

Farmer speaks on post-quake Haiti at URI

'Hope is not a plan but an essential ingredient'



IN BRIEF

Paul Farmer, MD

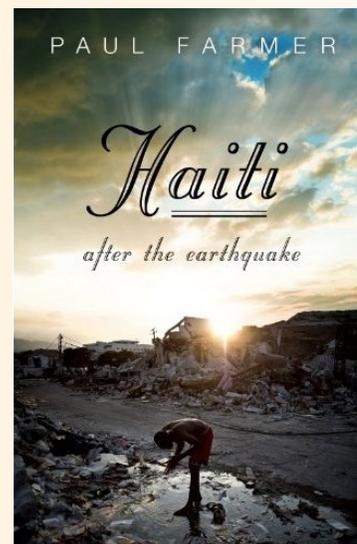
UN Deputy Special Envoy for Haiti
appointed by UN Special Envoy
for Haiti, President Bill Clinton

Chair of the Department of
Global Health and Social Medicine
at Harvard Medical School

Chief of the Division of Global
Health Equity at Boston's
Brigham and Women's Hospital

Co-founder of Partners In Health
(PIH) in Boston

Recipient, John D. and Catherine
T. MacArthur Foundation's
"genius award"



Haiti After the Earthquake
by Paul Farmer, MD, et al.
Public Affairs Books, (2011 and 2012)
Formats: Hard cover, soft cover,
(480 pp.) and e-book

In March 2012, Dr. Paul Farmer and former President Bill Clinton visited Partner in Health's solar-powered Mirebalais National Teaching Hospital in Haiti. It was built after the 2010 earthquake and will open early this year.

BY MARY KORR
RIMJ MANAGING EDITOR

KINGSTON – Paul Farmer, MD, began a recent talk at the University of Rhode Island on "Haiti After the Earthquake," the title of his latest book, with a personal reflection on the intersection of failure and fate.

In 1982, he graduated from Duke University summa cum laude with a degree in medical anthropology. He had applied for a Fulbright to work in Africa. "It didn't occur to me I would not get it," he said.

He recalled "getting the slim envelope from the Fulbright people. Does it sound

like I still hold it against them?" Dr. Farmer asked the crowded audience. "It takes a long time to talk about failure as an important part of experience."

Dr. Farmer turned to Plan B – volunteering with a physician in the Haitian hinterland. "In some ways, not getting the Fulbright and going to Haiti was the most important thing that happened to me both as a physician and student," he said.

It was the start not only of a professional journey, but a personal one as well. Dr. Farmer was 23 years old when he first went to Haiti; he is now 53 and married to Didi Bertrand Farmer,

the daughter of a Haitian teacher. The couple has three children.

At the lecture, Dr. Farmer described his first year in Haiti. It was not a “magical or illuminating experience. It was really hard work. I’m not sure we did much good for the patients.” He worked with a physician whose only tools were “his own smarts and a stethoscope. He did not have a health-care system behind him.”

After his initial year in Haiti, Dr. Farmer began his studies at Harvard Medical School, but would spend months each year in Haiti. Except for the period, he said, when he accidentally stepped in front of a car in Boston and suffered multiple orthopedic fractures. The health care he received made him more determined to return to Haiti and set up a system of community-based care.

In 1985, he and others established a two-room clinic in a rural, deforested region of Haiti to deliver health care to “landless squatters living in tents.”

Two years later, he co-founded Partners In Health (PIH) in Boston to support the opening of Haitian schools, additional clinics, a training program for health outreach workers, and sending a mobile unit to screen residents of area villages for preventable diseases.

2010 earthquake

Three decades after Dr. Farmer first went to Haiti, a massive earthquake struck on January 12, 2010, killing over 300,000 and leaving 1.3 million homeless. Immediately, he recounts in *Haiti After the Earthquake*, he contacted Dr. Alix Lassegue, medical director of Port-au-Prince’s largest hospital and asked him: “What do you most need?”

Dr. Lassegue’s list was long: “Surgeons, anesthesiologists, nurses, medications. And generators...Just managing proper disposal of the bodies is overwhelming us...And we need help trying to save lives of those still trapped under collapsed buildings around the hospital grounds.”

Within three days, Dr. Farmer arrived in the Haiti, along with a team of volunteers. The Ministry of Health had collapsed. Most of the clinics and hospitals were down. “Even for seasoned physicians the quake zone was a horrifying scene,” he writes. The majority of victims suffered from brain, spinal cord and crush injuries, and complex, multiple fractures.

At the colloquium and in the book, he described the earthquake as an

“acute-on-chronic event, devastating because a history of adverse social conditions and extreme ecological fragility primed Port-au-Prince for massive loss of life and destruction when the ground began shaking.

“In the years before, we saw that Haiti had become a veritable ‘Republic of NGOs,’ home to a proliferation of goodwill that did little or nothing to strengthen the public sector. Thus did clinics sprout up without much aid to the health system, thus did water projects appear even as water security (like food security) was enfeebled.”

He argues in the book that rebuilding capacity requires sound analysis of what has gone so wrong in the past. His model system is a troika of community health care workers, primary-care clinics and hospitals.

Today, Haiti has the highest incidence of cholera in the developing world (almost 8,000 cases in 2010). “Building a health-care infrastructure doesn’t stop cholera. A waste-water management system does. And the answer to malnutrition is food.”

In the book, Dr. Farmer writes, “Hope is not a plan but an essential ingredient.” At URI, he invited “students who care about global health to join us in one way or another. You can help fight disparities right here in Rhode Island and all over the world. Start early and stick with it. This problem of medical disparity will be seen as the ranking human-rights problem of your generation. That, and climate change.”

His presentation was part of a URI semester-long colloquium titled “Health Care Change? Health, Politics and Money.” ❖

Quotes: Rx for life

Music is the effort we make to explain to ourselves how our brains work. We listen to Bach transfixed because this is listening to a human mind.

—Lewis Thomas, MD
(essayist for *New England Journal of Medicine*)

The only way to keep your health is to eat what you don’t want, drink what you don’t like, and do what you’d rather not.

—Mark Twain

Please submit your favorite quote to RIMJ for future publication and inspiration. Send to mkorr@rimed.org



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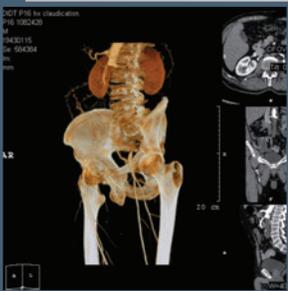
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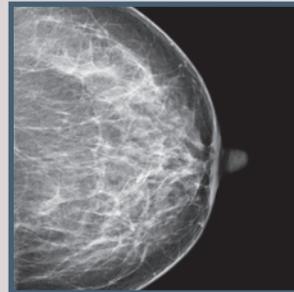


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The Many *Dia-* Words

STANLEY M. ARONSON, MD

In parallel with all living creatures, words evolve, inevitably taking on nuanced meanings as new secular needs arise. Consider the older Greek prefix, *di-*, variously meaning divided or pulled asunder; but now, with a shade of difference, also meaning twice or doubled as in the word, dichotomy. A variant prefix, *dia-*, has now come to signify 'apart from' or 'separate.' And the standard medical dictionary devotes four pages just to words beginning with the prefix, *dia-*.

Diabetes means, literally, 'passing through' and reflects the ancient Greek observation of excessive urination as a cardinal feature of the disease. Only later was the descriptive word *mellitus* added when the excessive urinary passage of sugars was noted.

The word diagnosis, again of Greek origin, means 'knowing apart' or 'something distinguished.' And its root, *-gnosis*, descends from the Greek meaning 'to know' as in words such as *gnomen*, *prognosis* and *agnosis*.

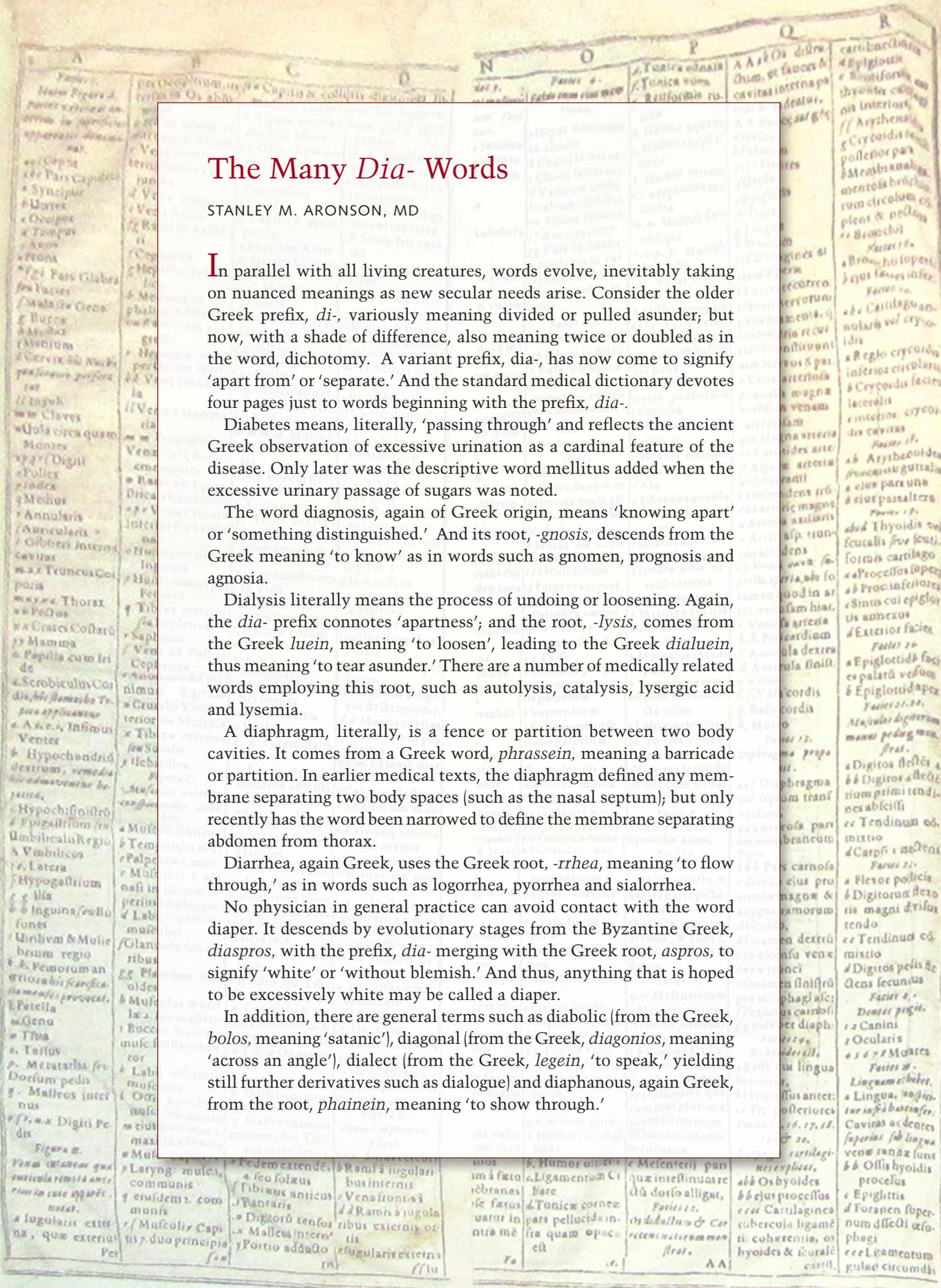
Dialysis literally means the process of undoing or loosening. Again, the *dia-* prefix connotes 'apartness'; and the root, *-lysis*, comes from the Greek *luein*, meaning 'to loosen', leading to the Greek *dialuein*, thus meaning 'to tear asunder.' There are a number of medically related words employing this root, such as *autolysis*, *catalysis*, *lysergic acid* and *lysemia*.

A diaphragm, literally, is a fence or partition between two body cavities. It comes from a Greek word, *phrassein*, meaning a barricade or partition. In earlier medical texts, the diaphragm defined any membrane separating two body spaces (such as the nasal septum); but only recently has the word been narrowed to define the membrane separating abdomen from thorax.

Diarrhea, again Greek, uses the Greek root, *-rrhea*, meaning 'to flow through,' as in words such as *logorrhea*, *pyorrhea* and *sialorrhea*.

No physician in general practice can avoid contact with the word diaper. It descends by evolutionary stages from the Byzantine Greek, *diaspros*, with the prefix, *dia-* merging with the Greek root, *aspros*, to signify 'white' or 'without blemish.' And thus, anything that is hoped to be excessively white may be called a diaper.

In addition, there are general terms such as diabolic (from the Greek, *bolos*, meaning 'satanic'), diagonal (from the Greek, *diagonios*, meaning 'across an angle'), dialect (from the Greek, *legein*, 'to speak,' yielding still further derivatives such as dialogue) and diaphanous, again Greek, from the root, *phainein*, meaning 'to show through.'



PAGE FROM CATOPTRUM MICROSCOPICUM, JOHANN REMMELIN, 1619 FROM THE RIMS COLLECTION AT THE HAY LIBRARY

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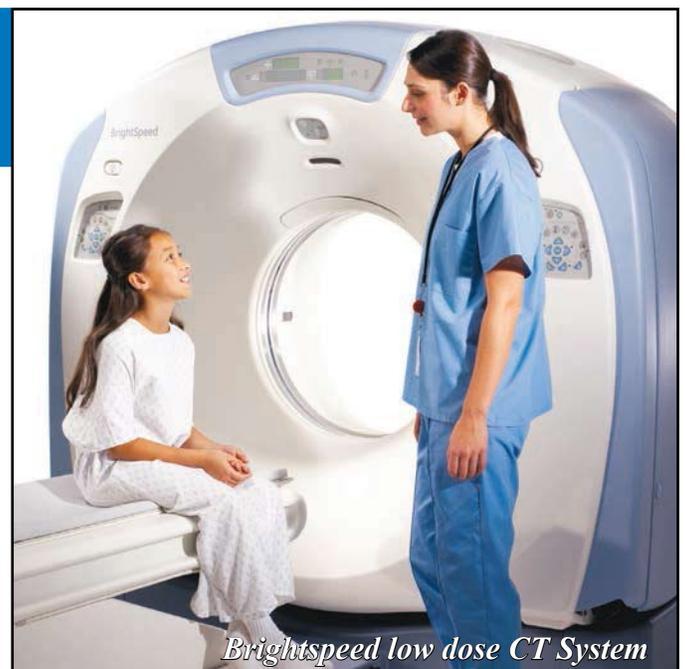
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Rhode Island Medical Journal debuts in 1917

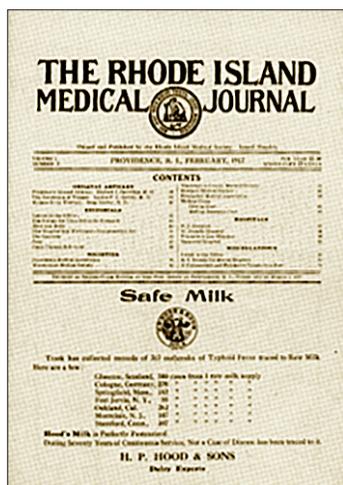
MARY KORR
RIMJ MANAGING EDITOR

The following is an excerpt from *Medical Odysseys*, an anthology published by the Rhode Island Medical Society in 2012 to commemorate its Bicentennial.

The first issue of the *Rhode Island Medical Journal*, published in January 1917, sold for 25 cents; a year's subscription was \$2. Editor Roland E. Hammond, M.D., pledged to continue the "scientific standard and the literary tone" set by its predecessor, The Providence Medical Journal, published by the Providence Medical Association. Hammond reassured readers "the trenchant pens of its writers will continue to furnish interesting and forceful criticism of local conditions."

The transfer of ownership to the medical society allowed the journal to receive financial support from the Co-operative Medical Advertising Bureau of the American Medical Association (AMA). "By the terms of this agreement, the Journal must be published monthly and all ads must be approved by the Council of the AMA," Dr. Hammond explained in an editorial.

The first issue abounds with local ads that presumably



received the AMA's seal of approval. H.P. Hood & Sons advertised its "safe milk perfectly pasteurized; during seventy years of continuous service not a case of disease has been traced to it."

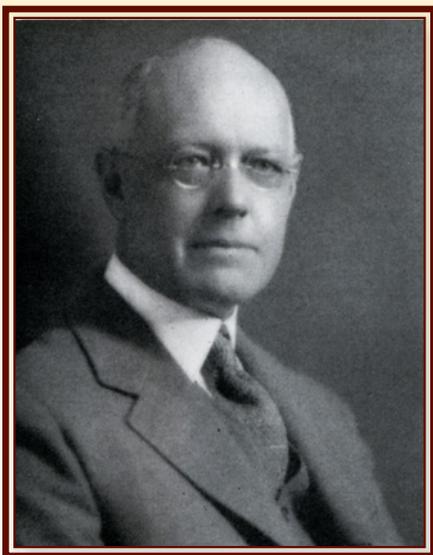
Horlicks touted its "malted milk for infants, invalids and travelers."

The Cadillac Auto Co. of Rhode Island proclaimed to the profession:

*No man can afford to ignore the doctor
No doctor can afford to ignore the Cadillac
Eight Cylinder Cadillac –
No car on earth compares with it!*

Local medical facilities advertised their merits, including the Hope Private Hospital, the John Keefe Surgery and the sanatorium of Dr. Bates in Jamestown, "for the treatment of the chronic sick and the recuperation of those nervously exhausted. Room and board: \$10." Dr. Richard C. Cabot advertised The Fisk Hospital in Brookline, Mass., "for the cure of the morphine habit."

The journal began to report on AMA-approved campaigns, such as the one against wood alcohol: "The New York Committee for the Prevention of Blindness has begun a crusade against makers of bay rum and other toilet articles containing wood alcohol...Powerhouse whisky containing wood alcohol may cause blindness or death...See to it that your barber uses only



Editor Hammond: A Baker Street Irregular

Dr. Roland E. Hammond (1875–1957), the first editor of the Rhode Island Medical Journal, had a lifelong passion: Sherlock Holmes.

In 1946 he co-founded "The Dancing Men of Providence," a scion society of the Baker Street Irregulars (BSI), formed in 1934 by literary lion Christopher Morley "to perpetuate the myth that Sherlock Holmes is not a myth."

Hammond was invested in the BSI under the name "Silver Blaze," the title of a Conan-Doyle adventure and the name of its central character, a horse. He was a contributor to the Baker Street Journal

and published "The Attempted Mayhem of Silver Blaze," in the April 1946 edition. It is described as "an investigation by Hammond, including an actual experiment duplicating the operation performed on Silver Blaze to render him lame, demonstrating that it requires more than the mere jab of a knife, as Holmes claimed, to injure the tendons of a horse's ham sufficiently to cripple him."

Hammond was also a member of the Providence Medical History Club and a delegate to the American Association of the History of Medicine.

the best toilet articles and that the ginger ale you drink does not contain this poison."

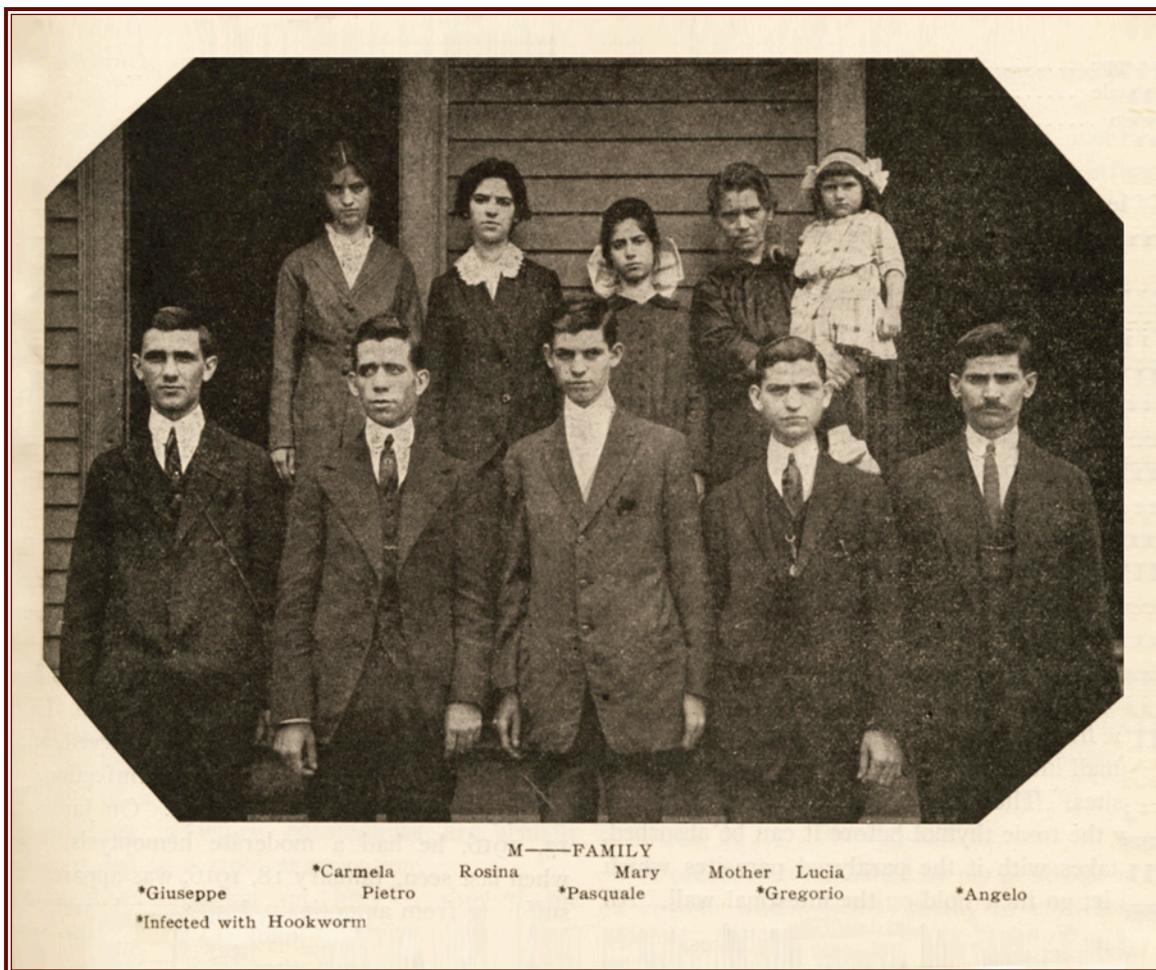
The journal also endorsed the AMA's stance on health insurance, which called for adequate representation of the medical profession on insurance commissions; creating lists of legally qualified physicians, and patient choice in the selection of a physician.

Launched on the cusp of America's entry into World War I, the April 1917 issue reported that the War Department had requested Rhode Island Hospital to organize a 250-bed naval field hospital in Newport; doctors would be commissioned as lieutenant commanders. The unit, U.S. Navy Base Hospital No. 4, was deployed to U.S. Naval Base No. 6 in Queenstown, Ireland. Editor Hammond, a member of the U.S. Naval Reserve

Force, was called to active duty in July 1918, and served as a roentgenologist and orthopedic surgeon in Ireland.

As he and other Rhode Island physicians served overseas, the journal was forced to cease publication for 16 months and resumed in December 1920. Since its inception as a monthly, there have been eight editors:

Roland E. Hammond, MD (1917–1920)
 Frederick N. Brown, MD (1921–1936)
 Albert H. Miller, MD (1937–1942)
 Peter Pineo Chase, MD (1942–1956)
 John E. Donley, MD (1956–1960)
 Seebert J. Goldowsky, MD (1960–1989)
 Stanley M. Aronson, MD (1989–1998)
 Joseph H. Friedman, MD (1999–present)



This photograph of a Federal Hill immigrant family appeared in the March 1917 edition of the Rhode Island Medical Journal in a report on hookworm by Alex. M. Burgess, MD, and scientist Percy D. Meader. The older daughters and sons worked as weavers in the Atlantic Mills in Olneyville. Five were infected with what is described as uncinariasis (New World type) and were treated with thymol, lactose and magnesium sulfate. The article cautioned Rhode Island physicians that there were probably many unrecognized cases in the state, predominantly within immigrant communities.