

NEXUS

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President's Message

A message from our president Olivia Bockoff



Dear Members,

Once again we want to sincerely apologize for the cancellation of this year's Annual Global Health Conference. We understand that many of you, like ourselves, were really looking forward to the excellent line up of speakers at this event. We apologize for any inconvenience this may have caused you in scheduling or making travel arrangements. The Global Health Conference is the highlight of the year's events and a chance for us to come together to meet one another. We'd like you to know that PAGH will continue to strive to provide our members with the most up to date information in Global Health and the most current opportunities to provide health care in the global sphere. Please contact us at pasforglobalhealth@gmail.com or feel free to contact me directly at obockoff@gmail.com and let us know how we can better serve you. We again sincerely apologize and we hope that you will join us for next year's conference.

If you are interested in attending another great Global Health event, Unite for Sight will be holding their Global Health and Innovation Conference, April 16 and 17, 2011.

Olivia Bockoff, PA-C, MPAS
 President,
 Physician Assistants for Global Health

Spotlight On: Jennifer Wall

Highlighting the Accomplishments of Our Members

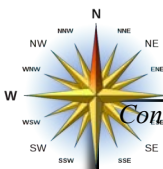
Jennifer Wall is the founder and current president of Africa Burn Relief Program in Malawi, Africa. She graduated Magna Cum Laude from DeSales University in 2000 with a Masters of Science in Physician Assistant Studies. Jennifer has worked as a physician assistant in critical care for burn victims of all ages since her start in Lehigh Valley Hospital in Allentown, Pennsylvania in 2001. She perfected her skills in the Arizona Burn Center in Phoenix, Arizona where she worked from 2003 to 2008. Jennifer founded the African Burn Relief Program (ABR) in 2006, organizing multi-disciplinary teams to provide care for burn victims in Malawi. While developing the ABR she transitioned to pediatric reconstruction and craniofacial surgery at Banner Desert Hospital in Mesa, Arizona from 2008 to 2010. Jennifer has been nominated for many awards for her international work including the CNN Hero Award in 2008 and Arizona Magazine Woman of the Year in 2009.



Nkhoma Mountain, Malawi, Africa

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Spotlight Continued

What made you realize that there was a need for burn care in Malawi?

Malawi, one of the least developed nations in the world, is predominately agricultural, with about 90% of the population living in rural areas. The vast majority of this rural population lives as subsistence farmers, with wood as their main source of fuel. Given the prevalence of fires as the means of accomplishing many activities of daily living, including cooking, bathing, and cleaning, burns are a frequent and often untreated consequence.



Burn Victim, Malawi, Africa

Sadly, according to accumulated data over three years in a rural Malawian hospital center, 73% of all hospitalized burn victims were under the age of six. Scald burns from hot liquids used by mothers for cooking and cleaning are the most common source of pediatric burns. In addition children, as well as adults, with seizure disorders are unable to afford expensive anti-epileptics and are at risk of falling into the ubiquitous open fires. Bystanders fear touching a person that is believed to be “possessed” and are reluctant to pull victims out of the flames, leaving them to lie in the fire until the seizure has passed.

Was there care for burn victims prior to the formation of the Africa Burn Relief Program?

In this country of 14 million not one burn specialty surgeon exists and worse still, Malawi has only one hospital in the entire country with providers to treat burn injuries. It is not an uncommon occurrence to walk the corridors of a pediatric ward in a rural hospital and discover a burned child tucked away in an obscure area because staff are too intimidated to care for such an injury. There is a push to increase access and provide quality burn care in Malawi by training local mid-level providers. Unfortunately these providers, termed Clinical Officers, are often overwhelmed with the severity of the burns due to lack of basic medical supplies and outmoded equipment.

What is the role of the Africa Burn Relief Program?

Since 2006, Africa Burn Relief has partnered with Nkhoma Hospital, serving a local population of approximately 37,000 people. Our teams provide hands-on training to local hospital staff to nurses, clinical officers and students to improve their proficiency in treating burn injuries. With the aid of donated modern operative equipment, expatriate physicians and Malawian Clinical Officers are learning the proper usage of these technologies. We additionally fundraise to provide proper wound dressings and medicated salves patients require to properly heal and decrease potential infections. This year while I live in-country, we are initiating prevention efforts, targeting children less than 6, as 73% of all patients treated fall within this age group.



Africa Burn Relief in Malawi, Africa

Has the program been a success?

Our program currently treats approximately 65 severe burn cases per year. This number increases yearly. Data collected by our team over 5 years has shown faster heal rates, lower rates of infection, shorter hospital stays and decreased mortality. Currently our mortality rate is 4%. Comparably, a neighboring government hospital’s mortality rate is 50%. This figure calls out for expansion of our program. It is our hope that we are able to attract increased funding to expand our program into this hospital and many others that exist in Malawi who do not have proper assistance.

For more information please contact Jennifer Wall at: africaburnrelief@gmail.com.

To follow Jennifer Wall and her efforts please go to: www.africaburnrelief.blogspot.com