GLOBAL OR LOCAL: WHY NOT BOTH?

ADAPTED FROM AN INTERVIEW WITH DANIEL VAN DURME, M.D.

In the summer of 2008, some of us affiliated with Students Interested in Global Health went to Nicaragua and conducted medical clinics for people with almost no regular health care. The term for this sort of work is "medical brigade": Go down, do what you can, fly back – not knowing when, or if, you'll return. It worked out very well. We went back in 2009, and we started to think, "This *might* work for a long-term project."

Dr. Daniel Van Durme

That December, two of us returned with the goal of identifying a rural village where we could establish a long-term, sustainable partnership for community health improvement. No more brigades.

After several more trips with medical students and TMH Family Medicine residents and faculty – and with the ongoing, indispensable assistance of missionaries Michael and Susan Buzbee – we struck up a relationship with the people of Los Cedros. In December 2010 we told them, "We'll be back in March. You can count on it. And this is not a unilateral charity. We want to work with you."

Since then we have returned in March and June. The people of Los Cedros are benefiting from more regular health care, and our students are learning much from them and getting extraordinary experience. Two other parts of this relationship are less obvious but enormously gratifying.

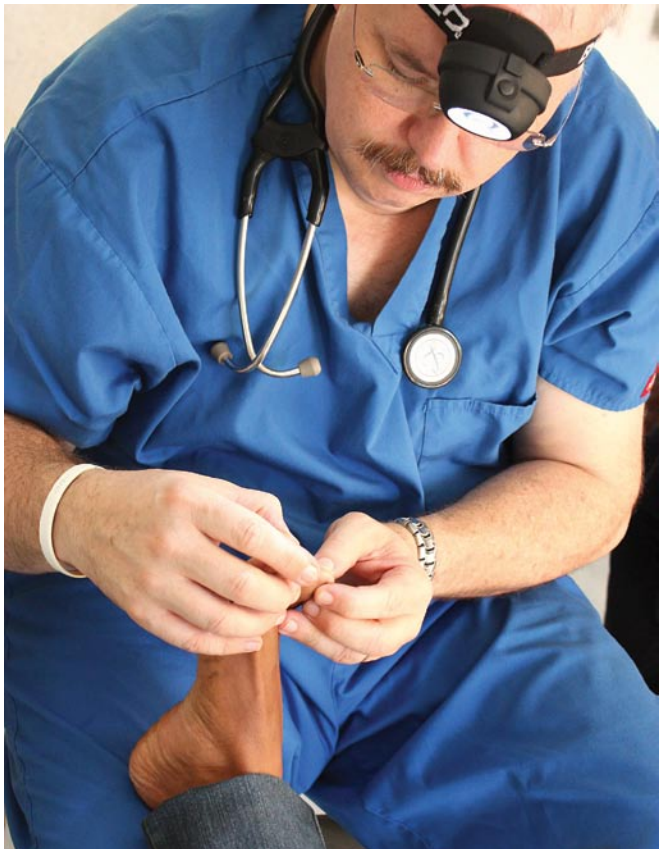
Some cynics hear about these medical trips and say, "Why are you doing all that stuff over there? Aren't there needs right here in Tallahassee?" You bet there are. A lot has been published on this subject, concluding that students who participate in global health outreach are more likely to participate back home. People may say, "Well, that's a self-selected population. They were going to do more at home anyway." But there's more and more literature that says it really does remove the blinders. There is great need *there*, and great need *here* – and some students are going to address both.

The other thing that's been very gratifying is to have the students see firsthand that the health of a community is far more than the drugs we dispense. The students who've done medical brigade trips will sometimes say, "Did we really make a difference? We gave them these blood-pressure pills, but what happens when the pills run out? We treated this, but what happens next?" This allows them to say, "The blood-pressure pills won't run out. We're giving three months of pills. And when we come back, we'll give them enough to last another three months." Sustaining it in that way is very different.

The students also get a much better sense that the health of a community is related to the water, the sanitation, access to healthful food, the nutritional state of the children and so on. It's tied to governmental policies, plus the broader economic issues of global poverty.

So it really broadens their perspective on concepts of community health, public health and social determinants of disease beyond simply, "You had a parasite and I gave you a parasite drug."

Van Durme is chair of the Department of Family Medicine and Rural Health.



Dr. Van Durme with a patient in Nicaragua