



A Higher

Education

by Kelli Whitlock Burton

*Faculty, staff and students learn about their profession and themselves through volunteerism.*

*When Hurricane Katrina raged ashore this past summer, volunteers swarmed to help victims in the Gulf Coast states. Doctors and nurses from the University of Chicago Hospitals were among the first to join the national effort.*

*But disaster relief is far from the only cause that ignites Chicago's spirit of volunteerism. Faculty, students, doctors and nurses donate thousands of hours year-round to organizations that aid people in the Windy City and across the globe, demonstrating a commitment that goes hand-in-hand with the university's educational mission: the development of ethics as well as intellect.*

*"Volunteering gives one passion, energy and perspective," said Holly Humphrey, dean for medical education at Pritzker. "At a very basic level, giving of ourselves is the essence of life and the essence of the profession."*

*The seven stories presented on the following pages highlight just a few ways that Chicago faculty, students and staff donate their time and skills to help people in their local—and global—communities.*



9/18/2005



Triage

*Opposite page: triage tents of the National Disaster Medical System/Disaster Medical Assistance Team. From left: the rescue of Louisiana residents; evacuees seeking shelter; Red Cross workers; DMAT triage volunteers; remnants of Katrina's destruction in New Orleans' Ninth Ward. Photos courtesy of Mark Hostetler, Janis Tupesis and fema/illinoisphoto.com*

## The mark of Katrina

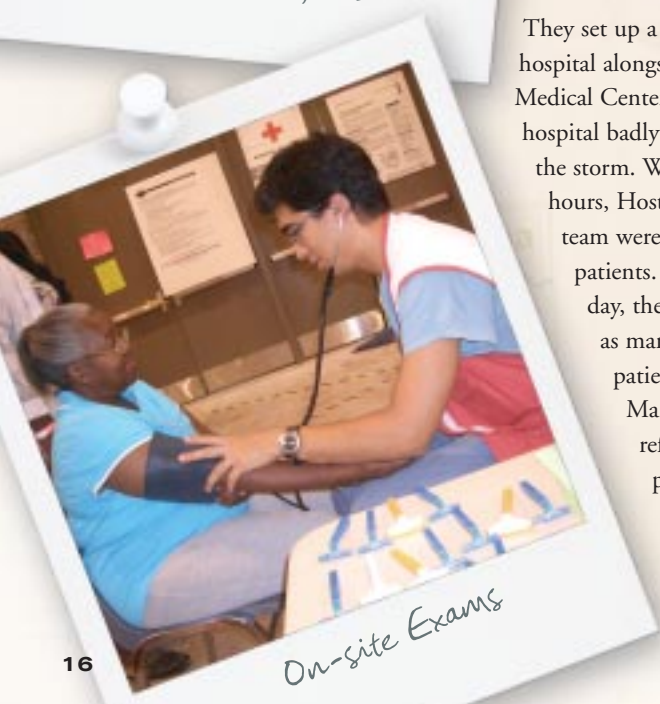
When Mark Hostetler heard his pager Sunday morning, Aug. 28, 2005, he knew who was calling before he looked at the message. With Hurricane Katrina barreling down on the Gulf coast, the page would be from FEMA; the message would be to head south.

Hostetler, an assistant professor and chief of pediatric emergency medicine at Chicago, had received calls like this before. He is a member of the Disaster Medical Assistance Team and the National Disaster Medical System—FEMA programs that bring together

**Hurricane damage in Bay St. Louis, Miss.; medicine resident John Blair volunteering at a Baton Rouge shelter. Photos courtesy of Mark Hostetler and Janis Tupesis**



Bay St. Louis, MS



On-site Exams

physicians, nurses, mental health experts and other health care providers who volunteer to help disaster victims. So on that Sunday, he answered the page, packed his bags and prepared to meet the rest of his team at a staging point in Memphis, Tenn. The group left Tuesday for Mississippi in a caravan that included four tractor-trailers filled with the supplies needed to stock a portable hospital. Wednesday morning, they arrived in Bay St. Louis, Miss., 18 miles from Katrina's third landfall.

They set up a temporary hospital alongside Hancock Medical Center, a regional hospital badly damaged in the storm. Within three hours, Hostetler and his team were treating patients. By the second day, they were seeing as many as 750 patients a day. Many just needed refills on prescriptions, but some had suffered

serious injuries in the storm. One man had fallen out of the tree to which he'd clung as Katrina roared ashore. Another, mistaken for a looter, had been shot. The vast majority, however, suffered from heat-related illness, infection and complications of underlying diseases.

The medical team spent two weeks in Mississippi working 12-hour shifts in the tent hospital. When they weren't working there, they traveled to area shelters to care for refugees. Two weeks after they returned to Chicago, Hostetler's unit was called up again, this time to Port Arthur, Texas, in the wake of Hurricane Rita.

"It was an emotionally devastating time for the people who lived through this, and ultimately for us as well," he said. "It was an incredible reaffirmation of what's really important in life."

As Hostetler and his team were wrapping things up in Bay St. Louis, others from the Chicago hospitals also were making their way south. Their mission was to help with Red Cross relief efforts. Tanya Wells and Marilou Koval, nurse associates in orthopedics, headed for Long Beach, another small town in Mississippi just west of Gulfport. Janis Tupesis, MD, assistant residency director for emergency medicine, put together a group of nurses and residents to volunteer at shelters in Baton Rouge.

For Wells, the trip to Mississippi was a trip home. Her parents moved to Long Beach when she was in high school, and they and a sister still live there. Her parents' house fared well, but her sister's seaside apartment complex was destroyed. Wells longed to be near her family and when she heard that the Red Cross needed volunteers in the area, she knew she had to go.

The Red Cross needed supplies as well as volunteers, so Wells rented a 12-foot trailer and sent out a call for donations of food, water, medical supplies, clothing and other items the storm victims needed. The response was overwhelming. Her department at the hospital donated enough medical supplies to stock four clinics in Mississippi. Co-workers donated food, water and money to cover the cost of the trailer and fuel. She planned to take vacation for the trip, but the hospital instead paid the salary of any staff who volunteered to help.

"I'm very proud of what we did and proud of all the people who contributed," Wells said. "It gives you a sense of pride in your job and your hospital and the system that people were willing to step up and do these things."

Wells spent a week of 14-hour days at several Red Cross disaster relief centers. "Hospitals were wiped out, doctors' offices were gone, there were no pharmacies, and people were running out of their medications," she said. Things grew chaotic at times, but for the most part, Wells said, people were patient and gracious.

Tupesis' experience was much the same at the River Center Shelter in Baton Rouge, where he and seven others from Chicago spent

two and a half weeks. About 2,000 refugees flocked to the shelter. Tupesis' group handled triage, evaluating patients' needs, helping them get medication and medical treatment. But perhaps the most important aid they offered was moral support to refugees who'd lost everything.

"Medicine is a very broad term and our biggest victories weren't necessarily related to providing direct medical care," Tupesis said.

The group helped to reunite four families separated during the storm. They listened as refugees shared heart-rending stories.

Even months later, the faces of those he met still are clear in his mind's eye. For Tupesis, the lessons of the tragedy underscore the need for compassion and volunteerism. "We should never look at pictures of what happened and let it be OK," he said. "We should never be OK with human suffering. We should always be quick to respond, not just to alleviate the suffering, but to prevent it in the first place."

### *A girl's life*

Adolescence is a challenge: so many physical changes, so many questions about those changes *and* so much anxiety about asking those questions.

Assistant Professor Anita Blanchard, MD, remembers how she felt on the verge of her teen years. Ten years ago, as an ob/gyn attending at Chicago, she witnessed similar anxieties among young patients she was treating so she decided to do something about it.

That was the birth of "Preparing for Adolescence," a community seminar held each spring in the Basic Sciences Learning Center on the Chicago campus. With assistance from the hospital's midwives, Blanchard launched the seminar to give girls a chance to put their questions to a small group of health experts. Knowing how difficult such conversations can be for parents, Blanchard also invited moms and dads.

During the first part of the program, which is funded by the hospital's community affairs office, panelists provide background on everything from menstruation to nutrition, and then open the floor to questions. Panelists include nurse educators Sylvia Davis and Gladys Nash, along with Maerlita Pierce, MD, and Marta Kilner, MD, pediatricians at Chicago.

"Kids and parents can ask just about anything—and they do," Blanchard said, recalling questions about feminine hygiene products, determining the correct bra size and the latest research on acne treatments. Participants can read their questions aloud or submit them anonymously.

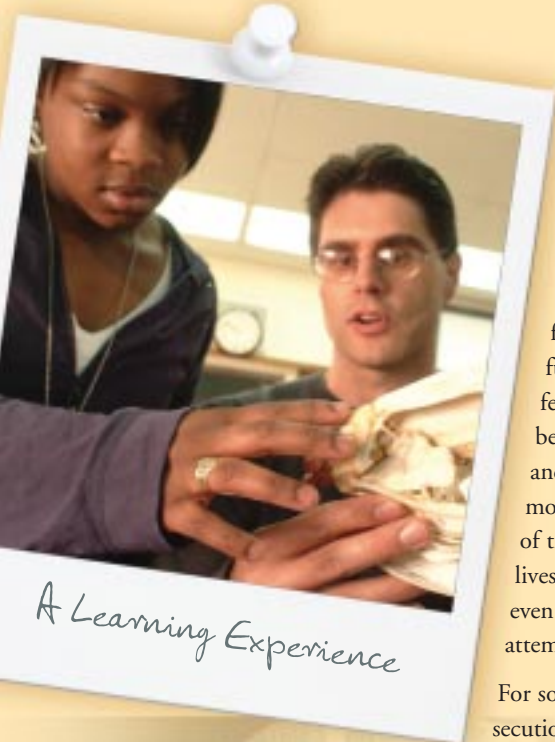
"We wanted to address a need in the community for better organized information about such an important event in a young girl's life," said Blanchard, whose own 10-year-old daughter attended the seminar this year along with about 150 others.

"I grew up on the South Side of Chicago, and now I live on the South Side of Chicago, and I could not have made it without a lot of help," Blanchard said. "It is my obligation to give back to the community that has given me so much. It's a volunteer labor of love."



**"Preparing for Adolescence," a seminar held each spring on campus by hospital staff for Chicago pre-teens and their moms. Photos by Eric Herzog**





*A Learning Experience*

### *White angels*

In the Dominican Republic, in villages along the Haitian border, children born with congenital deformities face a particularly heinous future. Ostracized and feared by villagers who believe that cleft palates and lips are signs of demonic possession, many of these children live their lives as outcasts. Some are even stoned in violent attempts at exorcism.

For some of these kids, the persecution ends with the arrival of the “white angels,” doctors with special magic who repair the children’s faces and drive the demons away.

In truth, the magic is plastic surgery performed with surgical tools and Novocain; the white angels are volunteers like David Song, MD, with

Medical Aid for Children of Latin America (MACLA), a nonprofit volunteer organization that provides free surgical care to people born with congenital deformities, burn victims and others with correctable physical deformities. More than 200 surgeons, nurses, anesthesiologists and others have treated more than 4,000 patients since MACLA began in 1985.

Song, who joined the organization five years ago, spends two weeks twice a year in Santa Domingo in the Dominican Republic working alongside a team of four other surgeons from around the country. They spend the first few days evaluating patients and determining the best surgical candidates. Children get first priority, but the surgeons are usually able to at least see all of the 500 to 600 patients who stand in line for days outside the hospital that donates space for the biannual visit.

“It’s such a simple thing that we do and it makes such a dramatic impact on a patient’s life,” said Song, who first learned of the program through a friend.

Song now shares the experience with residents in the plastic surgery training program at Chicago, where he is an associate professor of surgery and section chief of plastic and reconstructive surgery. Residents in the program spend part of their final two years of residency volunteering alongside Chicago faculty members, who donate their time to a number of different health organizations, including MACLA.

“It really helps us set a firm foundation for our residents in their practice for the future,” Song said. “It also helps to summarize the value of what we do. Our specialty started with doing these types of repairs, and the public loses sight of that at times.”

**Top:** Chicago graduate student Jim Cooper (aka, “Evo-Devo guy”) captivates Adraine Plowden from Kenwood North High School in Chicago; plastic surgeon David Song operates in the Dominican Republic to repair a baby’s cleft palate. *Photo at top by David Joel; photo courtesy of David Song*



## The truth about AIDS

When Comfort Ibe first heard about HIV in middle school, she wasn't sure how HIV was spread and didn't understand the difference between HIV and AIDS. Now a second-year medical student at Chicago, she sees that same puzzlement on young people's faces today and knows such confusion can be deadly.

Ibe is one of several students who participates in HIV Intervention/Prevention (HIP) Corps—a program that raises HIV and AIDS awareness among young people in Chicago-area schools. Through the initiative, medical students visit middle and high schools to talk about HIV and AIDS; this year, they spoke to about 300 teens.

Following a program developed by students and faculty at Chicago, the volunteers make two visits to classrooms around the city. During the first, they talk about how the disease is transmitted and what it does to the immune system. On the second visit, they talk about prevention and answer questions. “The students need it,” said Ibe, who coordinates the program with fellow second-year David Fitter. “All the misconceptions and questions they have let me know they need it.”

Last year Ibe also worked with Jean-Luc Benoit, MD, to create a new 10-week class for first-year medical students that incorporates HIP Corps and shows students how to discuss such issues as HIV and AIDS with the public.

She puts about 10 hours a week into the program during the spring, the season when most of HIP Corps visits are made. That's a lot of time for a second-year medical student who has very little time to spare. “The fact that this is something that can happen to anyone, something that's so devastating but also so preventable, motivates me to participate in this program,” Ibe said.

It's also a commitment that faculty encourage. “They don't just want good physicians,” she said. “They want good people who are good physicians.”

## Making science real

Anytime someone mentioned science to Stephanie Levi as a teenager, she perked right up. Yet as a student at a small high school in Dayton, Ohio, Levi craved a mentor: someone to encourage her interest in science, who loved science as much as she did.

Today Levi is working to make sure other kids have an easier time finding that mentor. A volunteer with the Bio Outreach program, Levi invests time each month with students at Chicago schools, sharing her passion for a subject that has fascinated her since childhood.

“I never really had anyone to motivate me in science when I was younger, and I want to do that for other kids now,” said Levi, a fifth-year doctoral student in molecular genetics and cell biology.

Bio Outreach pairs graduate students in the university's Biological

Sciences Division with middle- and high-school science teachers to plan hands-on learning activities in the classroom. The project was launched in 1999 by former Chicago doctoral student Jake Socha, '02, who now is a scientist at Argonne National Laboratory.

Socha began the program with just one teacher partnership. Today, 25 graduate students work with 20 teachers to reach as many as 750 students a year at local public schools.

Graduate students visit their assigned classrooms once a month, working closely with their teacher partners to plan talks and experiments around the school's science curricula.

Matt Knoepke, a biology teacher at Hyde Park Academy, began participating in Bio Outreach in 2003. As with many public schools, Hyde Park has limited science equipment. That made the grad student visits especially beneficial. The first grad student Knoepke worked with brought in DNA kits and turned the classroom into a mock crime scene.

On another visit, he brought jellyfish, sea anemones and sea urchins from his lab at Chicago to teach the kids about marine life.

“These kids feel special because not everyone has this,” Knoepke said. “They're able to see beyond the walls they travel within during



HIP Corps



HIV/AIDS Education

**HIP Corps volunteers and Pritzker students (from top left) Laura Gallo, Audrey Brewer and Colin Walsh; and Marni Hillinger. Photos by Asim Mishra**

the other seven periods of the day. It gives them a chance to use research equipment and learn from really bright individuals.”

The program received a small grant from a local foundation a few years ago, funds used to purchase lab equipment that is brought into the classrooms. Volunteers also borrow some equipment from the university, which Socha said has shown great support for the initiative. After all, the teachers and their teenage students aren't the only ones who learn something from this experience. Graduate students gain valuable lessons as well.

“This may be the first time they've had a chance to translate their science to someone who's not a scientist,” Socha said. “It's good training for becoming a professor later on.”

### *Seeking asylum*

About four years ago, John Schumann, MD, found himself sitting in an examining room listening to a story that seemed pure Hollywood. The 26-year-old patient was a news cameraman from Serbia who had taped footage of an anti-government rally. Hoping to elicit information on the event's planners, Serbian police arrested the cameraman and threatened his life.

As evidence of their intentions, they beat his head against a desk, nearly blinding him. Later, while being transferred to a detention center, he managed to escape. Through an underground network for political refugees, the cameraman made it to Hungary, then Austria and eventually the United States, where he sought asylum.

His immigration attorney contacted Physicians for Human Rights for a forensic evaluation, which he hoped would help make his case for asylum. And that's how he came to be in an examining room with Schumann, an assistant professor of medicine at Chicago and a volunteer with PHR's Asylum Network.

PHR is a nonprofit organization that uses medical and

scientific investigations to expose human rights violations. Schumann became a member in 1998, and in 2001 he began volunteering with the Asylum Network, a network of more than 400 physicians, psychologists and social workers who search for medical and psychological evidence to validate asylum seekers' claims of physical and/or emotional abuse or persecution. Schumann learned of the organization from a mentor who had volunteered with the network.

A forensic evaluation involves more than a physical examination. Doctors interview the asylum seekers about their experiences, often requiring them to relive horrific scenes of abuse. The doctors then look for physical evidence of physical abuse—scars and healed fractures, for example.

Schumann has evaluated people from countries as widespread as Nepal, Iran and Uganda. The 26-year-old Serbian was the first Schumann saw through the Asylum Network. When forensic evaluation failed to uncover evidence of physical abuse, the man ultimately was returned to Serbia.

“The privilege and the downside of being a doctor is that you see difficult things all the time in terms of physical and emotional suffering,” Schumann said. “It's scary and disheartening to hear of the barbarity that goes on in the world.”

As disturbing as it may be, Schumann said he is committed to his work with PHR because for him part of being a physician is being an advocate—either for an individual patient or for a cause.

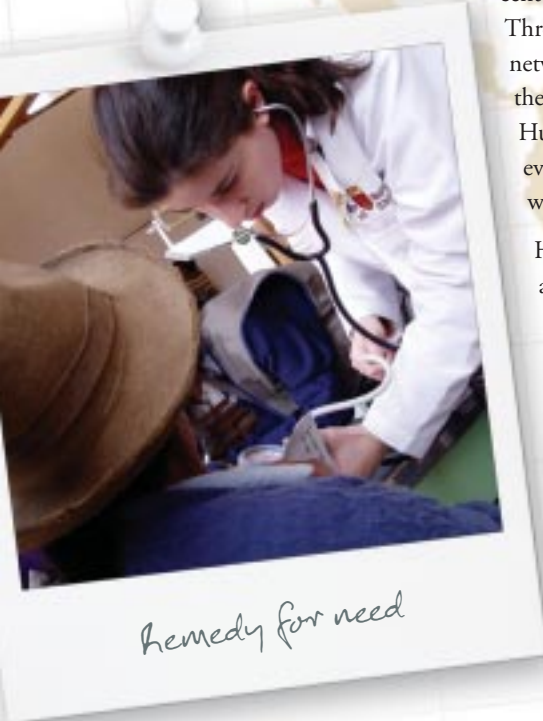
“Physicians, for whatever reason, seem to have this special place in society and we're given a sacred trust,” Schumann said. “That's a privilege, and that specialness requires us to give something back.”

### *Working for a remedy*

Students get just one summer break during medical school: two weeks in June between their first and second years. This past year, nearly a fifth of Pritzker students spent that time off helping treat patients in Peru, shadowing Peruvian physicians and learning about that country's health care system.

The students were participants in Remedy, a nonprofit organization that provides medical supplies and assistance to developing countries while also creating opportunities for medical students to learn more about health care needs in other countries. First-year medical students at Chicago raise funds to purchase medical supplies and cover travel expenses and also arrange their visit through the ministry of health for the nation they plan to visit. Bernard Ewigman, MD, professor and chairman of the family medicine department, is Remedy's faculty adviser.

In the past, Remedy participants have traveled to Cuba. But growing difficulties with visas led planners of this past year's



**Pritzker student Lauren Cadish traveled to Peru with the volunteer group REMEDY, composed of 21 medical students. Cadish takes the blood pressure of a Peruvian at a clinic in Urubamba. Photo courtesy of Lauren Cadish**



## Chicagoan of the Year

Carrie Wicks was honored by *Chicago* magazine for her ongoing volunteer efforts. Photo by Anna Knott

expedition to choose a different destination. Cadman Leggett, a second-year medical student at Chicago and Peruvian native, encouraged the group to travel to Peru.

After raising \$35,000 to cover travel and medical supplies, the group spent 10 days in the country, dividing their time between the Hospital Antonio Lorena in Cuzco and the Centro de Salud Urubamba; both clinics are government-owned and serve impoverished communities.

“One of the main interests was to experience how the health care system works,” said Leggett, who serves as co-president of Remedy with fellow medical student Daniel Turner-Lloveres.

Students also had an opportunity to learn firsthand about diseases that affect Third World countries, such as tuberculosis and mosquito-born illnesses. While they were in Peru, a pneumonia outbreak struck a remote location in the Andes on the outskirts of Urubamba. Students went into affected villages with local doctors to treat patients, using medicine the group brought from America.

“It has been proven that what mostly affects how physicians work and how sensitive physicians are to a community are not only their backgrounds, but also their experiences while at medical school,” Leggett said. And that’s why, he said, Chicago’s Remedy program emphasizes international visits rather than just sending donated medical supplies through the mail.

“There is no better way,” Ewigman said, “to understand the profound impact of excellent public health, primary medical care and specialty medical care on the lives of people than to see firsthand what happens when these resources are limited or absent.”

Such lessons are often best learned outside the four walls of a classroom.

Taking a week off for sheer relaxation is one tough assignment for Carrie Wicks. Vacations that involve a “higher purpose” are a better fit for the fetal and infant mortality review coordinator at the University of Chicago Hospitals. So it’s not surprising that *Chicago* magazine, in its January 2006 issue, recognized Wicks as one of the city’s most notable volunteers.

The honor carries with it a \$1,000 stipend. Already, plans for that money involve a poor village in northern Ghana, Africa.

The village of Lonto has become Wicks’ home away from home. Its denizens even dubbed her “Queen Mother of Development.” When she discovered that the lone midwife nurse at their health clinic was delivering babies in the middle of the night without electricity, Wicks raised money for a solar-powered light.

Now she is trying to collect \$1,500 to bore a well so the clinic won’t have to use dirty river water. “I’ll have the \$1,000 from *Chicago* so that only leaves \$500, which is easy,” she said, an eager smile spreading across her face.

Wicks, who was honored by the hospital with the 2005 Martin Luther King Jr. Humanitarian Award, also wants to replace the clinic’s examining beds—elevated wooden boards with a pillow at one end—with more sophisticated models. And she’d like to buy a scale so the nurse can weigh newborns instead of estimating their weight. But those priorities rate a distant second to the water system.

Wicks’ infectious philanthropic spirit, an integral part of her since nursing school four decades ago, never would have touched Lonto if not for one of its own: Augustina Naami.

Naami is a rarity, not only because she is among a handful of women to earn a college degree in Ghana or because she has learned to live successfully with polio’s crippling effects. But she also had the opportunity to earn a graduate degree in social work at the University of Chicago, the result of an International Ford Foundation scholarship.

Wicks—who holds a PhD in health administration and considers guiding students part of her job—became Naami’s mentor when she arrived in 2002. The two bonded instantaneously and Wicks promised Naami she’d visit her home in Ghana to meet her family.

When Naami graduated in 2004, Wicks kept that promise. And what she saw in Lonto’s solitary clinic, which serves 5,000 people, amazed and humbled her.

“I’m in awe of how nurse midwives function. They do so well with so little,” Wicks said, adding that one woman she met had walked miles to deliver her baby at the clinic.

“I decided when I got back I’d ask everyone who knew Augustina for a dollar,” she said, explaining how she raised \$700 for the solar light.

Wicks’ volunteer projects—including health fairs and screenings throughout Chicago—correlate well with her work: reviewing the non-medical side of pregnancy losses, such as personal and environmental experiences prior to the death of the baby. She also coordinates the city-wide Fetal Infant Mortality Review Program.

Keying in on nurses’ natural desire to help people, she’s organizing a group of UCH nurses and others interested in global health and traveling abroad to aid others.

“Everything tends to flow,” Wicks said of how her professional and volunteer work mesh. “I just build on what I know.”

—Katie Brandt