In Bolivia, 58 percent of the population lives in poverty.

In February, I abandoned my comfortable existence as a fourth year medical student in North Carolina, and traveled to Bolivia, South America for a short term mission trip. Feelings of uncertainty, the language barrier, and cultural differences were all sources of anxiety for me. Simply not knowing what was ahead made me feel a bit nervous. However, as I stepped off of the plane into their world, my anxiety quickly dissolved into a deep compassion for the Bolivian people.

Bolivia is a land-locked country, about three times the size of the state of Montana. My destination city, Cochabamba, rests approximately 8,500 feet above sea level with a population of eight million people. The majority speak Spanish and Quechua, a native tongue. In Bolivia, 58 percent of the population lives in poverty. Compounding this problem is the large population of homeless street children. Children, as young as three years of age, work in the higher elevations.

Recent graduate, Caroline Morgan, was no stranger to service during her years in medical school. As a North Carolina Schweitzer Fellow, Caroline developed and implemented Body Basics, a health education, nutrition and physical activity program for children attending the Pitt County Boys and Girls Club. She volunteered in many activities counseling children, adults and the elderly on fitness programs. As a senior medical student, Caroline spent two weeks in Bolivia with the Hospitals of Hope and her experiences there were the inspiration for this article. In July, Caroline began her residency in Pediatrics at Pitt County Memorial Hospital.

Missionaries in Bolivia join together to provide milk, bread and clothing to the homeless children living in the streets.
Just as in eastern North Carolina, distance and rural roads make access to the medical center a challenge for those living in the outermost regions of Finland. Taxes are high, but education and health care are provided to all the population without fee. Just as in eastern North Carolina, distance and rural roads make access to the medical center a challenge for those living in the outermost regions of Finland, but financial access is not an issue.

A growing network of community-based health facilities, linked to the medical center by telemedicine, has made dramatic positive changes in the care of patients with diabetes and other chronic and acute conditions. Service is primary care-based, even in the emergency room, where generalist physicians provide care, with consultation from surgical specialists as needed. Antibiotics are used judiciously so that otitis media, for example, is still treated with penicillin (Ampicillin is a second-line drug), something we have not been able to do for more than 25 years in this country. As for procedures, including imaging, no one is denied those when needed, but evaluation and care are more often accomplished by a physician’s eyes, ears, hands, and brain than with CTs and MRIs.

The community itself would provide an education for our students. In five days we would...
Brody School of Medicine Celebrates Match

by: Jeannine Manning Hutson, Public Relations Officer

Starting promptly at noon, the 66 members of the East Carolina University medical Class of 2006 began finding out where they would be heading for residency after graduation. The excitement continued until the 66th envelope was handed out on March 16th during the annual Match Day event at the Brody School of Medicine.

This year, 44 medical students, or 67 percent of the class, chose primary care including obstetrics and gynecology.

Dr. Cynda Johnson, dean of the medical school, said that she’s pleased with the number of students heading into primary care. “I believe it speaks to the quality of our program to provide a solid general medical education for whatever specialty our students choose,” she said.

The ECU medical class of 2006 was accepted into 35 institutions in 19 states in programs for 15 different specialties. The Brody School of Medicine/Pitt County Memorial Hospital residency program will be home to 18 class members, or 27 percent, of the class with 50 percent, or 33 students, staying in North Carolina.

Students Participating in the National Residency Matching Program 66

Specialty Choice:

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Subtotal 53%

Ob/Gyn 14%

Total 67%

Welcome to our new graduates joining the Primary Care Residency Programs at Pitt County Memorial Hospital:

Justin Edwards, MD
Family Medicine

Benjamin Gersh, MD
Family Medicine/Psychiatry

Christopher Karkut, MD
Internal Medicine

Jeffrey Kornegay, MD
Internal Medicine

Elnaz Tabrizi, MD
Internal Medicine

Jennifer Bennett, MD
Internal Medicine, Preliminary

Diana Puhr, MD
Medicine/Pediatrics

Cherisse Thomas, MD
Medicine/Pediatrics

Robert Yeager, MD
Medicine/Pediatrics

Amy Howell, MD
Pediatrics

Caroline Morgan, MD
Pediatrics

Amy Howell is congratulated by her husband as she learns that she has matched into pediatrics at Pitt County Memorial.

The last class member to receive the residency envelope was Tana Hall. She was rewarded for her wait with more than $300 collected from class members.

Hall received her first choice for her ob/gyn residency, Brody School of Medicine and Pitt County Memorial Hospital. For her, obstetrics and gynecology combined her interest in women’s health, primary care and surgery. “It’s a perfect fit for me,” she said.

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A Day of Long-Awaited Celebration

by Benjamin Gersh, MD, President, Class of 2006

The class of 2006 voted to have Benjamin Gersh, speak on behalf of their class to the faculty, family and friends attending the May 5, 2006 Convocation ceremony. The excerpts below are from Ben’s remarks.

Today is a very special day and it is truly my privilege to speak this morning on behalf of the Class of 2006. Today is the culmination of many years of hard work, determination, and strong desire to put others ahead of ourselves for the betterment of the citizens of this region, state, nation, and world. Today is a special day in that it marks the end of our formal education, which means only one thing. It’s time for a job! Today is also a day of reflection. I think about the many paths we have taken as a class, some long and arduous, while others were simpler or more straightforward.

As citizens of this country and the world, we face uncertain times, politically, militarily, and medically. With more than 40 million Americans uninsured and health costs on the rise, we as physicians have a responsibility to serve as leaders in our communities, to ensure that access to medical care is secured, and that realistic goals are pursued.

It is an honor to have Dr. Weaver here today. As assistant Surgeon General, an administrator in the Bureau of Primary Care, and the director of the National Health Service Corps, I know that he is impressed with our mission at the Brody School of Medicine and our commitment to serving the underserved in eastern North Carolina and improving access for all to healthcare. For many of us, this dedication to rural health has been fostered during our tenure here. I am positive that the solutions to many of our current health care problems will be addressed by more than one of my classmates during his or her career.

We are a strong class of 68 talented and intelligent individuals who will undoubtedly make quite an impression at each of our residency programs. Each of us has a story; some thing that makes us unique. I wish I had time to speak about all 67 of my classmates; but I’ve only been given a limited time. There are a few classmates whom I would like to highlight.

Given our current political climate; with American combat forces in many parts of the world, I felt it would be appropriate to introduce you to three classmates who served in the U.S. military before entering medical school.

Dr. Cheryl Perry served over eight years in the Air Force. She spent time in Okinawa and participated in Operation Southern Watch—the mission to protect the southern part of Iraq after the first Gulf War. She describes her time in the Air Force as her best experience ever—teaching her discipline, time management, and teamwork. On March 23, 1994, her life was about to change. An F-16 fighter jet collided mid-air with a C-130 transport plane, sending the fighter jet skidding into another cargo plane on the tarmac. This occurred as paratroopers were preparing to board the aircraft for a jump. The ensuing fire ball killed 24 and injured 100 soldiers. Cheryl was one of the first on the scene. With no prior medical training, she maintained her composure and helped with triage. It was this fortitude that has made her successful in medical school, and will undoubtedly stay with her as she begins her emergency medicine residency program in Albany, New York.

Dr. Robert “Bob” Yeager served as a Navy
Corpsman for five years, spending the majority of his time at Camp Lejeune, assigned to the Marine Corps. He knew he was interested in medicine, and figured serving as a medic would be an invaluable experience. As a corpsman, he would be the first to help; and he liked that aspect of medicine. During training, he was conditioned to deliver medical care in the midst of artillery shells and cannon fire; but it taught him to be singular in mind, to focus through the chaos, and concentrate on the mission at hand, the patient. I know he’ll take this to heart as he begins his Med/Peds program here at Pitt County Memorial Hospital.

Dr. Jennifer Bennett graduated from the United States Military Academy at West Point, earned her paratrooper wings and served in the Army for five years as a quartermaster officer. She was attached to the Patriot Air Defense Artillery unit and was deployed to Saudi Arabia, also during Operation Southern Watch. In her experiences in the Army, she learned the importance of duty, honor and country; and the value of strong leadership and impeccable integrity—mission above self. Sometimes the most difficult path to take is the right path, and I know she’ll carry this into her residency program as well.

We also have a group of students who dedicated themselves to community service through the Albert Schweitzer Fellows Program. The Class of 2006 was represented by Mary Dawson, Benjamin Gilmer, Nathan Meltzer, Caroline Morgan, and Cherisse Thomas. I know my five classmates made major sacrifices, but I’m sure their view is different; that although they spent countless hours on community service, they may feel that they could have done even more. They truly exemplify the example set by Albert Schweitzer, and it is very apparent why the Brody School of Medicine has one of the strongest Schweitzer Fellow Programs in the state and in the nation.

Benjamin Gilmer dedicated a year to service, four months in Gabon, six months in Ecuador and a month each in Honduras and Nicaragua. In a time where foreign travel is more dangerous than ever, he, and many of my classmates, have worked overseas providing medical care to populations that have very few health resources, let alone a physician. From East and West Africa, to Central and South America, to the Caribbean, my classmates have been exposed to some of the harshest conditions in the world—but what they witnessed is not just a foreign concept. Sadly, there are regions in North Carolina that mirror the Third World, which stresses the need for physicians—both primary care and specialists, who will dedicate themselves to a rural patient population.

Albert Schweitzer once said, “I have always held firmly to the thought that each one of us can do a little to bring some portion of misery to an end.” These five students, as well as the rest of my class, have devoted the past four years of their lives to learning how to end suffering; how to heal the sick. And I know they will spend the next fifty years putting this concept to practice.

As I have already mentioned, many of us have faced incredible challenges. We’ve lost loved ones; we’ve suffered sicknesses; we’ve been

continued on Page 8
Hope in Bolivia

continued from Page 1

during the harvest and live in the streets of Cochabamba in the winter months when the warm temperatures make it a more comfortable place to live. The social, medical, and educational disparities are overwhelming.

Hospitals of Hope, a Christian organization, based in Wichita, Kansas, coordinates the short mission trips and operates the hospital in Cochabamba. The hospital is divided into seven exam rooms, a dental office, the only emergency department in Bolivia, a neonatal intensive care unit, two operating rooms, a laboratory, and a pharmacy. Most days I spent working alongside a Bolivian physician, Dra. Maribel Santa Cruz. We commonly saw cases of parasites, fungal infections and tuberculosis.

On my third day I was feeling very sad. A 46 year old woman came to the clinic for continuous vaginal bleeding that she had been experiencing for months. Upon examination, her cervix was black, and appeared as if it was scarred down and scabbed over. Just the smallest touch with a piece of gauze caused a stream of blood to emerge from the cervix. Grey flesh had adhered to surface of the gauze. She had advanced cervical cancer—no pap needed as it could be seen with the naked eye. Her last pap smear had only been a short four years ago. It’s hard to believe how rapidly this disease progresses. It brought tears to my eyes as I watched her get dressed and thought of how preventable this disease is.

As my time in Bolivia passes, I am amazed at the kindness of the Bolivians. As I butcher their language in an attempt to communicate, they smile and provide gentle correction. I didn’t think Americans would be welcomed here providing medical care, however, just the opposite was true. The Bolivians were in awe that an American would even come to their country. These people are amazed by American doctors and are begging for help. They cry out, clutch your arm, and look into your eyes pleading for any type of medical assistance. They are starved for attention to their needs. This is progress in Bolivia because they do not generally seek medical attention right away. When struck with illness, the Bolivians drink a specially-formulated tea brewed specifically for the ailment. If they do not get well from the tea, then a witch doctor is sought after. If there is still no healing, they will then visit a Bolivian doctor.

The culture believes the earth has healing properties. Some of these beliefs can be lethal to patients. One young boy, six or seven years old, was injured, with a compound fracture of his leg, resulting in a large, open wound. His parents took him to a Bolivian healer, who advised them to rub manure into the wound. The parents complied with the doctor’s advice and shortly after, the boy became septic. The boy was near death when a neighbor suggested the parents take him to Hospitals of Hope. After resetting his leg and administering intravenous antibiotics, the child recovered. Just for the Bolivians to come to Hospitals of Hope is a feat.

As I prepare to leave this country, I have an internal struggle. A large part of me would like to stay because I feel as if I have really made a difference in these people’s lives. Whether it was showing love by playing with children at an orphanage, bathing homeless

Listening to an advanced heart murmur with Dra. Santa Cruz.

Photo courtesy of Caroline Morgan and Rachel Smith, 2006.
Hope in Bolivia...

I don’t want to live this life once every year for a couple of weeks. I need to find people who are in real need of help and carry out my mission year round, no matter where I live.

I don’t want to go back to my stressful life of juggling too many activities and worrying about the latest style or the hottest television show. These things seem meaningless now.

Life is so simple in Bolivia. The children smile when someone notices them and blows a few bubbles their way. Helping people who are grateful has a different feel inside. These people are desperate for help and actually want to be helped. We didn’t have to go through loads of bureaucracy to get things done. You have an idea and you do it. Things get done without hours of talk.

The trip to Bolivia opened my eyes to what it means to truly serve others. Place all agendas aside, get dirty, and do what needs to be done. Helping others is what we, as physicians, take an oath to do. I don’t want to live this life once every year for a couple of weeks. I need to find people who are in real need of help and carry out my mission year round no matter where I live.

Rockwell Print Awarded to Brody

Presented to the Faculty, Students & Staff of the Brody School of Medicine & Pitt County Memorial Hospital who share Dr. Albert Schweitzer’s ethic of Reverence for Life; For their support of the North Carolina Schweitzer Fellowship Program.

The Albert Schweitzer Fellowship program in Boston has awarded Brody School of Medicine with a Rockwell print of Dr. Albert Schweitzer to honor of our dedication to service.

Student Exchange

saw almost no overweight or obese children or adults. Every road seemed to have an adjacent, though separated, bicycle and walking path. These are heavily used by young and old, and I’m told that in winter, bicycles are equipped with snow tires so the weather rarely impedes local travel. We saw only one fast food restaurant and it did not seem to be heavily populated.

The School at Oulu is clearly interested in hosting our students and also interested in having some of their students spend time here at Brody. In the meantime, colleagues in other countries have also responded positively about a medical student exchange. All of this bodes well for a positive response to our Chancellor’s request from this medical school. Put in place, these experiences will provide an opportunity for our students, and perhaps our residents, to see primary care practiced in areas of comparable need, but where primary care is the mainstay of health care, well respected by the population as well as by health care and fiscal administrators.
Success is not the key to happiness. Happiness is the key to success. If you are love what you are doing, you will be successful.

- Albert Schweitzer

We have been on an incredible journey; with many difficulties; but with many successes. We have developed a bond between us; a camaraderie that will stay with us even as we move onto the next stage in our life.

As we begin another chapter in our lives, I wish my classmates tremendous success as they set forth in their careers. I know we are prepared to meet whatever challenges may arise; I also want to thank each and every one of you for your support of the Class of 2006; your patience; your guidance; your dedication to our success have been a driving force for us these past four years. I know we will make you proud. At this point, I ask my classmates to stand and join me in applauding our families for their support.

I would like to leave you with one more quote from Dr. Schweitzer.

“Success is not the key to happiness. Happiness is the key to success. If you love what you are doing, you will be successful.”

The Class of 2006 will be very successful.

*Photo courtesy of Lamont Lowery, 2006.*