



Physicians on a Mission: Global Outreach at the College of Medicine

Although global outreach is not a formal part of the College of Medicine's mission statement, the commitment to take aid to less fortunate communities is embodied in many of the physicians who choose to work and teach here. Drexel physicians can be found across the globe bringing medical aid, hope, and education to people who would otherwise suffer the fate of unfortunate geography.

Owen Montgomery, M.D., chair of the OB/GYN Department, surmises, "Once you participate [in global outreach] there's the sense of doing something that brings you back to why you went into medicine: to help people without worrying about the paperwork and the billing and the liability insurance. Purely doing good with your skills and with your hands."



Physicians across departments volunteer their time and talents to serve communities where medical care is scarce or nonexistent. While practicing medicine in another part of the world presents its own challenges, it can also be incredibly rewarding, as attested to by the three physicians profiled in this article: James C. Reynolds, M.D., Michael Weingarten, M.D., and Owen Montgomery, M.D.

James C. Reynolds, M.D., Nepal

Nepal is one of the poorest countries on earth. Most of its 30 million people live on family farms carved out of the Himalayan foothills. In the rural areas where James C. Reynolds, M.D., professor of medicine and the June F. Klinghoffer Distinguished Chairman of the Department of Medicine, served, most villagers "were seeing a doctor for the first time," he explains. "At first, just because of bad infrastructure, and then because of the civil war [1996-2006], the people in the rural areas were just totally isolated. If they wanted to get medical care, then they had to get on a bus and travel for hours...over very, very poor roads."

Dr. Reynolds traveled to Nepal as part of the Pennsylvania United Medical Association (PUMA), an NGO comprising local medical professionals. While many of the volunteers learn of PUMA through their churches, the secular status of the organization makes it easier for the group to enter the primarily Hindu country. Dr. Reynolds estimates that about 1,700 people received medical care in the two weeks PUMA was in Nepal. "It's a very desperate country with really very nice people," he says.

Dr. Reynolds explains that he "always wanted to do mission work, and go to some place where



they really needed clinical care.... It was just so hard to identify how to go and not just feel like you were going to be a tourist, but to actually get something done." There is already an existing "health facility" in the rural area where PUMA is present, so the Nepalese are able to follow up with their care. "It was a nice situation where you're basically supporting the indigent medical facilities, as meager as they are," he says.

During their two-week visit, PUMA provided medicine, crutches, vaccines, education, and other necessities. Dr. Reynolds explains that while many of the health problems are easily treated, the medical care provided can be quite dramatic. He shares the story of a little boy who entered their clinic with impetigo. "He had been treated by the local sort of witch doctor for a while. By the time he got to us, he had just terrible impetigo on both of his legs, to the point where it was really a life-threatening infection for a simple problem that should have been taken care of a week before that. It was just nice to have the nurses provide care. He came back the next day and had the bandages changed. It was clear that he was going to turn the corner, and he was going to have continued follow-up with the [local facility]."

Dr. Reynolds elaborates on his experience in Nepal, observing that the people are "just amazing. I do a lot of traveling as a professor and I've never been in a country where people are more gracious.... Just walking down the street in general, people are very friendly there and greet you wherever you are."

He is also quick to point out that his mission in Nepal is not unique in the Department of Medicine. Several physicians consistently volunteer their time and energies across the world. Dr. Reynolds mentions cardiologist John Fontaine, M.D., who recently returned from Haiti, and professor of nephrology Zia Ahmed, M.D., who has made many trips to Bangladesh, as just two examples of Drexel physicians who embody this spirit of service. "We're doing this, but there's lots of opportunities to do more," he attests.

Michael Weingarten, M.D., M.B.A., FACS, Landstuhl Regional Medical Center, Germany

For two weeks in July of 2009 and again in 2010, vascular surgeon and professor Michael S. Weingarten, M.D., M.B.A., FACS operated out of the Landstuhl Regional Medical Center (LRMC) in Germany. The largest American military hospital outside the United States, LRMC is the clearinghouse for all Coalition Forces (American, British, Polish, Canadian, Australian, and Romanian) serving in such locations as Iraq and Afghanistan who need emergency medical care.

As a Distinguished Visiting Vascular Surgeon in the Combat Casualty Program, Dr. Weingarten has seen some truly devastating wounds. "There are a lot of serious injuries from improvised explosive devices [IEDs]," he relates. "Traumatic limb amputations, head injuries, abdominal injuries. [Patients] are stabilized, but not stable, meaning they often must go to the operating room. We did that. I was able to work with the military surgeons at LRMC. I'm glad I was able to contribute skills that were needed."

The wounded men and women Dr. Weingarten treated were airlifted to Landstuhl in C-17s, primarily from Afghanistan and Iraq. They had been stabilized in the C-17s, which are equipped as flying ICUs. These patients then underwent critical surgery at Landstuhl before being airlifted back to their home country 96 hours later. During both of his two-week rotations in Germany, Dr. Weingarten estimates that he saw 100 patients between operations and ICU visits.

As in the overall medical profession in America, there is a shortage of vascular surgeons in the military. This shortage is particularly acute because the wars in Afghanistan and Iraq create a greater and more desperate need for surgeons. The Society for Vascular Surgery, Dr. Weingarten's main professional body, requested civilian help for military hospitals. For Dr. Weingarten, that simple e-mail request was enough for him to serve overseas.

"It was an amazing experience," he explains. A trauma surgeon at Hahnemann, Dr. Weingarten says that the injuries he saw at Landstuhl were "nothing to compare to in the United States." The very nature of the IEDs creates "some horrendous casualties" that simply are not seen outside a war zone. Despite the severity of their injuries – and the relative youth of the soldiers – the patients "were incredibly professional.... [They] really had a lot to deal with, but really are amazing people."

Dr. Weingarten is also quick to praise his colleagues – both civilian and military – for their own professionalism. He says the military physicians and nurses provide "amazing care...the medical team was incredible." Likewise, there was "no cynicism, no politics" from the civilian staff. "Just everybody's trying to help these kids," he explains. He also praises his wife, Carol Toussie Weingarten, Ph.D., R.N., associate professor of nursing at Villanova University, who volunteered with the Chaplains' Wounded Warrior Ministry projects.



Dr. Weingarten also postulates that some positive medical innovation may come out of the harsh reality of warfare. Since trauma surgeons and trauma centers are facing a shortage in the United States, small communities may begin to rely on military-style air transport in the future. "The military's paving the way on how to transport soldiers safely, from a critically ill [situation] to a tertiary care center," he observes. "So I think you're going to see that slowly being translated to civilian practice."

Leaving LRMC at the conclusion of their visit in 2009 was difficult for the Weingartens. "Volunteering to return again made our departure easier, as well as knowing that other civilian surgeons were also going to be coming to help during the year, says Dr. Weingarten. "For us, the experience was transforming. Our advice to others is to volunteer your skills and be involved, whether in your own community or in a community across the globe."

Owen Montgomery, M.D., Dominican Republic

As District III chair of the American College of Obstetricians and Gynecologists (ACOG), which includes the Dominican Republic, Owen Montgomery, M.D. first traveled to the island nation in 2006 to organize a medical conference. But the heartfelt commitment of the chair of Drexel's OB/GYN Department to the women of the Dominican Republic extends well beyond an administrative role. In addition to his medical mission work, Dr. Montgomery envisions an eventual partnership between Drexel and the Dominican Republic's OB/GYNs.

Over 300 physicians were in attendance for the 2006 conference, 200 of whom were from the Dominican Republic. Of those 200, the majority were young doctors or those still in training. Dr. Montgomery explains the "huge responsibility" it was to facilitate an outstanding conference once ACOG administrators learned the national maternity hospital closed its operating rooms for two days to ensure their physicians could attend the conference.

While Dr. Montgomery and his colleagues were running the conference, other Drexel faculty members traveled to the Dominican town of Jarabacoa to run a gynecology clinic. Kelli Daniels, M.D. and Dr. Montgomery's wife, Kymberlee Montgomery, R.N., M.S.N., C.R.N.P., Dr.N.P., along

with nurse Melanie Gellhaus, volunteered in a small, husband-and-wife-run clinic treating the local women for a variety of health problems.



The story of one Dominican woman who visited the clinic stands out. Dr. Montgomery relates how this woman entered the clinic and approached his wife, Kym, with an old, folded-up piece of paper. "It was a Pap smear report from several years ago which showed very severe pre-cancerous cells. Kym told her that she needed to have the next test, which is a microscopic biopsy of your cervix." The woman then pulled another old piece of paper from her bag. Dated several years later, the document revealed she had "invasive cervical cancer," he continues.

"Kym said, 'You need to have surgery. You need a hysterectomy.' The woman explained that it had taken her years to save up enough money just for the biopsy. She would never have enough money saved up for the hysterectomy, but what she really wanted to know was...she had a seven-year-old son who had special needs, and she wanted to know how long she had to live, because she needed to find someone to take care of her son."

Encountering women in such heartbreaking circumstances can prompt many feelings. Dr. Montgomery and his colleagues asked, "How can I fix this? You have the opportunity to literally save somebody's life." He continues to say that ACOG and Dominican physicians raised just under \$10,000 for the Jarabacoa clinic. "Another woman had a life-saving hysterectomy on the visit," he states. "[This] began a very personal relationship between...the clinic up in Jarabacoa and a commitment on our part to do international work."

Medical mission work is clearly a priority in the Drexel OB/GYN Department. Dr. Montgomery repeatedly mentioned several faculty members who have invested their time and talents helping people across the world. "Global health is on our agenda," he says, citing Paul Nyirjesy, M.D., Kelli Daniels, M.D., Nathalie May, M.D., Laniece Coleman, D.N.P., C.N.M., Robert Goldenberg, M.D., Michelle Follen, M.D., Ph.D., Tim McKinney, M.D., and Gregg Alleyne, M.D., who have literally saved lives across the globe through their various endeavors.

Dr. Montgomery is in a unique position, as both chair of District III for ACOG and department chair at Drexel, to create significant organizational change in the medical field. Maternal mortality and cervical cancer are the two major women's health issues in the Dominican Republic. Dr. Montgomery explains, "We really need to begin a joint program where we help the Dominican physicians...make some progress in terms of simple things which could change the pattern there." He reveals, "I would love to see a time where we've established a couple places in the world...where Drexel physicians are welcomed back time and time again to do good work."

Echoing the sentiments of many physicians and nurses who do global outreach, he says, "You can feel like you make a difference when you go somewhere where they don't have anything....You feel like you're using your skills to the highest level. You're helping people, and you're not doing it for any personal gain."

"It also helps physicians of all ages remember...they went into medicine in the beginning...to help people....You just help somebody because they need help and you can do it. You don't worry about which ICD9 code, and worry about what boxes to check off, and whether they have electronic records. You just want to hold their hand and help them out."

