mary's. Our total support to St Mary's easily exceeds a half million dollars, contributions that Father Fryda considers "vital." Omni Med will likely play a larger role at St Mary's in the coming years as Father Fryda expands the Education Center to include basic medical coursework. Dr Tom and Rennie Antkowiak returned to Kenya this year as orthopedic surgeon and nurse educator. Father Fryda is now building a "St Mary's West" in the Elementita region in western Kenya, with plans to cover the health care needs of almost half of

Kenya's population in time. St Mary's offers the highest quality, most affordable health care in East Africa, with a large HIV/ AIDS population.

Finally, the book *Reverence for Life* is finally completed. However, due to its length, the publisher, the American Medical Association (AMA) wisely decided to split it into two separate books. The first is called *Awakening Hippocrates: A Primer on Health, Poverty, and Global Service*, and should be of interest to both health providers and the general public alike. Paul Farmer will write the book's foreword. The second book, *A Practical Guide to Global Health Service*, covers the more practical matters for anyone interested in working abroad in poor settings. All proceeds from both books will go directly to Omni Med programs. Both books will be available by March 2006; we will notify each of you then. My hope is that this book catalyzes far greater involvement in international health service, not only through Omni Med but through many other programs as well. Additionally, the media and speaking opportunities this presents should give Omni Med even more opportunities to grow—and attract additional supporters.

Thanks to everyone who has supported our work thus far. Between the birth of my son Sean and the need to complete both books early this fall, I had to cancel plans for our second annual conference. We will likely plan for a conference during the winter or next fall; we will notify all of you with fur-

(Continued on page 3)



Father Bill Fryda at work at St Mary's Hospital in Kenya

President's Message, continued from page 2)

ther plans. In 2003, while raising roughly \$16,000, we provided over \$344,000 worth of goods and services to developing countries; 2004 totals are being compiled now, but were roughly similar. Our audit from the same year shows that 97.9% of funds go directly to our programs. This is largely due to our emphasis on volunteerism. With the release of *Awakening Hippocrates* and *The Guide* in early 2006, Omni Med is poised to make an even larger impact on those in developing countries. Omni Med continues to provide an opportunity for action, and we are poised for great things over the coming years.

(Cervical Cancer Screening Program Expands In Guyana, Continued from page 1)

vious work in Guyana of introducing an evidence-based and cost-effective approach to cervical cancer prevention for low-resource settings, and building local capacity through training of local health providers. We utilized the Screen-and-Treat strategy: screening with Visual Inspection with Acetic Acid (VIA) linked with same-day clinic-based treatment.

The plan for a pilot Outreach Cervical Cancer Prevention Clinic in Moruca developed through collaboration with the Ministry of Health, Amerindian community leaders, local health providers, and health providers from GPHC. The vast majority of the rural Amerindian women from the Moruca community never receive cervical cancer screening in their lifetime, which is typical of most Amerindian communities in Guyana. A screening we conducted in a cross-section of Amerindian women revealed that 95% had never been screened before. In addition, many women who receive screening either never receive their results or never have their abnormality treated. A previous project in the rural communities of Guyana, including Moruca, did not link screening with treatment. As a result of the ineffective or virtually nonexistent cervical cancer prevention services in Guyana, women in Guyana, especially rural Amerindian women, continue to suffer one of the highest cervical cancer rates in the world, 50% higher than the average in the Latin America and Caribbean countries. Yet, this suffering is unnecessary. Cervical cancer is almost completely preventable when precancerous lesions are detected and treated appropriately.

While travel to and conducting mobile clinics in remote areas presents some logistical challenges, they are not insurmountable. Kuma District Hospital, the site of our mobile clinic in Moruca, does not have running water and uses a generator for electricity from 0500-0700 and 1800-2200. We brought all the necessary supplies and equipment with us (except for a portable generator, which was supplied by the community of Moruca). Travel to Moruca required 6-8 hours of van-boat-van-boat trips, our equipment and supplies neatly tucked into the last two rows of the regular fast boats, and us tucked into the other rows alongside the locals. The last leg of the trip, 1.5-2 hrs down the Pomeroun River, into the Atlantic Ocean, and up the Moruca River, was one of the most exhilarating and beautiful boat rides I have experienced. The mobile clinic staff consisted completely of Guyanese health workers except for myself.

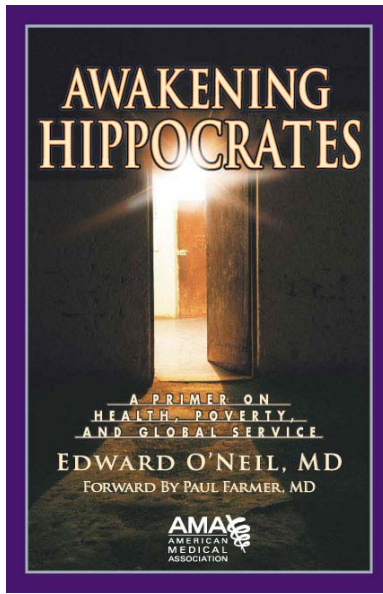
A typical mobile clinic day consisted of VIA screening in the morning to early afternoon (until everyone screened), followed by treatment of all abnormalities found that day until everyone was treated (9 or 10 PM). Despite treating women well into the evening, every woman stayed and seemed content, if singing and dancing in the waiting room, and hugs and thank yous following treatment, is any measure. They said they were just glad we were interested in helping them. One case that illustrates how effective and efficient the Screen-and-Treat strategy can be. An Amerindian woman in her 50s with a severe precancerous abnormality found on screening three years earlier remained untreated. This anxious woman walked in late to our clinic on our last day, coaxed by her daughter who participated in our screening earlier that day. I performed VIA screening on her immediately; in one minute I saw the results of a continued severe abnormality and walked her over to where Dr. Liddell was performing treatment. The women waiting insisted that she go ahead of them, since she had been waiting three years. Within 20 minutes of walking into the clinic, we screened and safely treated this woman.

During our time in Moruca and as we were leaving, we received many hugs and requests from the Amerindian community and the hospital staff for us to return, asking when we were returning. Word spreads quickly in Guyana. Upon return to Georgetown, I had a meeting with the Permanent Secretary and other officials within the Ministry of Health asking Omni Med to work collaboratively with them to develop and implement an Outreach Cervical Cancer Prevention Program for remote Amerindian Communities based on our work to date in Guyana. Preliminary plans are to conduct these one-week mobile clinics (as well as ongoing training sessions and workshops) every 6 months and to expand as capacity grows.

With the appropriate human and financial resources, Omni Med has the potential to have a significant impact in improving cervical cancer prevention services in Guyana, and improving the lives of women, especially for rural Amerindian women. I agree with Dr. Liddell, the mobile clinic to Moruca was the most rewarding professional experience I have ever had. And we do need to continue doing this.



Dr. Varallo (front, 2nd from right) with Guyanese colleagues in Moruca



***Awakening Hippocrates; A Primer on Health, Poverty and Global Service, and A Practical Guide to Global Health Service To Be Published in March 2006 by the American Medical Association***

For the past few years, I have been regularly updating you on the progress of the book *Reverence for Life: A User's Guide to International Health Service*. As I told you last year, the American Medical Association is the publisher with a release date of February 2006. However, the realities of publishing collided with the sheer size of the text I submitted. In July of this year, the AMA took the unprecedented step of splitting *Reverence* into two pieces, with the titles as above. It will release both books simultaneously in February-March 2006. This decision actually makes a lot of sense and should greatly increase the number of people who will read each.

The first book, *Awakening Hippocrates*, explains the underlying forces that contribute to global poverty and ill health, and profiles seven health providers who have dedicated their lives to improving the health of the poor. Because this book has a far more broad appeal, it should be far more interesting to a general readership. All of us can benefit from understanding the forces that cause poverty, and learning what we—lay and health provider alike—can do about it. Recent years have seen tremendous changes internationally. The Bush administration has increased foreign aid spending more than any administration since Kennedy. New programs like the Global Fund, the Global Vaccine Initiative (GAVI), and the Millennium Challenge Account (MCA) all offer new operating paradigms that can directly improve the health of the poor. Even PEPFAR, the President's Emergency Plan for AIDS Relief, despite some serious problems, represents an attempt to redirect funds to those most in need. Paul Farmer will write the foreword.

The second book, *The Guide*, should become the definitive book for anyone considering overseas health work. In addition to extensive discussions on overcoming the obstacles of work, time, family obligations, and money, there is a chapter that details the considerable health considerations one must cover before and during their trips. The Omni Med Database of International Health Service Opportunities provides the heart of this text and, with the considerable cross-referencing sections, will make it easy for people throughout the health profession to find opportunities that directly match their interests.

The net result of these two books is to get many more health providers to go to those places where they are most needed. Yet, just going abroad does not guarantee success or efficacy. I hope that more people will think seriously of the many components that make programs work, like working with the poor, learning from them, understanding the forces that constrain them, and focusing their efforts on programs most wanted by those in developing countries. We will send out flyers to all who receive this newsletter upon the books' release in 2006.

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### **Guyana HIV/ AIDS Program Continues**

Omni Med launched its HIV/ AIDS education program in Guyana in November 2004. Supported by a grant from the CDC via the FXB Center in the University of Medicine and Dentistry of New Jersey (UMDNJ), Omni Med physicians adapted HIV care into the existing educational programs. So far, Drs Varallo, Epino, and Marsh have gone through the program, which includes both bedside and didactic teaching. Dr Bryan Marsh traveled to Guyana through the Omni Med program in April '05, and has since joined the FXB Center in New Jersey as an advisor to the Guyana National AIDS Program. The next visit is tentatively planned for January 2006.

#### **Ayuda Federation Selects Omni Med (continued from page 1)**

for 2003 revealed that only 2.1% of our overall expenses go toward administration costs. The remaining 97.9% goes directly toward programming. Those interested in reading further about the Ayuda Federation can go to [www.ayudafederation.org](http://www.ayudafederation.org)

### **In Memorium**

Dr Edwin Wyman, pictured at right overseeing an orthopedic operation at St Mary's Hospital in Nairobi in 2001, died in July 2005. Dr Wyman spent much of his life working in poor countries, and helped establish the Omni Med program in St Mary's. He is quoted in *A Practical Guide to Global Health Service*. Many of us remember Dr Wyman fondly. Our thoughts and prayers go out to the Wyman family.



Dr Wyman in St Mary's Hospital, Kenya

(Village Health Station Project, Continued from page 1)



Drs Morrow and Morley with host in Thailand

with ophthalmic services. However, we felt that we needed to commit time and energy to learning about their healthcare system and forming relationships with local providers before taking on a significant project. To that end, we started by working with the providers at the Village Health Stations by providing educational sessions and screening clinics.

#### VISION AND CARDIOVASCULAR DISEASE RISK FACTOR ASSESSMENT: JANUARY 2005

In January 2005, in cooperation with the Thai district health personnel and ophthalmic providers, and the financial support of a \$10,000 grant from Lions International, we conducted a Vision and Cardiovascular Risk Factor screening project. This project was valuable as the Thai government had set a goal of screening all people over 40 for diabetes and hypertension. In addition to the screening project itself, we were able to help develop a system through the village health stations where patients with diabetes and hypertension can go to the Village Health Stations for ongoing monitoring and education about their disease.

The ophthalmic component of the January project featured screening for glaucoma, diabetic retinopathy, and cataracts. In addition, we were able to provide eyeglasses for distance through a program sponsored by the King of Thailand, in addition to reading glasses from the Lions grant. Cataracts are the leading cause of reversible blindness in the developing world. Nakhon Phanom is no exception, and although they have some basic infrastructure and clinical personnel who can treat this condition, there is still a backlog of over 2000 patients who are blind from bilateral cataracts. The current wait for cataract

surgery is more than 2 years. The major barriers are manpower – there is only one ophthalmologist, and distance – most people live in rural villages and are unable to get to the provincial capital where cataract surgical capabilities exist.

#### CURRENT PROJECT AND FUTURE GOALS

After having spent 3 years working in Nakhon Phanom, we have found an opportunity to help with the governor's original request for ophthalmic services by improving the cataract surgery capability in Nakhon Phanom province. We have applied for another grant from Lions International for \$28,000, matched by funds from the Center for Eye Research and Education and other volunteers. This will provide money to purchase the equipment necessary to perform cataract surgery at Pla Pak District Hospital. We have been working with Dr. Suwat, the local ophthalmologist in the development of this project. He and his team will now be able to travel to Pla Pak and do cataract surgery locally. They recently came to the United States in October 2005 to study opportunities to improve the efficiency of their cataract surgery, followed by a pilot project in January 2006, where a small group from the US will travel to Pla Pak for a week long cataract surgical project. If successful, this will form the framework for developing an ongoing surgical exchange to help decrease the backlog of patients waiting for cataract surgery.

The true impact of this project will be felt over a period of years. With this initial investment of training and equipment, Dr. Suwat predicts that up to 75 cataract surgeries could be performed per day with the assistance of a visiting ophthalmic team. But the real value in this project lies in the fact that the system improvements and additional equipment can improve the cataract surgery capabilities that the local ophthalmic providers can deliver on a daily basis. These combined efforts are estimated to double the current number of cataract surgeries that are currently done in Nakhon Phanom province.

In addition the pilot program for cataract surgery, we will be working with the Pla Pak staff to develop a plan for education and management of cardiovascular disease risk factors, as we did at the Village Health Stations. By controlling them through patient education, and medications the risk of cardiovascular disease can be reduced. Drs Katharine Morrow and Michael Morley kathy.morley@comcast.net or (617) 332-1109

#### OMNI MED HIGHLIGHTS

***Awakening Hippocrates: A Primer on Health, Poverty and Global Service, and A Practical Guide to Global Health Service To be published by the AMA in 3/06***

A guide for health providers seeking to volunteer overseas is due for publication by the AMA press in early 2006.

#### **Omni Med Shines in Audit**

In December 2004, CPA Donald R Sandler conducted an in-depth audit of Omni Med's finances for the fiscal year 2003. Since Omni Med has grown in size in recent years, such audits are now an annual requirement. Mr Sandler found that 97.9% of Omni Med's finances were spent on programs, thus confirming what we have said right along: We put all donations to use.

#### **Omni Med Receives Ayuda Membership in 2005**

Omni Med was nominated for membership in the Ayuda Federation in 2005. Only selected organizations are nominated based on track record and responsible spending. Annual audits are required. Of 68 organizations nominated, only 15 were accepted, with Omni Med among them. This makes Omni Med eligible for funding from all federal employees in the Combined Federal Campaign (CFC).



Dr. Varallo teaching Guyanese medical students

For more information, contact:

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www.omnimed.org

## Participate in Omni Med

### Provide support

Omni Med is a 501 (c)(3) non-profit organization. We rely on donations from individuals, companies, foundations and governments to fund all of our efforts. Most of our services are donated, but we still incur significant costs running the international programs and developing the database for our upcoming texts on global health service. Your contributions help us make a difference in the lives of those who need better health care.

### Physicians needed for Belize, Guyana and Thailand Programs:

Omni Med sends physician volunteers to Belize five times yearly, and to programs in Guyana and Thailand at different times. Most specialty areas are needed. All program emphasizes teaching, recognizing that knowledge is the best gift any short-term visiting health provider can give an indigenous colleague. As of late 2005, over 100 health providers, mostly physicians, have traveled abroad through Omni Med programs. Please contact us if interested.

*If you would like to make a tax deductible donation to Omni Med, please make check payable to:*  
**Omni Med**  
382 Lexington Street  
Auburndale, MA 02466

**\*Medical Supplies:** In 2004, Omni Med shipped **\$204,110** in medical supplies to Kenya, with more elsewhere. Combined with **\$35,103** in 2001, **\$85,779** in 2002, and **181,514** in 2003., Omni Med has shipped at least **\$506,506** (not including '05) in supplies abroad, mostly to Africa



PLEASE NOTE:

Omni Med is located at:  
81 Wyman St., Suite #1  
Waban, MA 02468

However, all correspondence should be sent to Dr. O'Neil in Auburndale.

**Omni Med**  
**Bequest Society**  
*Leave a Lasting Legacy:  
Remember Omni Med in  
Your Will or Estate Plan.*  
*For more information,  
please call:*  
**Susan DameGreene,**  
**Planned Giving Volunteer**  
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### RETURN SERVICE REQUESTED



### **INSIDE:**

- Omni Med's first audit: 97.9% funds spent on programs
- Thailand and Guyana Programs Grow
- AIDS and Cervical Cancer Screening in Guyana
- Two books to be published in 3/06

*Omni Med comes from the Latin, loosely translated as "health care for all." Our mission is to reduce global disparities in health care, primarily through health volunteerism. Recognizing the interconnected nature of this shared human experience, we heed Dr. Albert Schweitzer's "ethical imperative," calling all health providers to bring quality health care to all the world's people—including those not in our traditional realm of concern. Omni Med runs teaching/service programs cooperatively with indigenous health providers, currently in Belize, Kenya, Guyana and Thailand, helps physician volunteers develop ongoing relationships with host providers, and works collaboratively on other projects deemed important by host providers or governments. We also publish a complete resource guide on international health service that prepares prospective volunteers for service opportunities throughout the world.*

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**Omni Med News**



