Dr. Janice D’Mello is a visiting pediatric resident from our partner in Tanzania

Dr. Fanta’s Interview with Dr. Janice D’Mello

Future plans: pediatrics residency, then pediatric cardiology fellowship

Things you miss most about Tanzania: my dog, Cuddly

Most surprising things in US: Garbage disposals, bike lanes (and bikes with attachments for children), and the pet dogs

Favorite food in Tanzania: Wali and maharange

Favorite food in the US: Sushi

Best part of global health course: Learning about different health care systems around the world and meeting new people

Favorite place in Tanzania: Lushoto

Favorite places in the US: Mall of America (roller coaster) and Minnehaha falls, but would like to visit Duluth and the farmer’s market

RESIDENTS ABROAD

Dr. Meghan Fanta in Tanzania, Dates: 10/24/17 to 12/18/17

My global health elective in Arusha, Tanzania was my first health experience abroad, and it was an experience I will forever be thankful for. Julia Rubin-Smith described Arusha well a few months ago when she wrote about her experience for the newsletter, so I will just briefly add that there is so much beauty in the area. I wish that I could have a commute half as spectacular here in the US. My walk to and from Selian was filled with abundant Swahili greetings and well wishes, gorgeous views, and the highlight of walking home with the children who had just finished school for the day.

Now that I’ve had time to reflect on my experience a little more and after reading through Julia’s reflections, I also appreciate how very different two experiences can be, even in the same location. I was able to see the illness brought on by extreme poverty through the lens of social determinants of health. As part of the outpatient feeding program, Jodi Swanson and her team go on village visits for assessment. A patient I met during my time at Selian hospital lived in a village we visited. Seeing her in her home environment after discharge was a formative experience; it gave me a deeper understanding of the presentation of severe acute malnutrition and the contributing social factors.

The people I met (and lived with) made my experience memorable. I feel very lucky to have one of my closest friends from Tanzania, Janice D’mello, visiting right now for the global health course. I found the back and forth learning between the trainees and me to be enlightening. It was wonderful to be taught about things I had never seen before, and I was able to teach about the basics of seizures, asthma, and other core pediatric topics. I also became close friends with our Tanzanian neighbors and am grateful to have been invited to a traditional meal at their home.

Benjy Katz, the global health chief in Tanzania, welcomed me on day one and Spencer and Rebecca Morse arrived within the week and provided company, games, and Rebecca prepared delicious food throughout my time in Arusha. The Jacobsons and Swansons welcomed us and guided us through our time in Arusha. The friends that I made and the guidance I received from those with such wisdom shaped my entire experience.

UPCOMING EVENTS

First Monday*

Date & Time: July 9- 6-8 p.m.
Location: Tina’s House
Topic: Plan for upcoming First Monday’s and get together with newly arrived residents

First Monday

Date & Time: August 6- 6-8 p.m.
Location: Tina’s House
Topic: TBD

If you are interested in the Pediatric Global Health Track or have something to add to this newsletter contact Emily Danich at edanich@umn.edu
Publications:

Pediatric Trauma Care in Low Resource Settings: Challenges, Opportunities, and Solutions

Note on Global Health from Dr. Mike Pitt:

Many of my colleagues in global health have found ways to integrate their young children into their global health calling. Sarah Cusick in our department often travels to Uganda with one or more of her three young kids in tow. Ife has shared stories in this newsletter of his daughter joining him in Cameroon for months. Many of our residents have also brought their children on their global health electives. I, meanwhile, have struggled to keep the global health practice portion of my career vision alive with three young kids (Parker 6, Jack 4, Paisley almost 2). I hope many of you were able to see (or will stream online) the grand rounds this week where your fellow residents shared their global health academic projects, as in addition to Ife discussing his time in Cameroon, Rachel and Joe discussed how global health is often right in our own backyard; Rachel discussed her work with the refugee population and food safety, and Joe his work with the Indian Health Services. Both of these serve as important reminders that a passport is not required to do global health.

Recently, I was given a great opportunity to participate in meaningful global health engagement overseas, without the typical time burden away from family that these experiences often require. The University of Minnesota has a longstanding partnership through Bill Stauffer with the CDC, and recently he has forged a collaborative relationship with the UN's International Organization of Migration. The IOM is the group responsible for refugee screening and resettlement, and a big part of their team consists of panel physicians - doctors from all over the world who do health screening and medical transport if necessary, for refugees all over the world. I was asked to join a Minnesota cohort to participate in several training sessions at a conference for these IOM panel physicians, in Kuala Lumpur, Malaysia. The conference would last for three days; with travel, I'd be gone for six. The opportunity to work and learn from global health colleagues from all over the world, in an international setting, without the need to be away from family for more than a week was especially intriguing.

During our time there, we led sessions on strategies for examining children, identifying and treating malnutrition, both of which I were in my comfort zone. We were asked, however, to lead a session on in flight emergencies, given that about 2-5% of the time, the refugees require a medical escort to travel due to pre-existing conditions. Luckily, Pete Melchert has some experience in this area and we led a fruitful discussion of what's in an in flight medical kit, what laws are at play, what to do if a patient dies (answer: don't ask for the plane to be diverted), etc.

I was even able to immediately use the skills in this session, while before I went to sleep over Japan on my flight back, I let the flight attendant know I was a physician in case anything happened. Moments later, I was shaken awake that someone was unconscious on the floor. I quickly put into action my newly learned tips (asked for the medical kit and for the lights to be turned on). I soon realized the Japanese teenager who had passed out, had simply had his first alcohol of his life (which is more potent at altitudes) and just needed a cup of coffee, and a nap. But at least I looked like I knew what I was doing.

This brief experience with IOM, as well as the resident talks at this morning’s grand rounds, served as important reminder to me that even with young kids, I can find ways to scratch the global health itch that drew me to this institution.

Congratulations

Rachel DeVries  Dustin Hansen
Adriana Dhawan  Saki Ikeda
Claire McNeil  Christian Nagel
Spencer Morse  Julia Rubin-Smith
Ellen Overson  Joe Woolley
Meghan Fanta

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