



Newsletter  
of the  
Albert  
Schweitzer  
Fellowship

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# University Deans Praise the Schweitzer Fellows Program



The 2002-03 New Hampshire/Vermont Fellows met in September 2002 in Hanover, N.H., for their midyear retreat.

*University leaders from all the areas with Schweitzer Fellows Programs have expressed gratitude for the benefits the programs provide to their students and their communities. Here, leaders of New Hampshire and Vermont schools talk about the value of the program. Look for comments from other university leaders in upcoming issues of Reverence.*

**Dean Joseph B. Warshaw M.D., University of Vermont College of Medicine**

The Schweitzer Fellows Program is a wonderful way to have students involved in service and their communities. By reinforcing the caring side of medicine involved in doctoring, the program sets a standard for community service and doctoring at UVM. It is important for medical schools to promote service learning because it makes students better doctors in the long run. There is a ripple effect to the benefits of having students participate in service learning. Anything the Schweitzer Fellows do is amplified throughout the school. There is a certain cachet to being a Schweitzer Fellow, so the program helps promote the concept of community

service not only for its Fellows, but for the students around them as well.

**Dean John Baldwin M.D., Dartmouth Medical School**

Working with the underserved is a huge blind spot in traditional medical

education. Students get good training and understand how to communicate with patients in a disease-oriented way, and even in a wellness-oriented way. But without exposure to the underserved, they lack understanding about basic issues related to care for these populations. They might know how to diagnose and treat people's illnesses, but might not understand how difficult it can be for patients to even get in to see a doctor. Access to health care is a widespread problem, and physicians need to take a leadership role in solving it.

It is an honor for our students to participate in the New Hampshire/Vermont Schweitzer Fellows Program. Dartmouth Medical School has had a long tradition of community service, and the Schweitzer Program fits our identity. It is seen as the paradigm for community service at DMS.

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Fellow for Life Scott Cohen (right), a 1998 Lambaréné Schweitzer Fellow, spent time in 2002 volunteering with the Ak' Tenamit project, on the Rio Dulce in Guatemala. With Scott in the photo are a four-year-old girl named Paulina and her father. Scott writes, "This photo was taken just after Paulina was discharged from the hospital following an eight-day stay for an asthma attack. Her village was a

45-minute boat ride, followed by a 90-minute hike up a mountain, from the Ak' Tenamit project where I was based. She was the sickest asthmatic I have ever seen. On top of this faraway mountain in her village, I was sure she would die. But with injectable epinephrine and some albuterol, I ran down the mountain with her and her dad, and took her by boat to the public hospital. They stopped by the project to see us on their way home." For more on Scott's work since he was a Schweitzer Fellow, please turn to page 5.

# 1988 Lambaréné Fellow Launches International Pediatric Health Organization

By Scott Cohen  
1998 Lambaréné Fellow

**I**t was with such innocent naiveté that I approached working at the Schweitzer Hospital in Gabon as a 1988 Lambaréné Fellow. I had no idea what lay ahead, nor did I know that those short three months would have a lasting impact on my thoughts and pursuits. On many levels, the fellowship experience is still a part of my thinking every day.

As a young medical student with little experience in the world, I had a largely romanticized notion of working abroad. To be in Africa, treating advanced diseases and tropical diseases, seemed exotic and adventurous. In the end, there was nothing romantic about it.

*The fellowship experience is still a part of my thinking every day.*

In the pediatrics department where I worked, I saw children sick beyond states we normally see in this country. I saw many children suffer and die from causes that would be unacceptable in the United States. My work in Lambaréné sparked my interest in global health issues, but I realized that I needed much more training and experience to effectively take on such a responsibility.

Residency in Oakland, California, strengthened my desire to work with children in poverty, both in the United States and abroad. I took time off residency and studied Spanish in Mexico, which has been helpful in my work with inner-city populations in California.

Recently, I volunteered for three months in the eastern jungle of Guatemala. Access to physicians is very limited in this region, and most of the



**Scott Cohen (right) in early 2002 at the Ak' Tenamit project in Guatemala, with "my awesome 12-year-old friend Valeriano."** Says Scott of Valeriano, "He is a Mayan boy who attended school at Ak' Tenamit, and whose 80-plus-year-old grandmother was an inpatient at our clinic for three weeks. I became quite close with Valeriano during his grandmother's stay. He was very articulate in both his native Mayan language and in Spanish."

poor receive care from health promoters and midwives. I worked with local Mayan health promoters to provide care and to teach the local staff basic clinical skills. It occurred to me that offering basic clinical education to local staff could be an effective model in improving the health of large numbers of children in many parts of the world. This inspired me to start Global Pediatric Alliance, an organization that will work to identify educational needs of health care sites in developing countries and offer seminars and conferences.

To me, the global statistics on children's health are simply unacceptable. Close to 23,000 children die each day in developing countries, with 70 percent of these deaths due to preventable diseases. An estimated 8,000 newborns die daily, and many of these deaths are easily preventable using simple newborn resuscitative measures. Children

in the developing world should have a better chance than these numbers represent, and I feel it is my responsibility to help in any way I can.

One way in which we can all help as health professionals is to increase public consciousness of these gross inequities and encourage our peers to devote their time to the underserved. Schweitzer Fellows should often tell our stories to other students and colleagues. Our past and current work with the underserved, whether in the United States or abroad, should be used to inspire those around us who

*We as health professionals can help increase public consciousness of the gross inequities in global health care and encourage our peers to devote their time to the underserved.*

may in turn do similar work. In addition, current Fellows can help alumni and more seasoned health professionals recharge their idealism.

In this spirit of camaraderie and exchange, I would be very interested in hearing from Fellows who would like to share experiences in teaching in the developing world. I have found cross-cultural teaching of clinical medicine to be very challenging, and would really value hearing about others' experiences.

*If you would like to receive the Global Pediatric Alliance newsletter or to make a contribution to the organization, please contact Scott at scoharp@earthlink.net or write to:*

*Global Pediatric Alliance  
c/o Disarm Education Fund  
36 East 12th St. 6th Floor  
New York, NY 10003*