

PHYSICIANS FOR PEACE

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OUR MISSION

To educate and empower local providers of surgical care to alleviate suffering and transform lives in under-resourced communities around the world

OUR VISION

We envision a more just and equitable world where access to life-saving and life-restoring surgical care is available to all people everywhere, so they can go on to live healthy and meaningful lives.

“WHEN I WAS IN MALAWI, I FELT LIKE I WAS TRULY A DOCTOR.”

For most healthcare workers volunteering in low-resource environments, a bit of overwhelm is normal, even expected.

Dr. Vicki Mahan is not most healthcare workers.

A lifelong world traveler, cardiothoracic surgeon and educator, Dr. Mahan sought a volunteer placement in Africa to help people in areas of immense need. Her aspirations fit with the structure and goals of the Malawi surgical program with Physicians for Peace, and in mid-2022 she went to the sub-Saharan African country for a 3-month faculty position.

Once in the city of Blantyre, she hit the ground running. “In Malawi, they’re doing everything in their power with the limited resources they have,” Dr. Mahan says. “The biggest thing that outside individuals need to understand is, you don’t go there and say, ‘you’re not doing it our way; therefore, it’s wrong.’”

“They are very innovative in Malawi, and fortunately, I’ve been in past situations where I’ve had to be innovative too.”

“The Hippocratic Oath Really Meant Something.”

As a hands-on faculty educator at Queen Elizabeth Central Hospital, Dr. Mahan took to the leadership role naturally, teaching everyone from med students on up. As time went on and mentorships grew, so did trust and mutual respect. “I started stepping up to higher and higher levels in terms of expectations,” she says. “I made it clear the surgical residents are the captain of the ship. I got the message across.”

Her Malawi experience did fulfill the sense of reward she had craved in seeking volunteer work. “In the United States, you as a physician can become very frustrated,” she explains. “The frustration is administrative in nature. There are way too many obstacles in the way to practice solid medicine without going beyond reasonable cost.”

“I went into medicine for one very specific reason, and that has never ever changed: To help people. When I was in Malawi, I felt like I was truly a doctor; that the Hippocratic Oath really meant something.”



Mentoring surgical staff



Doing hands-on surgical training

“We Are Here To Help Each Other.”

Dr. Mahan found that teaching and learning went both ways. “The people I met and worked with in Malawi are so smart and savvy about what’s going on in the world outside Malawi,” she says.

“They’re very honest in identifying the level where they are presently, and where they expect to be. ...They’re trying to figure out how to raise the bar, and they’re doing one hell of a job in terms of becoming innovative, and how to get to the next level.”

Most of her time in Malawi combined hands-on practice while teaching. Not only that, but she started a local judo program while in Blantyre (yes, she’s also a fifth-degree black belt).

When she left Malawi, Dr. Mahan returned to her home judo club in Pennsylvania, where she teaches youths. “The kids were very interested in my experience, and the parents were listening as well,” she recalls.

“I told the parents, ‘This is something you need to expose your kids to, because what they’re seeing in the United States is not the reality in much of the world. Just because we have resources in the U.S. doesn’t mean other countries do.’”

“We are here to help each other. That’s the message I wanted to get across.”

A country of 19 million, Malawi has just 65 surgeons and six practicing anesthesiologists.

This staggering gap translates to a lack of access to general and specialty surgical care, life-threatening delays in treatment, few qualified educators who can teach up-and-coming surgeons, and limited training for nurses and other staff who care for surgical patients.

More than a decade ago, Physicians for Peace partnered with Malawi’s main teaching hospital—Queen Elizabeth Central Hospital in Blantyre—to help train the next generation of surgeons and surgical staff.

Since then, several Physicians for Peace volunteer surgeons have traveled to the small African nation for 3 months or more, to work as visiting faculty and provide hands-on training and mentorship.

AN UNSTOPPABLE FORCE FOR CHANGE

For the past couple months, no matter how her day in the busy Malawi hospital has gone, Dr. Alphonsina Ndembera leaves work smiling.

“Since I got this scholarship, I walk out with a glow on my face every day,” says the third-year anesthesia resident. “I’m genuinely happy and so grateful.”

Alphonsina is referring to the Physicians for Peace scholarship for anesthesia and surgical residents, given to dedicated young doctors in Malawi like her, who want to fill the chronic shortage in specialists in those areas. A country of 19 million, Malawi has just six practicing anesthesiologists.

“I first heard about the Physicians for Peace scholarship from two colleagues who received it,” Alphonsina says. “I always envied them, because it’s one of the best scholarships I’ve seen.”

It covers professional fees and memberships, coursework, exam fees and travel costs, a laptop, a cost-of-living stipend and Internet charges—crucial for accessing online textbooks. Alphonsina learned in December she’d been chosen for the competitive scholarship. “I was not expecting it and was very, very grateful.”

A Go-Getter From The Beginning

Throughout her life, Alphonsina has supported herself and funded her own education. During a difficult childhood, losing her mother at age 7, she was driven to excel in school so she could one day provide a more comfortable life.

She considered being a nurse like her mother, aunt, and grandmother, but her father convinced Alphonsina she was capable of becoming the family’s first doctor.

After graduating medical school and completing her internship, Alphonsina was placed in Nsanje, in Malawi’s southernmost tip—“one of the rural districts very far from civilization”—serving as district medical officer, overseeing all clinical activities in the district.

“If there was anything happening in the health center, or the main district hospital or community hospitals, I had to be in control,” she says. “It was a huge responsibility, and I was young—but I did that for four years.”

During that time, she saw firsthand how Malawi’s shortage of anesthesia providers impacted the people.

There was usually just one in her entire district. “So if he fell sick or had other things to do, we would have none.”

The alternatives were to ask a neighboring district if their anesthesia provider could come help (a rare option) or, more frequently, send the patient on an hours-long trip to Queen Elizabeth Central Hospital in Blantyre.



“I can’t quite remember how many deaths or complications we had, transferring patients from the district to the central hospital—just for a procedure that could otherwise be done in the district,” Alphonsina says. “But there were many. ...”

“The main reason I became interested in anesthesiology was: I saw the need. We have six anesthesiologists in the whole country. So there is a huge gap, and we have to fill it one person at a time. I thought I could be one of them.”

“It Means The World To Me.”

Determined, Alphonsina started her anesthesia residency in Blantyre despite daunting obstacles. The cost of her education—with associated fees, international travel for exams, and more—ate up her humble resident’s salary.

Despite the challenges, she cleared a notoriously difficult hurdle in December, passing the written and clinical exams by the College of Anesthesiologists of East, Central and Southern Africa (CANECSA). She was subsequently accepted into its fellowship.

Then, Alphonsina got word she’d earned the Physicians for Peace scholarship. The news overwhelmed her. “The biggest thing it’s done for me is give me comfort,” she says. “I can just study!”

“I know I can buy air time (Internet access), so I can browse and get important information. Apart from my textbooks, I love having access to up-to-date research online.

“I’m able to have adequate food and basic things like that, and be comfortable while doing my studies, which I didn’t have. Before, by the third week of the month, I’d be almost broke and have to start looking for where to get food, how to get money for Internet and all the other things I need,” she says. “Now, I can forget about that and just concentrate on my work. That means the world to me.”

Though it hasn’t been long, she adds, “I already enjoy being part of the Physicians for Peace family!”



“I THANK GOD I GOT THAT CARE.”

Scarleth’s life will always be separated into “before” and “after.”

The division happened when she was 9, in November 2003, on a sunny afternoon like any other at her home in western Nicaragua. Scarleth was playing hide-and-seek with neighborhood kids. A small, seemingly empty building across the street beckoned: a great hiding spot.

She and her friend opened the door—and everything exploded.

They didn’t know the “empty” building stored fireworks materials, including plastic tubs filled with gunpowder. Over time, and especially in heat, gunpowder decomposes and can become so unstable even the smallest catalyst will ignite it. In this case, that catalyst was the temperature change that happened when two little girls filled the room with sunlight.

Both girls were on fire and covered in molten plastic. “My dad came to help, by pouring water all over my body,” recalls Scarleth, now 27. The girls had second- and third-degree burns over 50% of their bodies: face, arms, legs, chest.

Life-Saving Care, With Help From Physicians for Peace

Scarleth was brought to a hospital 15 miles away in the capital city, Managua, for emergency surgery to remove burned skin.

After a couple weeks in intensive care, she transferred to the clinic that would restore her health and life—APROQUEN, a children’s burn center and longstanding partner of Physicians for Peace. Starting in 1994, Physicians for Peace has partnered with APROQUEN to lead burn-care trainings, with the first initiated by founder Dr. Charles Horton.

At APROQUEN, Development Director Evelyn Murillo describes the impact Physicians for Peace has made at the facility: “You must keep in mind that in our country there is no training in the treatment of burned patients, none. Physicians for Peace created the foundation for the management in rehab of the burn patient. With this, we grew and were empowered to improve.”

“My Parents Didn’t Have Many Resources.”

By 2003, when Scarleth was admitted into APROQUEN, the facility was able to expertly manage her severe injuries and provide long-term rehabilitation.

“When I left intensive care, the process of compression garments and the face mask began,” recalls Scarleth, now married and a mother of three. Compression garments (including a tight mask covering the face) are essential for burn healing to minimize swelling and scarring. The garments must be customized for each patient. “This was difficult, since my parents didn’t have many resources.”

Scarleth remembers her father stressing about the prospect of paying for her extensive care, and the relief the family felt when they



Scarleth during recovery, with a photo of herself shortly after her injury.

learned APROQUEN treats all children free. “It would never have been possible for my parents to pay for my care.”

Scarleth spent almost 2 months in Managua. Her full recovery would take much longer.

“As the years passed, my skin changed and I couldn’t fully move my fingers and elbows,” she says. “I had surgery removing skin from my belly to put on my arm, so I could bend my elbows. The process continued over the years—grafts were made, removing skin from my buttocks for the arms and fingers.”

Besides a small scar over her top lip, there is no sign Scarleth’s face was once badly burned. Her arms bear scars, though she has full movement in both.

“The care of the doctors, nurses and physiotherapists was vital for my recovery,” she says. “I never imagined the level of care needed for a burn patient. Physiotherapy, the massages they performed on me, the use of the compression garments was of great importance.

“I thank God I got that care.”

From Patient to Advocate

Over time, Scarleth became an advocate for burn prevention, telling everyone who would listen how to avoid burn injuries.

Though she avoided severe deformities and disabilities, Scarleth did struggle. “The movement in my arms is normal, but there are scars that are very visible,” she says, “and was a bit difficult for me to find a job, since we live in a society that judges by appearance.”

Even so, she considers herself lucky. “I avoided the fate of burn patients who didn’t get the kind of care I received at APROQUEN, who have suffered deformities,” she says.

“I have known people who were burned and did not receive that level of care, and their scars are not the same as mine. Much worse, due to the lack of physiotherapy and compression garments.”

Scarleth is the mother of an 11-year-old, Jossthin, and infant twins named Dylam and Lyam. “Only the memory of the whole process and my scars are what remain,” she says.

“I thank God for all the attention I received from the doctors, nurses and therapists who are dedicated to serving. And for the people who support them.”



Scarleth today with her twin boys.