

Omni Med News

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



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AMA publishes *Awakening Hippocrates and A Practical Guide to Global Health*

In March and April 2006, the AMA released *Awakening Hippocrates and A Practical Guide to Global Health*.

These two books answer two basic but important questions: Why do we have such poverty and health inequality in a time of other medical miracles? And, What can any individual do about it directly?

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President’s Message

Greetings. Omni Med has undergone quite an evolution these past two years. In short, there is a lot going on here; this is a time filled with promise and change. After a number of years of writing and editing, the books on global health, poverty and service are now published by the American Medical Association and have received solid reviews. Their publicity and marketing has given Omni Med some broad exposure and has helped us to expand our reach. Our programs in Belize, Guyana and Kenya continue to flourish, and we have some exciting new ventures, one a rather ambitious

Addressing Women’s Health Needs in Guyana

Back in early 2004, we asked our Guyanese colleagues to identify the priority issues in women’s health. Their answers: cervical cancer and maternal mortality related to gestational hypertension. Morning reports and ward rounds in the main teaching hospital brought us face-to-face with this sad, harsh reality: four women in their 30s



Dr. Varallo teaching medical students at bedside in Guyana

OMNI MED UPDATE

www.omnimed.org

venture called the Center for Global Service (see separate article), another with the Brookings Institution, and yet one more with my alma mater, George Washington University School of Medicine.

First, let’s look at our programs. In Belize, we continue to send a regular stream of U.S. health providers to teach, and learn, from their Belizean counterparts. After nearly a decade in country, our program remains strong, and remains the mainstay of medical education for the country.

In Guyana, John Varallo and John O’Brien have done a great job maintaining relationships under some adverse circumstances. James Eadie, the Guyana program’s founder and

leader, has been unable to maintain an active role due to his commitment to the US Air Force and recurring missions to Iraq. We are all proud of James and pray for his safety and successful completion of his military service in October 2008. His current tour of duty extends from September 2007 through January 2008. We wish him Godspeed and a safe return home. Of course we will welcome him back with open arms when his time is less fully committed. We also offer congratulations to James and his wife Christina as they welcomed Garrett Sebastian Eadie to the world last year.

Of particular interest, John Varallo has developed a national

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Omni Med Initiates The Center for Global Service

In spite of volunteerism’s expansion, the “global service model” remains largely unchanged and unconnected, leaving volunteers on assignment unable to access the resources and tools that



to 50s lying in beds on the cramped wards (some sharing a bed head-to-toe with another patient) bleeding from far advanced, untreatable cervical cancer, tumors eroding to the outside, essentially just waiting to die. On the maternity ward and ICU, women suffering recurrent seizures, strokes and even death from poorly managed gestational hypertension and eclampsia.

But, rather than come in with preconceived notions of what should be done, how it should be done, or what we wanted to do, we listened – to community members and leaders, health care providers, and government officials. From that and our own observations, we

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would make their efforts more valuable. Volunteer leaders concur that the current model is piecemeal, lacking coordination at multiple levels and that overlaps and oversights result in

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Board Members

Edward O'Neil, Jr., MD, President and Founder

Ambassador Harry Barnes

Ms. Kathryn Johnson

Robert Sparks, MD

Roger Sublett, PhD

Director, Belize Program

Ms. Loretta Garcia Palacio

Director, St. Mary's, Kenya Program

Father Bill Fryda, MD

Directors, Guyana Program

James Eadie, MD (In US Air Force)

Asst. Dir. John O'Brien, MD

John Varallo, MD

Director Guyana Cervical Cancer Screening Program

John Varallo, MD

President's Message Continued

strategy for the government of Guyana to develop the nation's first cervical cancer prevention program. Guyana has one of the world's highest rates of cervical cancer and Dr Varallo developed a program which Guyana Minister of Health Leslie Ramsammy has already begun to put into place. Dr Varallo, with the assistance of Dr O'Brien and Guyanese health providers, has piloted the program in a few small Amerindian communities deep in the jungles of Guyana, their most recent trip coming in October of this year, during which time the group screened 562 women and treated 82 positive cases. Omni Med, Dr Varallo, and Minister Ramsammy have developed a relationship with Johns Hopkins University's JPIEGHO, a world-renown center for global health care delivery. Negotiations continue at the current time, though it appears quite promising that Omni Med program will receive considerable funding for the next three years.

In Thailand, Drs Mike Morley and Katharine Morrow have worked with a Thai ophthalmologist, Dr Suwat, to build a program of eye screening and treatment in the northeast region of NKP, one of the poorest regions in the country. Drs Morrow and Morley began this program several years



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

ago through a relationship with the Thai-Laos-Cambodia Brotherhood, a group of dedicated Vietnam veterans who sought Omni Med's help to make a difference in Southeast Asia in health care. After briefly running a program like that in Belize, Drs Morley and Morrow realized that the distance, language, and lack of local support made other programming options more attractive. Together with Dr Suwat, they developed the Center for Eye Excellence in the NKP region of Thailand. Dr Morley was able to fund and more fully develop the program through Center for Eye Research and Education (CERE), the non-profit arm of his work as an ophthalmologist. Understandably, they have since moved on. Omni Med has always been a mission driven organization, and we all wish both Drs Morley and Morrow well as they build new programs and continue this most important work.

Closer to home, 2006 was the year that the AMA published the two books that have consumed much of my time over the past decade. Originally written as one book, the editors at the AMA rightly concluded that no one would read a 1000 page book. As such, we agreed to split the books into two: *Awakening Hippocrates: A Primer on Health, Poverty, and Global Service*, and *A Practical Guide to Global Health Service*. They were released on March 31 and April 30 2006, respectively. Fortunately, the books have been very well received. (See the accompanying story for a summary). Paul Farmer graciously wrote a very powerful foreword to the first book, and the reviews in JAMA, NEJM, Health Affairs, the North American Medical Journal, and several others have all been very strong. (See several reprinted within this newsletter.)

I wrote these books mainly to awaken

the medical profession (and anyone else who might listen) to the incredible disparities in health and longevity that define our world order. I had hoped to bring hundreds or even thousands of health providers to global health service. Once they had understood better the reasons for the disparities, and then been inspired to go abroad to work among the poor, I assumed, many more providers would be transformed by the power of the experience, and would make global health serviced a regular part of their life's work. These books have provided the perfect vehicle for me to bring this message to a much larger audience, and further Omni Med's larger mission, to bridge the gaps in health and health care that exist between rich and poor countries.

During the spring and summer months of 2006, I did a number of print, radio, and TV interviews to promote this ideal.



A typical hospital ward in the public hospitals of East Africa

(Read, listen or view many of these interviews on www.omnimed.org in "New Books." I have also had the opportunity to write pieces for several magazines (also available on the website), and to give talks around the country (over 50 to date). I will continue to get this message out to the largest possible number of people who can listen, learn, and help to transform our world.

Some may question how an organization like Omni Med can or should sustain what appears like such a personal mission. I admit that I do feel some discomfort at the personal focus of some of the media publicity surrounding the books' release, preferring it to focus on what we have accomplished as an organization. However, I strongly believe, as I have from the beginning, that a core part of our mission is to promote understanding of the complex phenomena that propagate global health

inequality, and inspire more people to serve directly. Martin Luther King once said, “The racial problem in America will be solved to the degree that every American feels personally confronted by it.” So, too will the problem of global health inequality. This problem will also be solved only to the degree that every individual—particularly those of us in the health profession—feel personally confronted with it. And if more of us actually go out to poor countries and serve the poor directly, both through Omni Med programs and through these books, then we truly can foster transformational change in our profession and in our world.

Yet the Omni Med board members have long believed that these books would create new opportunities for Omni Med to impact a far larger number of people. Recent developments are proving this correct.

An exciting new development is Omni Med’s creation of the Center for Global Service (CGS). (See the related story.) Omni Med board member Kathryn Johnson, GeoGroup founder and CEO Leland Russell and I combined our energies to develop a new center to help all those who seek to serve anywhere in the world. The CGS is a bold initiative that will make it far easier for anyone to find their way to service, to better prepare those who serve, and to better link them upon their return. Ultimately, the Center will develop a “core curriculum” of base knowledge that all need as they embark upon their global service terms, and employ what we have called a “Circle of Transformation” to turn far many more people into global citizens, fully capable of bringing about large-scale social change. Since fall 2006, we have convened planning meetings in Washington DC, San Francisco, New York and again in DC. Over 400 people have participated in these planning meetings, and we have listened intently and incorporated many of their ideas into the CGS design. We are in the process of developing the CGS website and will post a link on the Omni Med website in the fall.

Equally exciting, David Caprara of the Brookings Institution asked me to chair a sub-working group on workforce issues in sub-Saharan Africa, working within the Brookings Initiative on International Volunteering and Service. Since April of this year, we have made considerable progress. We have created a model in which US volunteers will be trained at a few host sites in the United States and will then travel to an East African country to train the local community health workers in malaria

prevention and home-based water treatment and safe storage. These two initiatives have been shown to make dramatic differences in local mortality. We recently presented this model at a large conference at Duke, and it was very well received. We have been able to link several impressive organizations together, including Africare, the Red Cross, Malaria No More, George Washington University School of Medicine, USA’s Freedom Corps, USA’s Volunteers for Prosperity, and several more. Omni Med is playing a lead role in developing this initiative and we will keep you posted as this evolves. Last week, I had the opportunity to present this plan at the UN International Day of the Volunteer at the White House.

Just down K Street in DC at George Washington University, Fitzhugh Mullan and I have designed a study on the number of health providers who leave the US each year. Currently, no one knows and this could be of value to US lawmakers who seek to improve foreign relations through sending health providers abroad.

Thanks to everyone who has supported our work thus far. My apologies for not keeping you up to date as I would like. However, things have been progressing rapidly and by this time next year, Omni Med may well be in a much different position. As it stands now, however, we have spent considerable funds building these new initiatives, particularly the Center for Global Service, and would greatly appreciate your support. We continue to give great return on any investment in us. In 2003, while raising roughly \$16,000, we provided over \$344,000 worth of goods and services to developing countries; 2004 totals 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*, promotional talks around the country, and the exciting new initiatives under way, Omni Med is poised to make an even larger impact on our world. Thanks for your ongoing support, and I hope you can continue.

OMNI MED HIGHLIGHTS

***Awakening Hippocrates and A Practical Guide to Global Health Service* Published in March and April 2006 by the American Medical Association; Receive Strong Reviews.**

Cervical Cancer Prevention Program in Guyana grows, becomes national model

Omni Med Initiates The Center for Global Service

Omni Med Chairs a Health Service Initiative for Sub-Saharan Africa at the Brookings Institution

Omni Med total donations of medical supplies approaches \$800,000; mostly to Kenya

(Addressing Women's Health Needs in Guyana, Continued from page 1)

worked collaboratively with our Guyanese friends to develop innovative programs that are responsive, practical, and provide a high standard of medical care aimed at reducing the unnecessarily high levels of suffering of women in Guyana. An example of such a program is the Guyana Cervical Cancer Prevention Program.

Guyana Cervical Cancer Prevention Program

The Need for Cervical Cancer Prevention

Guyana suffers one of the highest cervical cancer burdens in the world. Cervical cancer incidence in Guyana is 47.3 cases per 100,000 women, and a mortality rate of 22.2 per 100,000 women, both of which are 50% higher than the Latin America and Caribbean region, and 6-10x higher than the U.S. The main reasons for such high cervical cancer rates are similar to those found in other poor, developing countries, such as, poor access to screening and treatment services, poor linkage of screening with treatment, limited cytopathology services.

This is particularly true in the rural indigenous communities, where effective cervical cancer prevention services are virtually non-existent. Rural Amerindian women suffer even higher rates of cervical cancer than their counterparts in the larger towns.

Introducing an Alternative Approach to Guyana

Multiple large studies in other developing countries have demonstrated that visual inspection of the cervix with acetic acid (VIA) combined with same-day or near-future treatment is safe, effective, feasible, sustainable, and, importantly, highly acceptable to women. It also provides an opportunity to greatly expand cervical cancer prevention services.

Through discussions, lectures, and workshops, we introduced this concept to Guyana. This alternative approach generated enough interest to lead to a pilot project at the main public hospital in the country, Georgetown Public Hospital Corporation (GPHC). These activities and the promising results of the pilot project generated further interest, including among Amerindian nurses, community members and leaders who wanted to have such services available to their communities.

Bringing Services to the People

In a country with an already high cervical cancer rate, the rural Amerindian women are at an even greater risk due to a myriad of reasons. A collaborative effort between Omni Med, the Amerindian communities, the Regional Health Service, the Ministry of Health and GPHC led to our pilot cervical cancer prevention mobile clinic to Moruca, a remote Amerindian village. I led this team, composed of Guyanese health care providers: a physician, nurse, mid-level provider, and community health worker. This two day pilot project revealed a VIA screen-positive rate of 37.5% (27/72) in this population, an alarmingly high rate. It also demonstrated that in our pilot project:

- VIA promoted linkage of screening with treatment. 100% (72/72) received *immediate results*, and 100% (27/27) of VIA screen-positive women received *same-day treatment*. In comparison, another study revealed that only 26% of women received pap smear results or had them recorded in their charts 6 months after screening.
- VIA was accurate. 93% (25/27) of VIA screen-positive women had early cervical lesions that would likely progress to cancer with no treatment.
- Screening and treatment was highly acceptable. 100% (72/72) reported satisfaction or high satisfaction with the services provided and would recommend other women to participate in future prevention services.

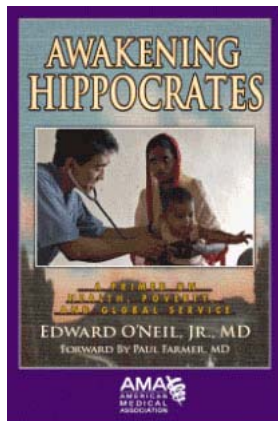
We conducted another successful mobile clinic in Moruca and Mabaruma in October/November 2006. Then, during October 17-27, 2007, we conducted another outreach program in six Amerindian communities and trained local midwives and medical workers. This trip was also very successful. We screened 562 women, found 82 precancerous lesions, and were able to treat all eligible patients at the time of diagnosis. Essentially, our model works extremely well in these settings of concentrated poverty, and, since it focuses on training local individuals, is ideal for enhancing local capacity and building a program model that can remain in place permanently.

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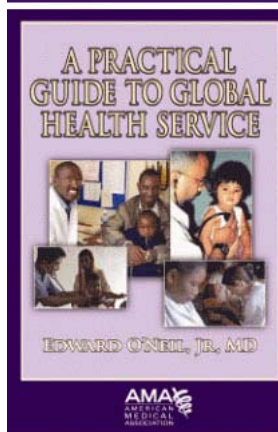
Dr. Varallo (front, 2nd from right) with Guyanese colleagues in Moruca

***Awakening Hippocrates; A Primer on Health, Poverty and Global Service, and A Practical Guide to Global Health Service* Published in March and April 2006 by the American Medical Association; Receive Strong Reviews:**



Awakening Hippocrates challenges health providers in particular to respond to the challenge of global health inequality. It summarizes the “forces of disparity” that keep change from the poor, outlines many of the responses of the rich world, including foreign aid, and profiles seven exemplary health providers, including Albert Schweitzer, Tom Dooley, and Paul Farmer in order to inspire people to serve where most needed.

A Practical Guide offers step-by-step instructions on how anyone can serve in poor regions in the US and abroad. It includes a database of over 300 organizations looking for volunteers and a cross-referencing index so that anyone can quickly find the organizational match that is right for them. The ultimate goal is to push the medical profession, and many others, to much greater awareness of and engagement in the quest for global health equity.



“The plethora of recent studies focused on global poverty have offered excellent analyses but the scale of international poverty and its relations to global health demand a finer study—specifically, a narrative so prolific and potent that it not only describes the injustices wrought by poverty but dares to explain those injustices with eloquence and grace. *Awakening Hippocrates* is just that work, insofar as it abounds with convincing evidence that forces the reader to genuinely contemplate the many constructive solutions he promulgates as a means of eliminating the many pestilences—health and otherwise—brought on by social injustices. Ultimately, *Awakening Hippocrates* is mandatory reading for interested physicians to use should they decide to take up the reins and fight poverty where wealthy nations have failed for so long.”

-Ribhi Hazin, MD in the *Journal of the National Medical Association*, March 2007 -VOL. 99, NO.3

"Few books have mastered such a breadth of complex issues and done so in such clear and readily understandable prose. ...essential reading for every medical student and resident in the country, as well as anyone else who cares enough to address directly the health inequalities that plague so much of humanity."

-Robert Sparks, MD, Dean Emeritus Tulane University School of Medicine, President Emeritus and Senior Consultant for the W. K. Kellogg Foundation, former Chancellor of the University of Nebraska Medical Center, member Institute of Medicine.

“This timely book should be embraced by anyone entering the international service arena with the goal of improving the health of populations living in the most deprived conditions in resource-constrained settings... We believe that this inspiration book achieves its main goal, to revisit the basic ethical and moral principles stated in the Hippocratic Oath in an era of persistent and devastating health inequalities and to awaken the medical community's moral attention to the world's most vulnerable populations.”

-JAMA, August 2, 2006 - Vol 296, No.

“...written with impressive knowledge and with the compassion of a medical doctor who has worked in the poorest countries of the world and whose life has been marked by the miseries he has come across. This book is a moving and pressing appeal to all people of good will.”

-Rhena Schweitzer Miller, former director of the Schweitzer-Bresslau Hospital in Lambarene, Gabon, and daughter of Albert Schweitzer, MD

The books are available on www.amazon.com, www.barnesandnoble.com, and through www.ama-assn.org.

(Addressing Women's Health Needs in Guyana., Continued from page 4)

The Future

Our activities and their results have generated much enthusiasm within the communities, among health care providers, and within the government ministries. Minister of Health Dr. Leslie Ramsammy asked Omni Med to develop a national policy on cervical cancer prevention, the first ever for the country (see *Guyana National Policy on Cervical Cancer Prevention* at www.omnimed.org). This includes a 3-year Guyana Cervical Cancer Prevention Project, a collaborative project between Guyana Ministry of Health, Georgetown Public Hospital Corporation, and Omni Med. The project is envisioned as the start-up phase of the Guyana Cervical Cancer Prevention Program (GCCPP), building local capacity and providing cervical cancer prevention services to all ten Regions.

In addition, at the request of the Guyana Ministry of Health, Omni Med drafted a grant proposal for this project. We are hopeful that the government will secure external funding, but to date the project is unfunded and cannot go forward on the scale desired.

While the new HPV vaccines carry great promise for cervical cancer prevention, a number of important issues exist regarding how effective or practical they would be in Guyana, including logistics and costs. In addition, the current vaccines are directed against the two HPV types that cause the vast majority of cervical cancers in the U.S. and Europe. We do not know what HPV types are present in Guyana, or their distribution. Studies reveal that women from sub-Saharan Africa and South America have HPV-type distribution significantly different than women from the U.S. and Europe. If Guyana has a similar HPV-type distribution as other countries in South America, or sub-Saharan Africa, it would reduce the effectiveness of the current vaccines. The GCCPP plans to incorporate HPV typing of a large sample of women from each Region and HIV-infected women at the HIV Center of Excellence.

Lastly, and very importantly, our studies show that a large percentage of women in Guyana already have precancerous lesions of the cervix. The HPV vaccine is of no help to these women. Thousands of women in Guyana are in urgent need of effective cervical cancer screening and treatment now. This need will continue for decades, even given the best-case scenarios of HPV vaccine use.

The principle of social justice is the driving force behind our goal to alleviate the unnecessary suffering among marginalized populations. Our current efforts have merely scratched the surface of the true level of need for cervical cancer prevention services in Guyana. While we have collaboratively developed a strategy to deliver safe, effective, and acceptable cervical cancer prevention services for Guyana, lack of funding and a shortage of capable, committed trainers are the biggest constraints to greatly expand these services. Anyone interested in learning more about or supporting Omni Med's Guyana Cervical Cancer Prevention Program, or it's Reproductive and Women's Health program in the country, contact Dr. John E. Varallo at varalloj@gmail.com or at 202-222-8190.



Kumaka District Hospital in Moruca, Guyana



Kaieteur Falls, Guyana

The Brookings Connection

When John F Kennedy founded the US Peace Corps by executive order on March 1, 1961, he confided in colleagues Sargent Shriver and Harris Wofford that he thought that sending 100,000 Americans abroad each year could have a dramatic impact on the country. "Imagine," he said. "By the end of a decade, a million Americans will have intimate knowledge of Africa, Asia, and Latin America. What will that mean for our foreign policy?" Harris Wofford became a US Senator (D-PA) and more recently launched a service initiative at the Brookings Institution, along with Brookings Visiting Fellow David Caprara. The initiative seeks to double the number of Americans serving internationally each year to 100,000 by 2010, in line with JFK's vision. To that end, this Brookings coalition has enlisted sponsors in the House and Senate for federal legislation for a Global Service Fellowship, in which US volunteers would be eligible to receive up to \$5000 for service abroad. David Caprara came to a Center for Global Service planning group meeting held in Washington DC in March of this year. He then invited Dr O'Neil to chair a working group on the health care worker shortage in Sub-Saharan Africa. Since April, the group has made considerable progress and a model is taking shape. US volunteers would be trained in malaria prevention and home based treatment, along with home based water treatment and safe storage. Malaria kills roughly 1 million African kids annually, and diarrheal illness claims at least as many. We have found a number of groups interested in partnering with us, including Africare, George Washington University School of Medicine, the Red Cross, Malaria No More, USA Freedom Corps, USA Volunteers for Prosperity, Brookings, and several others. While still in its formative stages, this initiative has great promise. Watch for further details on the Omni Med website at www.omnimed.org.

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wasted resources and missed opportunities for which communities in need suffer the consequences.

As members of the global service sector, we have noticed the following:

- The need for well-prepared volunteers is growing, but gaps exist in volunteer readiness/effectiveness, from selection through preparation and execution, to re-entry and future deployment.
- The current model underperforms against key targets of effectiveness and operates without the information, context and connections necessary to achieve desired outcomes efficiently.
- Technology has reached a “tipping point” which enables mass collaboration on a global scale among volunteers, organizations, and community based leaders.

To combat these problems, three founders, Kathryn Johnson, Leland Russell, and Ed O’Neil have initiated a *Center for Global Service* (CGS), which will harness modern communication technology and foster conscious interagency coordination to connect the otherwise isolated sectors of the global service society. CGS will access the latest “digital technologies,” share best practices, and tap into the collective wisdom of global stakeholders. The CGS team is working collaboratively to design and build a new platform and “hub,” or *Knowledge Network*, for global service, aggregating what already exists and adding missing pieces. Informed by needs of indigenous leaders, it will employ intelligent collaboration to dramatically increase the effectiveness and impact of global service. Through these new linkages, we can empower global citizens to become more powerful agents of positive change.

The organizing principal behind the *Knowledge Network* is helping the individual volunteer through a “circle of transformation.” Anyone who has served as a volunteer has experienced the power of transformation directly and among colleagues. Capturing this transformational power has remained elusive. Many volunteers return home with increased

enthusiasm for societal, political, and global change. Yet, little is currently realized.

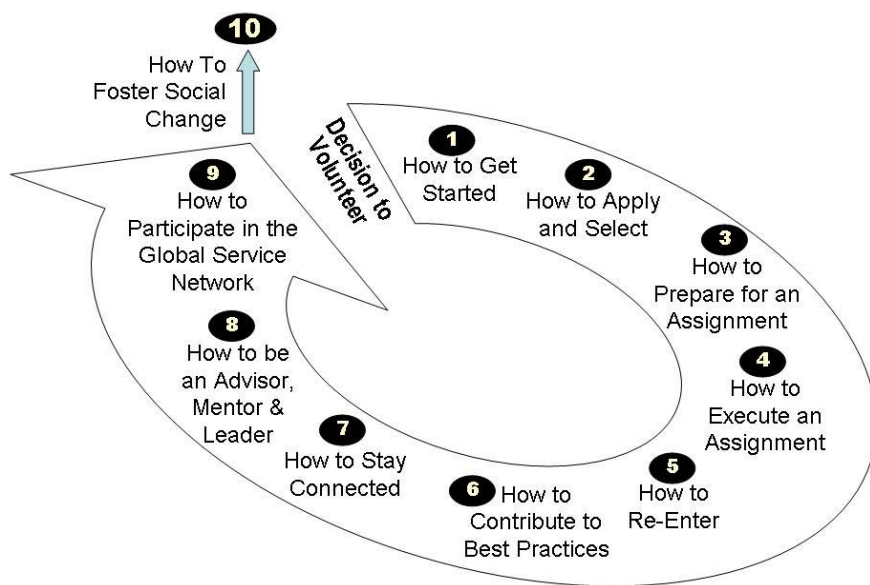
The following ten steps lead volunteers through a path of individual and shared learning, connectivity, continuity, expanded service and effective impact through service. Moving through the Circle of Transformation, volunteers will: Contact advisors; access substantive searchable databases; find ideal volunteering matches; benefit from “lessons learned “shared by peers; contribute to current best practices; enhance their leadership and multicultural skills; share their own volunteering experiences; build and support the network of volunteers; develop as mentors and advisors and lead change.

CGS will be a PRO/AM development,

zations and community leaders dedicated to effective communication, more appropriate volunteer matching and research of best practices in volunteerism and community development.

The CGS has started by pilot-testing the model in the health sector, using an RFP (Request for Participation) process with 10 “early adopter” organizations.

Following the establishment of a track record in health and efficacy in the approach, we will apply the lessons learned and broaden the work of CGS into other sectors. Each step of the architecture and infrastructure for the web platform will be designed to accommodate rapid growth, partnerships, and ease of use. It will make connections to other related websites and organizations logical and intuitive.



professionals and amateurs working together as authors of user-generated information and data to be maintained via an online “hub.” As a result, volunteers, local leaders and participating organizations will be invited to contribute to and take from the Center ideas, systems, shared data, and proven solutions. CGS will be harnessing a newfound connectivity to augment global service capacity, reduce duplication, drive economies of scale, and encourage collaborative breakthroughs.

CGS is, thus, creating a worldwide network of volunteers, cooperating organi-

Our goal is not to supplant existing organizations, but to help them become more effective. This approach represents a paradigm shift in the way NGOs and other international agencies currently do business. It is “disruptive social innovation for change,”² offering an opportunity for service organizations from all sectors to transition to an open system model. *The Center for Global Service* will, for the first time, link resources, mine best practices, and reduce isolation of the volunteer in the field.

Paul Farmer Writes Foreword to *Awakening Hippocrates*

Having worked mostly in places where to be poor means to be bereft of rights, I saw early, as a student of medicine, the panicky dead end faced by so many of the destitute sick. Most of the dead ends I witnessed early on were in rural Haiti, but these scenes are played out again and again, throughout the world: a young woman who welcomes her infant into the world and a few days later is dead from a readily prevented or treated infection. A child writhing in the spasms of a terrible infectious disease for which a vaccine has existed—for over a century. A young coworker whose guts are irreparably shredded by bacteria from impure water. An 8-year-old caught in a cross-fire. Young people consumed slowly by wasting diseases such as AIDS and tuberculosis. A pregnant woman whose life, and that of another, are one day ended suddenly by malaria.

Fighting such “stupid deaths”—a Haitian term—is never the work of one person, or of even a small group. I’ve had the privilege of joining many others seeking to provide medical care and other basic services to people who would otherwise not enjoy them. Most of my coworkers are not physicians or nurses; they are community health workers. But the number of physicians eager to serve is impressive and growing; so is the amount that can be accomplished by tools now at our disposal, but unavailable to the destitute sick. It is impossible to count the number of medical students and physicians (and of course many others) who ask, “What is to be done?”

All of the stupid deaths mentioned above can be averted; it’s been done again and again and the methods are by and large well-documented. There is great satisfaction to be had in the doing, in “simply” providing competent medical care to the needy. But after many years at the task, the doing itself, even when successful on a small scale, was never quite reward enough. Seeing health care as a right *is* a worthy goal, but here the path forward has been littered with failure. Failure because, short of resources, we were forever supplicants to institutions with power, money, and the ability to decide the fates of hundreds of millions of souls. Failure because ill health, we learned (as had many before us), is caused mostly, at least in the places we’ve worked, by poverty and violence and inequality—and what were we doing to fight those? Failure because every premature death, witnessed or otherwise, was a rebuke. But failure in this painful undertaking brought new clarity to the second, the third, the thousandth attempt to provide health care and other basic rights for the most vulnerable.

The most vulnerable, many of whom do fight for their rights, are not often invited to write or preface books. But the destitute sick are very present in this magisterial new volume by Dr. Ed O’Neil. “*Magisterial*” is a word that’s probably much overused in forewords, but it’s an apposite word to describe *Awakening Hippocrates*. We at last have, in this moving book and in a companion volume, *A Practical Guide to Global Health Service*, an authoritative overview that allows the reader to understand not only how poverty and inequality shorten lives in a time of medical miracles but also what can be done about it.

A book like this—which leads from an analysis of why things are the way they are to a consideration of what is to be done and finally to advice on how to do it—takes a long time in gestation. I remember meeting with Dr. O’Neil when this project was little more than a table of contents buttressed by a great deal of conviction. He intended to offer a largely medical audience a distillation of what we need to know about the political economy of health and illness across the globe; he promised a critical review of medical ethics and an exploration of health and human rights. Dr. O’Neil intended to link such a review with inspirational stories and a how-to guide that would allow concerned professionals and students (and, indeed, anyone) to become involved in efforts to remedy inequalities of access and outcome that mark modern medicine and public health. “It’s too grand a project,” I worried out loud. “How can you cover all that in one book?”

On one score I was correct: this will be a two-volume effort. The pragmatic how-to *Guide*, which will be invaluable to students (and others) seeking placements in the right projects and to faculty who seek to help them, will soon follow *Awakening Hippocrates*. Included in this first volume is a substantive—scholarly and critical but very readable—review of “global disparities in health.” When O’Neil uses the word “*global*,” it is not simply as a gloss for “*overseas*.” This book looks at both local and transnational disparities of risk and outcome, giving us the numbers, which are jarring, and linking dispassionate analysis with his own personal experience as an American physician with significant clinical experience in his own country and in others. O’Neil also reviews attempts, many of them botched, to respond to the problem of health inequalities through the vast development assistance apparatus and through other forms of aid. In so doing, he offers us a critical analysis of international health, a series of object lessons that all of us need to consider as we proceed.

Part 2, “Icons and Inspirations,” introduces the reader to physicians who have tried, in Dr. O’Neil’s view, to live up to the promise of our profession. We learn something about what inspires or inspired them. Even this book’s appendices are worth close attention if you’d like to learn, for example, what the Universal Declaration of Human Rights



Omni Med, Two Local Gastroenterologists Secure Major Donation for St Mary's Hospital in Kenya

Drs George Barrett of Milton hospital and Roger Mitty of Caritas St Elizabeth's Hospital I Boston played key roles in securing a major donation for St Mary's Hospital in Kenya. As is so often the case, Father/ Dr Bill Fryda relayed a specific need for donation of materials needed by his staff at St Mary's Hospital in Nairobi. Specifically, Father Fryda requested equipment to perform endoscopy and colonoscopy on their patients who come mainly from the Kibera Slum and other large slums around Greater Nairobi. Since Father Fryda and St Mary's staff is now building another large hospital in Western Kenya in the Elementita area, the donations came at an ideal time. Dr Barrett secured the contact to Olympus, who donated two complete endoscopy units, values at over \$10,000. Dr Mitty donated over \$20,000 worth of endoscopes and colonoscopes. Thanks to these generous donations, the staff at the new hospital at Lake Elementita will be able to perform life-saving procedures. We offer our heartfelt thanks to Drs Barrett and Mitty, and to our friends at Olympus.



Father/ Dr Bill Fryda examines a patient at St Mary's Hospital in Kenya

has to say about the right to health care. Or what the Millennium Development Goals are, and why they (or goals like them) are so important to attain if we're to have any hope of starting and sustaining effective medical and public-health programs. If O'Neil's analysis is sound, which I believe it is, then physicians and allied health professionals need to know how and why conventionally defined medical interventions must be linked to poverty alleviation.

I know of no other project that has been able to link such sound analysis to the pragmatic advice that all of us need as we ask and answer (sometimes without ever learning the lessons of those who've gone before us) the "what's-to-be-done" question. Many Americans who have worked among the world's poorest have read, and used, the handbook *Where There Is No Doctor*. Throughout O'Neil's book, we learn what some physicians have done in settings in which there are, in fact, very few trained medical professionals. But *Awakening Hippocrates* also asks, and answers, the question, "Why is there no doctor?" It asks why physicians have not done more to promote the health care as a right rather than merely a commodity. O'Neil looks unflinchingly at what he terms the Achilles Heel of our profession: "that our knowledge and talents remain concentrated among those who can afford them."

And yet there is an army of medical students and physicians and nurses, young and old, now seeking to engage the problems examined so carefully in this book. If you have or might describe yourself in this way, *Awakening Hippocrates* and the companion *Guide* volume that follows are the books for you. Fifteen years of teaching medical students and physicians leads me to conclude that there is a vast reservoir of untapped talent and training and enthusiasm waiting to be brought into a movement for global health equity. At Harvard Medical School, for example, half of all medical students spend time in service projects in the urban United States or abroad. At the Brigham and Women's Hospital, there was so much demand for more serious attention to health inequalities that we were called to start a special residency program in order to train doctors physicians to address health disparities effectively in the United States and in the poorest parts of the world (similar training programs are being established at Duke, the University of Miami, and Stanford University; other teaching hospitals and universities will surely follow suit). Partners In Health, the non-governmental organization we founded to serve as "the effector arm" that would permit health professionals to use their training on behalf of the destitute sick, has been overwhelmed with offers from volunteers.

One of the tools needed to engage such good will is a book, or two of them, reviewing the major problems confronting all of us who seek to promote the right to health care and also a detailed guide describing organizations and networks that can link health professionals to those who need their services most. The American Medical Association (AMA) is due thanks for publishing this massive project. It is only fitting that the AMA do its part to respond not only to the massive need for better health care, in this country as elsewhere, but also to respond to the growing demand from U.S. physicians and medical students who wish to do their part to respond to an appalling persistence of unmet need.

I risk repeating myself in thanking Dr. Ed O'Neil for keeping his promise to hold our collective feet to the fire and allow us to live up to the noble goals of medicine and public health. I'm sorry I ever doubted it could be done. *Awakening Hippocrates* may be magisterial, but it is also beautifully written and well-documented. With its companion volume, *A Practical Guide to Global Health Service*, it fills a huge gap in the armamentarium of those who believe in the good will of so many health professionals and each day ask and answer the question, "What is to be done?"

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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 and Guyana Programs:

Omni Med sends physician volunteers to Belize five times yearly, and to programs in Guyana at different times. Most specialty areas are needed, particularly Ob-Gyn for Guyana. 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 2006, over 100 health providers, mostly physicians, have traveled abroad through Omni Med programs. Please contact us if interested.

***Medical Supplies:** Since 2001, Omni Med has shipped **\$746,822.96** worth of medical supplies to Belize and Kenya, mostly in the form of highly valued suture to St Mary's (in Nairobi) bustling Operating rooms. We thank our friends at Ethicon for their generous donations through the years. We also thank our many other corporate donors, including Olympus, Glenwood, Mead-Johnson, Becton Dickinson, and our many individual donors.

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INSIDE:

- Two Books Released by the AMA; Read Paul Farmer's Foreword, and book reviews
- Omni Med develops Brookings connection and Center for Global Service
- Programs expand

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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