

*From left, Dr. John Parham, Dr. Greg Blake, and Dr. David Stockton*



# Docs on a Mission

## Across Town...and Across the Globe

Sickness, pain, and suffering know no geographic boundaries.

Fortunately, neither do many concerned doctors and nurses at

The University of Tennessee Graduate School of Medicine.

These dedicated medical professionals know that medicine, and those who practice it, are needed not only here at home but also around the world, and they stand ready to respond.

For many people, the idea of providing medical care to foreign areas conjures up vivid images of a rain forest or the sweltering heat of the tropics. Surprisingly, these images sometimes are quite accurate. Answering the call to help the sick, injured and hopeless can take these professionals anywhere—including just around the corner.

Associate professors of family medicine in the UT Graduate School of Medicine are among those that answer the call right here at home. Larry Davis, MD, MPH, shares his knowledge to help the working uninsured at downtown Knoxville's InterFaith Clinic.

For others, like Ken Bielak, MD, MPH, the need at Child and Family Tennessee is greatest. Steve Roscos, MD, MPH, helps refugees receive medical care and establish themselves in East Tennessee through a local Bridge Program. These doctors and other UT personnel regularly stand stalwart in the “trenches” of their own city’s needs.

Other countries’ trenches, however, are more muddy, and answering the call means much more primitive conditions.

Imagine working in a 10-bed makeshift hospital in an abandoned schoolhouse.

Imagine trying to meet the needs of thousands in a canvas clinic on a tsunami-ravaged coast.

Imagine confronting patients with malaria, undiagnosed cancers, limbs deformed from broken bones that were not properly treated, and babies that have never received immunizations or vitamins—problems that rarely occur in the United States.

These images are just a few of many challenges that assault medical professionals who travel to remote areas around the world. They bring humanitarian aid, develop healthcare programs, teach local residents and perhaps even offer spiritual hope to despairing people. In return, they come back as better doctors.

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David Stockton, MD, MPH, and UT Graduate School of Medicine associate professor of family medicine, recently trekked to Indonesia to bring medical aid to Banda Aceh, a small town in Sumatra nearest the epicenter of the tsunami that struck countries bordering the Indian Ocean on December 26, 2004. This tsunami is now recognized as the third largest natural disaster in world history, killing more than 310,000 people.

“It was relief Olympics,” Stockton recalls. “There were 3,000 relief workers in Banda Aceh, alone.”

Stockton went with a group associated with International Medical Corps. They were equipped with an emergency health kit packed with enough medications and supplies to help 10,000 people for three months.

“I found the organization on the Internet, and I volunteered to go,” Stockton explains.

Most of these physicians use personal leave during their medical mission trips. But, when teaching opportunities arise, doctors and other professionals find that their classrooms or labs have shifted to another time zone—and a different reality.

On a recent trip to China, Stockton and Dr. Moses Benevidas, a third-year medical resident, formed a professional exchange program with Qingdao Municipal Hospital. This affiliation allows UT residents to train in the Chinese hospital, while medical professionals from the Chinese hospital can visit UT Medical Center to observe and learn. Both sides benefit from experiencing other cultures and sharing their knowledge.



*Resident Dr. Andrew Deroo brings a moment of delight to a child seeking medical treatment in El Salvador.*



*Dr. Fletcher Goode (left) explains eye exam procedures to residents Dr. Andrew Deroo (back) and Dr. Darby Miller during their medical mission trip to El Salvador.*



*Dr. Ann Lankford holds a young Salvadoran girl after treating her leg for burns.*

Sharing a spiritual message also is important to some, including Jon Parham, DO, MPH, associate professor, and Gregory Blake, MD, MPH, professor and chairman of UT Graduate School of Medicine's Department of Family Medicine. Parham has embarked with medical mission groups to places as diverse as Albania, St. Kitts, Nevis, Montserrat, and Guyana. Most recently, he joined more than 40 healthcare professionals to travel to El Salvador with the volunteer agency, Christian Medical and Dental Association.

"In four and a half days, we saw 2,550 patients," Parham says. "We shipped tens of thousands of medicines to El Salvador to treat acute illnesses, parasites, wounds, and other conditions. We go and we care."

Parham, like other medical volunteers, tries to educate patients about their own health. "If you show people you care, maybe they will take their own healthcare more seriously. Maybe patient education will last longer than medicines," he reflects.

"Sometimes medicine is not as important as the touch we give to people," said Blake, who shares Parham's interest in spiritually based medical support. "Many patients don't need medical treatment at all. They are thirsty for spiritual or emotional help, so we show them that someone cares."

Simple compassion can be taken for granted in the modern hospitals in the United States, where having a chaplain available to patients is commonplace. Not true in other parts

of the world. Blake once led a team of professionals and residents to Chile, where in addition to teaching Advanced Cardiac Life Support (ACLS) to medical personnel there, the team educated religious leaders about starting a clinical pastoral care program in the local hospital.

"Many patients in the Chilean hospital have traveled for hundreds of miles and are alone," Blake says. "They have no one to provide support, so a pastoral care program will help doctors care for the patient physically and spiritually."

Residents and those holding fellowships often accompany UT physicians on medical mission trips. They provide medical assistance, but they also gain knowledge and experience to be better prepared for the time when they will practice medicine independently. In El Salvador, residents got first-hand experience working with patients in difficult circumstances.

"They will carry these experiences with them, which will make them better doctors," Parham says. "Many will continue to provide humanitarian aid both locally and in foreign areas."

On a mission to Thailand, Tamara Davis, MD, Geriatric Fellow, UT Graduate School of Medicine, worked with Blake to treat patients of all ages. Davis observed diseases in advanced stages and learned to rely on clinical skills rather than technology to diagnose and treat patients—an important

lesson for an American physician.

*"Sometimes medicine is not as important as the touch we give to people."*

*The eyes of young survivors of the Indonesian tsunami often told the tale of the terrible destruction.*



*Medical professionals worked to ensure young and old were immunized to avoid infections long after the physical evidence of the Indonesian tsunami had vanished.*



*Dr. Greg Blake (far left) listens as his translator (back to camera) conveys health information from an elderly patient (in hat) during a medical mission trip to Sumatra.*

Doctors and nurses pay for their own trips, and if the medicines they need are not donated, they purchase those as well. On one particular venture to Brazil, the doctors arrived but the medicines did not, so Blake and others had to purchase a massive amount of medicine from pharmacies in the area. Although these professionals may come home with empty pockets, they do not seem to feel a sense of loss from the experience. As Parham says, "I leave a much richer person than when I arrived."

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"The need for basic healthcare in these destinations is so much greater than here in the States," Stockton says. "I leave realizing that I shouldn't take for granted the technology and knowledge we have. At the same time, though, I gain from watching doctors practice the art of medicine without technology. Real medicine is more than technology."

"When you see the joy in an elderly man's face whom you've helped to walk without a crutch, that's joy," Parham points out.

"When you leave knowing you immunized thousands of children, you know you've made a difference," Stockton adds.

The effect humanitarian trips can have on physicians is felt in their hometown. "When we are in the field, we remember why we went into medicine," Blake says. "Back home, in an environment of intense focus on medical costs and insurance constraints, seeing and filling dire human need softens our response to people."

So whether they are providing for needs around the block or around the world, one simple truth is clear: they emerge as better doctors.

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## Gregory H. Blake, MD, MPH

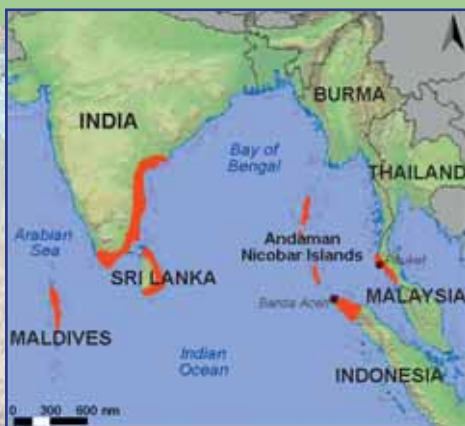
UT Graduate School of Medicine physician Greg Blake received his Bachelor of Arts from Texas Tech University, his MD from the University of Texas Health Science Center, Southwestern Medical School, and a master's degree in public health from the University of Oklahoma Health Sciences Center's College of Health. A professor and chairman for the UT Graduate School of Medicine, Department of Family Medicine, Blake lives in Knoxville with his wife, Mary Helen, and has three children: Bryan, 31; Denise, 27; and Karen, 25.

## Jon S. Parham, DO, MPH

UT Graduate School of Medicine physician Jon Parham earned a Bachelor of Arts degree in general science from Harding University in Arkansas, a Master of Public Health from Boston University's School of Public Health, and his DO from the University of Health Sciences of Osteopathic Medicine in Missouri. Currently, he serves as associate professor in the UT Graduate School of Medicine, Department of Family Medicine. Parham, his wife, Dianna, and their children, Alex, 8 and Cameron, 6, live in Knoxville.



*In the aftermath of the tsunami that struck Indonesia and other areas in December 2004, parents and children sought treatment from medical missionaries.*



*The areas in orange were most affected by the tsunami.*

## M. David Stockton, MD, MPH

Physician David Stockton serves the UT Graduate School of Medicine as associate professor of Family Medicine and director of the Division of Preventive Medicine. He received Bachelor of Arts and Master of Public Health degrees from the University of Tennessee in Knoxville and his MD from the University of Tennessee in Memphis. Residing in West Knoxville, Stockton and his wife, Lisa, have three children: Ben, 23; Betsy, 20; and Jess, 17.