



Award Winning

Malibu Rotary Club Surfwriter

April 15, 2009

Official Newsletter of the Rotary Club of Malibu
Malibu Rotary Club President Bow Bowman

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Edited by Dr. John W. Elman

Pictures by Dr John W. Elman and GHAP

In This Issue (click underlined topics for weblink when connected to the Internet)

- **GET TO MALIBU ROTARY MEETING AT 7:15 A.M. EVERY WEEK!**
- **Last Week at Malibu Rotary Club Meeting: Dr. Allison Richard and Dr. Larry Stock**
"Trauma Management in the Jungle--Helping Victims of trauma/landmine in Burma "
- **Next Malibu Rotary Meeting: April 22 "Malibu Rotary Hosts Community Business Breakfast" in Fireside Room**
- **Other News and Guests from Last Malibu Rotary Club meeting**
- **Coalition for Fire Safe Communities**
- **Project TRIUMPH Update**

- **Rotary District Convention April 30 - May 3, 2009**
- **La Estanzuela, Honduras Water Project**

Malibu Rotary Club Website: www.MalibuRotary.org

Rotary International Website: www.Rotary.org

Rotary District 5280 Website: www.rotary5280la.org

Rotary District 5280 “Rotarians Doing Business With Rotarians” Website: <http://yp5280.org/>

RI President (2008-2009) D.K. Lee

Rotary District 5280 Governor (2008-2009): Chuck Anderson

“Trauma Management in the Jungle--Helping Victims of trauma/landmine in Burma”



A few weeks ago a Rotarian from Michigan introduced her daughter, Allison Richard, MD, an emergency room physician at several local hospitals as well as Assistant Professor of Emergency Medicine

at USC Keck Medical School. In addition to this (and being a wife and mother) Dr Richard is involved with a program on the other side of the globe—

helping manage the victims of trauma in eastern Myanmar—the former Burma—whose current government is responsible for producing these traumas. At the Malibu Rotary Club meeting of April 15 Dr Richard introduced fellow ER doctor Lawrence Stock, MD, who lives in Malibu. Among other awards and accomplishment Dr Stock was awarded Volunteer Clinical Faculty Teacher of the Year, voted on by the resident doctors at Harbor UCLA Medical Center, a teaching hospital for the David Geffen School of Medicine at UCLA. Harbor UCLA Medical

Center is a trauma center and one of Los Angeles County's Public Hospitals.



It is easy to understand why he was given this honor when one learns about Larry's dedication to, as Rotary puts it, "Service Above Self." He not only saves lives in the emergency room, but he teaches others the skills he has learned.

Left: Working together in ER at Harbor UCLA Drs Tom Lee, Larry Stock and Loren Rauch.

In 1998, Tom Lee accompanied Planet Care founder Ben Brown on a trip to the Thai-Burma border. Impressed by the work of Planet Care to support Burmese people living in Thailand, Tom looked across the border to the needs of the internally displaced communities living without healthcare inside Burma. Soon, after, he founded Global Health Access Program (GHAP) along with Anusha Dahanayake, Heather Kuiper and Loren Rauch to fill in the health care, program, and policy gaps that contribute to Burma's health crisis.

Larry Stock, Allison Richard and her ER doctor husband Matthew Richard joined them. Stories and pictures of what GHAP does can be seen on the small organization's website: www.GHAP.org.

In a video, a PowerPoint presentation, and printed handouts (copies of the article "Essential trauma management training: addressing service delivery needs in active: conflict zones in eastern Myanmar" from the March 3, 2009 issue of *Human Resources for Health* [available at <http://www.human-resources-health.com/content/7/1/19>] and "BackPack doctors risk Burma's wrath" appearing in the March 22, 2009 *San Francisco Chronicle* which is available at www.sfgate.com) Larry defined the problem and what the GHAP organization does. Much of the information below comes from the *Human Resources for Health* article.

The government of Myanmar directs less than 3% of its budget annually towards health care, resulting in scant services for its people. In the border regions, access to both governmental and international nongovernmental sources of health care is worse than the rest of the country. This is largely a result of civil conflict and governmental restrictions

that have persisted for decades. While much of the attention is rightfully paid to the problem of infectious diseases and a failing health care system in Myanmar, attention must also be paid to the widespread use of landmines. The *2007 Landmine monitor report* identifies Myanmar as one of the few countries experiencing an increase in the number of landmine casualty rates in 2006, reporting 243 new casualties, up from 231 in 2005. These statistics, however, likely reflect severe underreporting, as most injuries occur in areas where data are not routinely collected. Mortality surveys conducted in an eastern Myanmar conflict zone in 2002 demonstrated that 4% of all deaths were attributable to landmines. The casualties are usually civilians of all ages. The Karen Human Rights Group has documented villagers' reports of "atrocious demining," whereby the Myanmar Army forces villagers to walk in front of soldiers as human minesweepers. In addition the Thailand Burma Border Consortium stated that mines are often placed near rice fields to prevent villagers from cultivating the land and to aid in the displacement of these civilian populations. A survey of human rights violations in eastern



Myanmar found that households that were forcibly displaced were four times more likely to have a household member become a landmine victim.

For the significant proportion of adults and children who

survive the initial blast, rapid access to care is crucial. Beyond initial stabilization, higher-level care is essential, as many survivors require critical actions, including amputation. The Myanmar government's so-called "Four Cuts Policy," which aims to cut off the supply of food, funding, information and recruits to ethnic minority insurgents, also prevents access to government and international forms of humanitarian assistance. By 2004 there were more than 500,000 internally displaced persons (IDPs) in eastern Myanmar, living in areas with virtually no access to hospitals, physicians or nurses.

In response to these needs, community-based organizations (CBOs) have mobilized to address the most pressing health problems. Two organizations involved in trauma care in eastern Myanmar are the Karen Department of Health and Welfare (KDHW), and the Backpack Health Worker Teams (BPHWT). KDHW is the health department of the Karen National Union, the Karen State (Eastern Myanmar) government-in-exile of the ethnic Karen people. KDHW manages 33 mobile clinics providing care for more than

100 000 internally displaced persons (IDPs) and war-affected residents of Karen State. The clinics are mobile in the sense that they are based in bamboo structures and can be moved quickly in case of attack. Five to ten health workers staff each clinic. BPHWT formed in 1998 to deliver health care services to the most remote areas within the conflict zones of eastern Myanmar. BPHWT is a multiethnic organization (Karen, Karenni, Mon and Shan) that has 90 teams of three to five health workers per team providing care for more than 150 000 IDPs. These mobile teams serve more unstable areas, where it would be impossible to have even semipermanent clinics.

The 711 KDHW and BPHWT health workers are a diverse group. They range in age from 19 to 55 years, 54% male and 46% female. They have received training from a variety of sources including KDHW, BPHWT, IDP camps in Myanmar, refugee camps in Thailand and Mao Tao Clinic (MTC). MTC was established in 1988 by Dr Cynthia Maung in Mae Sot, Thailand, and is the largest training and treatment centre for exiles who have fled to Thailand from Myanmar, yet who are not living under refugee status. Training for a health worker ranges from 4 to 18 months and includes intensive training in basic primary care, infectious disease, maternal child care, first aid and public health. A subset of these health workers returns to the Thai border every six months to receive further training, to exchange data and to resupply.

Beginning in 2000, a four-to-six-day trauma course for health workers was established by the Global Health Access Program (GHAP) in conjunction with KDHW to teach basic competences in caring for trauma victims.



Class composition of approximately 30 students has been two thirds health workers without prior trauma training and one third with prior training and experience in trauma management. KDHW leaders have selected student participants with the goal of creating integrated trauma teams of experienced and less-experienced health workers. Course instructors have included GHAP and AAI volunteer physicians, registered nurses, nurse

practitioners and pre-hospital care personnel, together with the more experienced trauma health workers. Volunteer physicians have included emergency medicine physicians, general surgeons and orthopaedic surgeons. A training-of-trainers program is embedded in the current course, in which the experienced trauma health workers serve as mentors, small group leaders and lecturers during the biannual course, thus increasing their capacity as trainers within their health care system.

The curriculum covers the evaluation and management of the trauma victim, with an emphasis on resuscitation, stabilization, recognition and management of shock, wound care and prevention of infection, sepsis and organ failure. The trauma course content has drawn from resources developed by the TCF, the International Committee of the Red Cross, Dr Maurice King's series

of books on primary surgical care and a variety of other authoritative sources. The course focuses on the early and aggressive management of limb injuries, including control of bleeding, wound care, fasciotomy, amputation, fracture and dislocation management, splinting and casting. Other skills taught include: suturing; anaesthesia and analgesia; preoperative, operative and postoperative care; monitoring, hygiene and psychological care of the trauma patient; rehabilitation; basic and advanced/surgical airway; tube thoracostomy; venous cut down; nasogastric and urine catheter use; intravenous fluid therapy; blood typing; and blood transfusion. A short, focused lecture followed by a clinical activity has been the typical teaching pattern, within a three-hour teaching block each morning and each afternoon. Activities include role-playing, skills labs and case reviews.

The TMP provides trauma teams with a standard set of supplies, including stethoscopes, surgical instruments, headlamps, files, amputation saws and modified tourniquets. Other basic supplies include gloves; gauze; ace wraps; tape; suture; tubing for airways and chest tubes; irrigation supplies; injection and IV supplies; rapid diagnostic kits for HIV and blood typing; blood transfusion supplies; and antiseptics. Medications include basic oral and IV antibiotics, analgesics and anaesthetics.

The Human Resources for Health article evaluated the success of the program in saving life and limb in the treacherous environment the displaced Burmese find themselves in. The TMP has created data collection tools to facilitate the process of patient care, resource management and trauma patient outcomes analysis. Data collection began in June 2005. Health workers complete each form in the field while they are conducting patient care. Data fields include patient name; age; sex; date and time of injury; mechanism of injury; region of body injured; date and time of health worker arrival to patient and departure from patient; treatment given; referral information; and survival information. Trauma health workers are not activated for deceased victims; any patient who died prior to health worker arrival is excluded from the Trauma Care Registry.

A wide variety of trauma mechanisms were reported, including weapons-related, accident and animal attack. The majority (72%), however, were a result of weapons-related trauma. Landmine injury was the most common type, followed by gunshot wounds. A few additional cases of stab and mortar/RPG injury were reported. Of all patients receiving care by the health workers, the vast majority (91%) survived and were alive at the time of last contact. This is indeed an amazing statistic given the circumstances of these injuries, their remote jungle location, and the limited training of the care givers.

Larry pointed out that these volunteer health care workers from Burma were doing amazing medical work even before the GHAP doctors arrived on the scene. The GHAP try to teach them the proper techniques, and try to give them medical supplies and equipment that can be used in the jungle environment.

The volunteers of GHAP pay their way to give the service they give. They operate on a shoestring budget. One of the reasons for Larry's presentation is to see how Rotary can help. We recommended that Larry get in contact with Rotary clubs in Burma to see if there is a possibility for Rotary Foundation grant. He would also like to speak to local Rotary clubs interested in this project.

Other News and Guests from Last Malibu Rotary Club meeting

There were two guests **Shurtz**, Executive Director of the Coalition for Fire Safe Communities and Malibuite **Ed Gillespie**, who is Chair of the Malibu City Planning Commission.

Coalition for Fire Safe Communities

Carl Shurtz, Executive Director of the Coalition for Fire Safe Communities (who spoke to the Malibu Rotary Club on March 25th) has been e-mailing me about activities of this organization, which has a dramatic new approach for keeping Malibu wildfires from spreading. After I sent the *Malibu Rotary Club Surfwriter* article about the organization with pictures of Carl Shurtz and founder Don Schmitz to the *Malibu Times* the information appeared that week in the *People* section of that paper. A follow up expanded front page piece was published April 9, written by Nora Fleming. The *L.A. Times* picked up the *Malibu Times* article and published it April 9 as an L.A. Times blog, and the same night Channel 5 KTLA featured a story about the organization on it 10:00 p.m. news.

Remember to tell people you saw it first in the *Malibu Rotary Club Surfwriter!*

Musical Malibu Rotary Club Fund Raiser

Margo Neal and **Geoff Ortiz** reported on the possible fund raiser at Malibu Stage featuring the singing talents of Malibu Dolphin winner and popular Ralph's employee **Debra Caraway**. The Malibu Rotary Club members decided to go ahead with this event at the meeting of April 15. The event would also feature an auction and the first auction item offered was a flight along the coast in the plane piloted by club president Bow. Possible date for the event is either June 13 or June 20th. Will update this when confirmation date is set. Look for it then on our website: MalibuRotary.org.

Get to Malibu Rotary Meetings on time!

To show respect to speakers and to get a chance to enjoy each other's company we all made a vow to get to the meetings closer to 7:15 a.m., get our food and be in our seats closer to 7:30 a.m. Food lines are also shorter before 7:30 a.m. since students generally have not arrived yet. Meetings will be called to order no later than 7:45 a.m.



Editors Note: Most of you know how strongly I feel about the Project TRIUMPH program conceived by Ilan Magdali of the Newbury Park Rotary Club. The program brought 10 teenage Arab and 10 teenage Jewish students from Israel to a leadership camp in Simi Valley where they all learned to work together, develop leaders skills before returning to Israel to use what they learned back home. Most of us feel helpless in trying to find a solution to the constant war in the Mid East, but at least this program is trying to do something, In the last issue of The Malibu Rotary Club Surfwriter I had written about e-mail communications I had had with Frances Fuji of the Project TRIUMPH organizing committee. She had written



“In light of the current economic climate and more challenging environment for securing grant monies, instead of hosting students this year, we are taking the opportunity to strengthen infrastructure

in Israel and to establish collaborative relationships with aligned organizations.

Upon our request, Shaul, from the Rotary Club of Haifa, provided us with a budget and proposal to hire a part-time facilitator to be responsible for year-round support of both new Project TRIUMPH students and alumni. We are sending money to contribute to the facilitator's salary, and she has already begun meeting with the kids there.

We are excited about prospects for 2010 and beyond (the plan is to resume bringing kids over in 2010, assuming that we can raise enough funds in 2009) and believe we will emerge from this fallow year with an even stronger, more well-rounded and promising program than ever before.”

In a subsequent e-mail she had written about what some of the student alumni of the Project TRIUMPH program (many of whom we had met when they were here) were currently doing after participating in the Project TRIUMPH program:

“Our greater vision is to inspire leaders of tomorrow by imparting wisdom and broadening the perspective of high school students. Our first year students, who were here in 2006, are now in the army or beginning to build careers. We have stayed in contact with some of them through Facebook. Very soon, their generation will be making pivotal choices that will impact not only their region, but the world.

We're proud of all the young people we've worked with, and we thank you for your belief in them.

Rotary District Convention

On April 30 - May 3, 2009 The Rotary District Conference will be The Westin South Coast Plaza Hotel, 686 Anton Boulevard. Costa Mesa, CA 92626 (see flyer at <http://www.clubrunner.ca/Data/5280/html/45459/Conference%2009%20Flyer%201200%20dpi.pdf.>).

Online registration by credit card for the upcoming District Conference is now available. Scheduled for April 30 - May 3, 2009 at the [Westin Hotel, South Coast Plaza](#). The conference promises four days of fellowship, education, social events, a golf tournament, plenary sessions and more. In addition to the Rotary activities there will an opportunity to see a production of the musical *Grease* at the Sergerstrom Performing Art Center located next to the hotel. Click [HERE to see a specially created video](#) or copy <http://www.youtube.com/watch?v=73x0pP6MGhg> into your browser.

Click on the image immediately below to the left to register online, or the image to the right if you wish to print a copy of the registration form and mail or fax it to the District Office.

* Credit card registration form:



* PDF registration form:



To view the specially created video about the conference, click [HERE](#). It is 3:47 long. (Video created by Gidas Peteris of the Beverly Hills Rotary Club; narration by Brad Robinson, conference chair and member Beverly Hills Rotary Club.)

La Estanzuela, Honduras Water Project

The Malibu Rotary Club is one of the clubs joining with the Century City Rotary Club to bring clean water to the Village of La Estanzuela in Honduras. There wasn't enough time to complete funding of this project during the past Rotary year. We are hoping to complete the project this year with a Rotary Foundation Matching Grant

Calendar

Apr 22 2009

Holmes Osborne

"Malibu Rotary Hosts Community Business Breakfast"

Holmes Osborne is organizing this "Business Breakfast" to introduce local business people to Rotary

May 6 2009

Malibu Rotary at Camp Bloomfield

"Malibu Rotary at Camp Bloomfield"

Instead of meeting at Pepperdine University the Malibu Rotary Club will be meeting at Camp Bloomfield. In 1953, Norman Kaplan and a group of dedicated volunteers founded Junior Blind of America (formerly known as Foundation for the Junior Blind) to provide recreational services for children who were blind or visually impaired. In 1958, Henry Bloomfield gave Junior Blind access to a 40-acre campsite in Malibu, California. Since then, Camp Bloomfield has served as a year-round residential camp for youth who were blind or visually impaired and their families. One of the first projects of the Rotary Club of Malibu after its incorporation in 1971 was to build the bathroom for Camp Bloomfield

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Hotel, 686 Anton Boulevard. Costa Mesa, CA 92626 (see flyer at

<http://www.clubrunner.ca/Data/5280/html/45459/Conference%2009%20Flyer%201200%20dpi.pdf>

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