

## Never before has the phrase “Global is local and local is global” resonated more acutely

COVID-19 grew from a small phenomenon a world away to an international pandemic in the course of a few weeks. Several trainees on both clinical elective service rotations and research fellowship years were caught abroad when the pandemic took hold and were forced to return to Duke early where they joined the front lines of Duke’s public health efforts. One resident studying spiritual rituals of Nepali tribes even had to be evacuated from Nepal on an embassy flight. Another resident, a lieutenant in the United States Public Health Service, was recognized for his quick action in saving the life of a civilian on the street while deployed to assist the COVID-19 response in New York.

**Thank you for your support of the Hubert-Yeargan Center for Global Health!** During the Winter and Spring of 2020, we sent 11 residents to global health sites around the world for clinical rotations—five from Internal Medicine, four from Medicine/Pediatrics, one from Pediatrics and one from Medicine/Psychiatry. They share their stories in this issue.



### Partnerships Aid Researchers in Nepal

*By Tony Pham, Global Health Pathway, Med/Psych, Nepal*

Seven months into my research year, high within the far-western regions of Nepal, and during a COVID-19 peak of which I had been blissfully unaware, a local community member and friend broke the inconvenient news—people were talking and everyone agreed I brought COVID-19 to their village. My research colleague and I hadn’t exhibited symptoms, but we could take a hint, and began the demoralizing descent back to the previous village, where they met us outside

the border and encouraged us to continue our journey.

Eventually, we found cellular coverage and, with it, new orders from our university, “return back immediately!” With a complete lock-down on our hands, we turned to our partners TPO Nepal, Duke, our Fogarty grant funders, and old familiar faces from the local community for directional and emotional support. A village elder planned and payed for our transportation back to Kathmandu. Our in-country supervisor payed

back the village elder. Our university administrators and supervisors clued us into the US Embassy who, through a multi-social media campaign, flew me and all other foreigners back to their homes.

Now in the US, I no longer subscribe to the misguided image of ethnography as a singular effort. It took the interconnected efforts at the highest levels of government to the local village leaders for me not only to plan and conduct the research but to get home safely during an unprecedented global crisis. The idea of “global is local” was truly on display.



## An Unforgettable Experience

By Anmol Singh, Internal Medicine,  
Bangkok, Thailand, February 2020

Even before I left the US, COVID-19 had swept through Asia and was affecting discussions surrounding travel, yet, the case burden in Bangkok was small and there was not a concern for a global pandemic. The day I boarded my flight at RDU, however, an outbreak occurred in Seoul. When I landed in Korea, there was a tangible fear of the virus and masks everywhere. Even though, my layover was only 45 minutes, upon landing in Bangkok, I received a message from Siriraj Hospital that I would need to self-quarantine for two weeks before being allowed into the hospital.



The COVID-19 outbreak was much larger than my global health plans, or anyone's plans really, and even though I did cut my trip short, I saw the responses in two different continents, which is not something everyone gets to say. I traveled through Seoul and Tokyo on the days when the cases in those respective cities rose alarmingly. My global health experience was not the experience that I had anticipated, but it is an experience I will never forget. I don't regret going, and I definitely don't regret coming back when I did. All I can hope for is a global, united effort to take care of this pandemic the best way we can.



## Looking Forward

By John Bonnewell, Infectious Disease Fellow, Moshi, Tanzania

I was coming home to see my partner, who I had not seen in months, but I became trapped in situ due to this crisis. While I enjoyed this uniquely special but frightening time with her in Rhode Island, I soon became anxious to be involved in this response—as an infectious diseases physician, it was simultaneously my nightmare, responsibility, and passion. I came back to Durham quickly to assist in the response at Duke, and I was deeply anxious to contribute. Sadly, I was quarantined and thus felt quite sidelined in that process. The sense of duty remained. I am now engaged in a biomarker study for COVID-19 patients, and I

am preparing myself to lead on general medicine and infectious diseases as a clinician, if I can contribute in that manner during the peak of the pandemic locally. The sidelines can hurt when it is time to fulfill your responsibility as a physician, particularly when it is a viral pandemic such as this—it feels like my time to lead. It is perhaps more painful, however, to abandon your role in a place that you have grown to love and care for—that, for me, was Tanzania. In many ways, I cannot stop thinking about how I abandoned that role, even though required. Regardless, we must keep looking forward during this crisis.

## “Old-fashioned” General Medicine

By Nicole Helmke, Med/Psych, Indian Health Service, Shiprock, New Mexico, February 2020

I had a rich experience during my rotation at Northern Navajo Medical Center (even if shortened to only 3 weeks because of the start of the COVID-19 outbreak). It was interesting to learn about a different perspective on spirituality and death from the Navajo patients for whom we cared.

An interesting aspect of the experience was that the providers care for their patients longitudinally as their primary care doctors as well as throughout their admissions to the hospital or ICU; and it was interesting to practice this “old-fashioned” model of general medicine.







## Making an Impact

By Amadea Britton, Med/Peds, Mwanza, Tanzania, February 2020

Although shorter than expected due to COVID, my experience was no less impactful. I was able to work closely with Dr. Kristin Schroeder's local pediatric oncology team which has over 75 pediatric patients in active chemotherapy. The longitudinal program and capacity-building surrounding pediatric oncology are transformational.

Being abroad at the onset of a truly unprecedented global event has given me a lens few of my colleagues have about the COVID crisis. The entire catchment area of Bugando Medical Center (over 17 million people) has fewer than 20 ventilators and there are two pediatric ventilators. There is almost no PPE available and limited hand san-

itizer. I can viscerally understand the consequences of what this pandemic means beyond our borders. I will be thinking of the physicians and residents and nurses there daily until we are through this and will remember what they are facing when it comes time to build preparedness in the future, especially in my job next year as part of the Epidemic Intelligence Service with the CDC.



## Report from Down Under

By Sheila Sherzoy, Internal Medicine, Australia, February 2020

My goal in going to Adelaide was to experience a different healthcare system and learn about its strengths and weaknesses compared to our own. Although my time in Adelaide was cut short, I experienced both the culture of South Australia and learned about medicine within a socialized healthcare system. I learned about the principle of justice in medicine and how that could be used to prioritize the health of a population and of a whole people as well as the challenges that stem from working within a system where resource allocation is carefully managed.



## Improving Access

By Neelima Navuluri, Global Health Pathway, Pulmonary and Critical Care, Eldoret, Kenya



I went to Kenya to better understand chronic hypoxemia and work to improve access to home oxygen. In the eight months of study enrollment, we gained important insights into the extreme burden of chronic heart and lung disease. As the COVID-19 pandemic took hold of the world, we suspended our research and I was instructed to return to Duke. We continue phone follow-ups with participants, but my immediate focus has shifted to clinical critical care at Duke and COVID-19 related research. I am witnessing how similar, and different, resource allocation issues can look in these two places I call home. This crisis has highlighted how crucial the global health work we do is, especially regarding pulmonary and critical care resources, and I look forward to returning to Kenya soon.



## Kenya Experience

By Justin Yoo, Medicine/Pediatrics,  
Kenya, February 2020

As any global health training goes, there is an inherent unpredictability and need for flexibility. My planned medical rotation to Tenwek Hospital was unexpectedly cut short due to the COVID-19 pandemic. Yet my three weeks were filled with excellent education, self-development of my own leadership, and the most

efficient career-shaping weeks. I wish I could have stayed longer. I felt the burden of my abrupt return as the local team had to adjust their call schedule to make up for my absence. I found myself making excuses to stay, rationalizing that it was safer to stay in Kenya which had lower rates of COVID-19 compare to the U.S at the time.

As I returned to the U.S., I found myself frequently thinking that my skills



would have been better used in Kenya, which was very telling. As I had time to reflect on my rotation, I am thankful for the opportunity to learn a bit more about myself and how global health will fit in my career.

## Building Relations

Keva Garg and Tamara Saint-Surin,  
Internal Medicine, Eldoret, Kenya,  
January-February 2020

Building relationships with Kenyan colleagues and AMPATH co-residents and students was so critical to this whole experience. Spending time with these people gave me so much more insight into each other's passions and cultures.

I found myself being more intentional and present with my interactions, taking the time to really talk to people and learn about their experiences. I enjoyed sharing information about the American healthcare system and medical training, while learning about and observing the Kenyan healthcare system.



## Fighting Malnutrition with Limited Resources

By Katie Wood and Elizabeth Hubbard, Med/Peds, Moshi, Tanzania, January-February 2020

I saw the high prevalence of malnutrition, the physical exam findings present in rickets, and the best strategies to prevent mother to child HIV transmission. I took care of incredibly brave patients on the pediatric oncology ward and met their loving families who traveled hours to bring them to treatments despite limited resources.

The interns, registrars, residents, and specialists taught me so much about practicing medicine in a resource limited setting when one must constantly consider the necessity of every diagnostic



test, intervention, and medication, and become creative with what is available while providing the best possible care.

## A Meaningful Connection

By Alie and Clay Templeton, Internal Medicine and Pediatrics, Tenwek Hospital, Bomet, Kenya, January-February 2020

Although we both worked long hours at the hospital and took calls often, we were also afforded time to enjoy fellowship with the other visiting staff and Kenyan nationals at Tenwek Hospital. We gained insight into the customs and resources of our patients. We both have always wanted to work in global health in some capacity in our future careers. Now that we have developed a meaningful connection with Tenwek Hospital and Kenyan culture, we are already planning our return trip in the next few years.

