A little over five years ago, Tim Erickson recruited a small group of his colleagues to help him bring to life a new organization—the UIC Center for Global Health. Although the original cadre was comprised primarily of his Emergency Medicine friends, it was Tim’s dream that the Center would expand not only to other medical specialties, but also to health care colleges such as pharmacy, public health, nursing, dentistry, biomedical engineering, and others with a dedication to improving global health.

By the end of that first year, the GMED program, led by the dedicated and hardworking Valerie Dobiesz, was attracting stellar medical students. Each student who was invited to join the program said yes!

The Center had begun sponsoring monthly global health network meetings including the annual World Health Day celebration. The “Core Group” had members from ob/gyne, psychiatry, family medicine, pathology, dentistry, internal medicine, hematology/oncology, pediatrics.

Fast forward to this year: the first class of GMED students has graduated [and 100% matched their first choice]; the Center has partnered with other departments on grant applications and funded projects; a program for globally-focused residency opportunities has expanded; and monthly network meetings have outgrown the Global Health conference room.
I "met" Giovanni Bianchi on eBay in March 2015. He was selling two rare lithographs by Giuseppe Ugonia, from early 1900. Ugonia (1881-1944) was an artist who at the beginning of the XX century became one of the major Italian lithographers in a small town not far from where I was born, called Brisighella.

Occasionally I would look for his works on eBay, but in March of 2015 it was the first time I found some. The connection with the seller was immediate, as well as the agreement on the purchase. But that small financial transaction turned into the beginning of an unexpected friendship.

He knew everything about Ugonia's life and art and involved me in his mission of making the world aware of the whole artistic production of this author through a book that he had started writing, to include also a large number of drawings and lithographs unknown to many people...

He had strong opinions on politicians trying to get many things for free, or to use any cultural event to promote their own agenda. I always respected Giovanni's ideas and we kept our friendship anchored in sharing personal stories and passions. His dad had died many years before of myelofibrosis transformed into leukemia. Many times we talked about my work on pioneering stem cell transplantation to cure this disease in the last ten years. I also made him aware of my passion about global health and my projects to develop Blood & Marrow Transplantation (BMT) in countries such as Nepal, India or Nigeria, where many patients still die because they don't have access to it.

One day Giovanni emailed me his decision to donate any profit that he would make on his book to UIC Center for Global Health to support the first BMT program in Nepal! It was very exciting for me to finally meet him personally in July of last year... It was all perfect until he told me that he had had a cough for months and was getting worse. In mid July of last year Giovanni was diagnosed with metastatic lung cancer. The following months were lived between painful treatments, temporary hopes, financial challenges to be addressed for the future, but they did not prevent Giovanni from keeping the book and the fundraising for UIC a priority!

As expected the chemotherapies initially helped him. In December, a few days before Christmas, the book was ready and he organized a public presentation ... I decided to go to support and thank Giovanni publicly, and also say a few words on the Center for Global Health to the people who were offered to buy a copy of the book on that evening.

After that, we kept exchanging emails, mostly with Giovanni updating me on terrible courses of chemotherapy and radiation therapy. In his last email of May 14 he was telling me of a new puppy that he and his wife bought to help him taking some walks. On June 5 Giovanni was admitted to the hospital and three days later passed away. I was informed only the following day.

On that same day Tim Erickson, Dan Hryhorczuk and I were in Italy for one day on our way to Ukraine. We stopped in Brisighella to see the Museum "Giuseppe Ugonia". At the ticket desk of the museum we saw the book of Giovanni on display with a large note on it explaining that the profit of the sale was for the UIC Center for Global Health Project in Nepal. I felt humbled by the deep human values witnessed by a friend who never gave up on his humanitarian mission until the very last day of life. I also had clear that there cannot be any work on Global Health without personal and meaningful human relationships as the foundation of our common mission.
A March 2016 field visit by UIC’s OB/GYN Department to partner Mekelle University led to encouraging results.

“The trip was a great opportunity to introduce UIC residents to medicine in Africa,” says Dr. Gelila Goba, OB/GYN Generalist and head of the partnership between UIC and Mekelle University. Dr. Goba is also a member of the Center for Global Health core group.

The purpose of the trip was to introduce intensive reproductive endocrinology and infertility (REI) curriculum as well as hysteroscopy for OB/GYN faculty and PGY 4 residents at Mekelle University.

In addition to Dr. Goba, Dr. Humberto Scoccia, Division Head of Reproductive Endocrinology and one of Chicago’s Top Doctors, and two PGY 3 residents, Rachel Harrison and Kristina Pontarelli, traveled to Mekelle University.

Creating sustainable REI curriculum for the developing world

REI is a newer problem in Ethiopia and Africa where the historic focus has been on curbing rapid population growth and addressing acute morbidity. However, as Ethiopia develops economically and socially, REI is becoming increasingly important. Under the direction of Dr. Scoccia, UIC provided a one-week intensive REI curriculum for Mekelle University faculty and PGY4 residents. The curriculum included daily didactics, outpatient REI and adolescent gynecology evaluations, simulations and hands-on surgical and ultrasound. Lectures were intensive and involved discussions about locally available diagnostic and standard of care options.

UIC OB/GYN residents gain valuable global women’s health experience

Third-year residents Rachel Harrison and Kristina Pontarelli used their third-year elective to travel to Mekelle University, where they helped lead labor and delivery rounds and design a sign-out system to facilitate patient care.

“Ethiopia lacks many of the diagnostic and clinical resources available in the US.” says Pontarelli whose interests include patient compliance, prenatal screening and care and hope to integrate global health in her future career.

“That said, it’s impressive what providers can offer without these resources. It’s really inspiring.”

UIC and Mekelle University: A budding collaboration

The partnership between UIC and Mekelle University dates back to 2015 when the two institutions signed an agreement to assist Mekelle University to strengthen its nascent OB/GYN residency program. The program, which started in 2012, will graduate its first cohort of OB/GYN Residents in 2016. Dr. Goba has been assisting the partnership in different capacities since 2012.

The collaboration is supported by a grant from the IDP Foundation, a Chicago-based foundation that invests in high-impact education in the US and globally.

Mekelle University is one of the leading university’s in the rapidly growing country and is at the forefront of research and international collaboration. Ayder Referral Hospital, the teaching hospital affiliated with the university, serves a catchment population of 8 million. It has an inpatient capacity of 500 and serves more than 100,000 patients every year.

Going forward, UIC will continue to work with Mekelle University to expand the OB/GYN collaboration with the goal of helping Mekelle University become a pre-eminent OB/GYN training program in Ethiopia and the broader region. Research collaborations on cervical cancer, gender-based and sexual violence, and stillbirth are also underway.
Simulation has become an essential component of medical education training programs in the U.S. and globally. In resource-limited settings, it is particularly useful to have training in hands-on procedural workshops and simulation scenarios given the dearth of medical specialists available in many places. Dr. Stacey Chamberlain, Director of Service with the UIC Center for Global Health, recently returned from Uganda where physician volunteers were using hands-on workshops and simulation techniques with her program to train emergency midlevel providers known as ECPs. One volunteer, Dr. Hans Hurt, reported, “Trauma and wound care injuries have been a huge portion of the patients that I have seen present to the Emergency Department on a daily basis. It has been rare for a day to pass without complex scalp, lip, eyelid, ear, or tendon lacerations that present from “boda-boda” (motorcycle) or “panga” (machete) accidents. Many of these complex wounds would be repaired by a consulting ear, nose and throat doctor, orthopedist or ophthalmologist at my home university. In Nyakibale, that is simply not an option as the closest specialists are three hours away in Mbarara, and many patients cannot afford to travel there or pay the additional specialist fees. The ECPs must develop an amazingly broad skill set at repairing these complex wounds that most Emergency Physicians in the United States would feel uncomfortable closing on their own. The Junior ECPs were excited to learn the new techniques and get the focused time to practice. Later that afternoon they were already implementing the new corner stitch to fix a scalp laceration and were carefully re-attaching a partially amputated ear after a machete attack.”

Dr. Hurt also mentioned how low-resource simulation was possible with a little creativity. He states, “There are no high tech simulators, but they manage to get in the mindset with improvised bottles of bug repellent to mimic ultrasound motions, a USB lanyard for an oxygen hose, and pens to represent needles for chest decompression.” Dr. Hurt and other physician volunteers worked with the ECPs in April and May doing simulation for trauma scenarios and for procedural sedation using ketamine.

Bone Marrow Transplant and Global Poison Control in Ukraine

Drs. Tim Erickson, Damiano Rondelli, and Dan Hryhorczuk visited Kyiv, Ukraine from June 12-16 to promote the Center of Global Health’s programs in Global Bone Marrow Transplant and Global Poison Control. They had high-level meetings with the Acting Minister of Health and the National Academy of Medical Sciences to discuss these programs.

They met with Ukrainian BMT specialists at the Center for Radiation Medicine and the Hospital for the Protection of Women and Children. Dr. Erickson delivered a lecture on “A Poison Center for Ukraine Based on a U.S. Model” that was attended by Ukraine’s leading clinical toxicologists and which was hosted by the Institute for Ecohygiene and Toxicology directed by Dr. Mukola Prodanchuk.

The Center for Global Health, at the request of Ukraine’s Minister of Health, will be drafting a plan for collaboration on the development of the Ukraine BMT program with the Ministry of Health and Academy of Medical Sciences.
In March 2016, a team from UIC led by Dr. Janet Lin joined our partners from the Chicago Haiti Healthcare Consortium to present a conference on Trauma Care at the University Hospital of Haiti in Port au Prince. We trained approximately 70 physicians, nurses and healthcare students using a combination of didactic lectures and hands-on scenarios to help participants apply the new knowledge and skills to their patients and context. I was able to attend thanks to support from the UIC Center for Global Health International Elective fund. Participating in the conference helped me improve my organizational skills and refine my teaching style. It was also very encouraging to see some of the content from my Public Health coursework being put into practice. I am grateful to Dr. Lin, my cofellow and residents from the department of Emergency Medicine and students from the School of Public Health, as well as our partners in Chicago and Port au Prince for this opportunity.

Cindy Bitter, MD, MA, MPH(c)
2014-2016 International Emergency Medicine and Global Health fellow

16th International Conference on Emergency Medicine

Drs. Stacey Chamberlain and Janet Lin with the UIC Center for Global Health travelled to the 16th International Conference on Emergency Medicine (ICEM) in Cape Town, South Africa in April. This was the largest EM conference ever held on African soil, which reflects the tremendous development in EM that is occurring in much of Africa. During the Conference, it was noted by leadership of the WHO’s new Emergency, Trauma and Acute Care Programme that emergency care directly affects ten of the Sustainable Development Goals announced in 2015 targeted to improve health and well-being for those that live in extreme poverty.

Dr. Chamberlain has been working in Uganda with Global Emergency Care Collaborative (GECC), a non-profit organization whose aim is to prevent needless death through training local providers in emergency care. Dr. Cindy Bitter, a UIC Emergency Medicine Global Health Fellow, presented a poster at the conference, along with Dr. Chamberlain, describing the resources needed for emergency care in resource-limited settings, based on the care provided for thousands of patients by practitioners trained by GECC.

Dr. Lin has been working in Kenya, evaluating the emergency care system in Kisumu. Dr. Asim Sheriff, another UIC Emergency Medicine Global Health Fellow, presented a poster at the conference along with Dr. Lin, which reported on a needs assessment of the emergency care system.

All of the UIC physicians were excited and energized by the global effort that UIC is part of to improve emergency care for all. Improved emergency care means that fewer children will die needlessly from dehydration. Fewer young men will die needlessly after

CGH Network Meeting Presenters

April 2016—World Health Day
“Violence Prevention: Community and Public Health Approaches”
Brent Decker, Cure Violence, UIC School of Public Health
Christian Picciolini, Co Founder, Love After Hate
Stevan Weine, UIC Department of Psychology and Center for Global Health

May 2016
Joan Briller, “Whos in the Red? Heart Disease in Women, global and local perspectives”

June 2014
David Hinkamp —“Cuban Health and the Arts Program: Global Implications for Occupational and Public Health”

July 2014
Supriya Mehta—“Genital Microbiome, mucosal immuniobiology and BV: new answers and emerging questions for a global problem
The MedPeds Global Health Track is in the exciting yet challenging initial stages of starting a project in Peru. This past April, Dr. Mena (MedPeds attending), Ana Mauro (now a MedPeds intern), and myself (now a 4th year MedPeds resident) had our first visit to several locations in Peru. Our main contact while in Peru was Dr. Luis Vasquez, a Peruvian physician who is well known to UIC COM. He helped establish meetings with potential collaborators in Lima, as well as in Yantalo and Moyobamba, two rural regions that are in great need of improved access to medical care and preventive global health initiatives.

Among the people we spoke with were representatives of Peace Corps Peru. Peace Corps’ model for global health initiatives is what best aligns with our model to collaborate in a project that comes from within the community’s expressed needs, is ethically sound, and is sustainable with local infrastructure and personnel.

This trip was an immense learning experience for us. The three of us had always been able to join an already established project, but we had never had the daunting task of establishing a project from the ground up. We were challenged by the complexity of having conversations with potential collaborators and stakeholders. However, this in itself was a formative experience because in global health, the most crucial aspect is learning how to humbly establish and navigate relationships with the people you are serving and with whom you are collaborating. It was difficult to see so much need, and yet know that in order to truly make an impact, we would need to focus on one or a small number of needs. We were also very moved and inspired by the local physicians, teachers, and volunteers who are currently devoting their lives to these regions with very scant resources.

Our longing to make global health a part of our life-long career was once again confirmed. We are eager to move to the second phase of our project, which is to institute our main collaborator, and conduct a needs assessment from which an intervention can be formulated and initiated in the coming months.

Adriana Herrera
Internal Medicine and Pediatrics PGY4 Chief Resident Physician
University of Illinois in Chicago