April 2017

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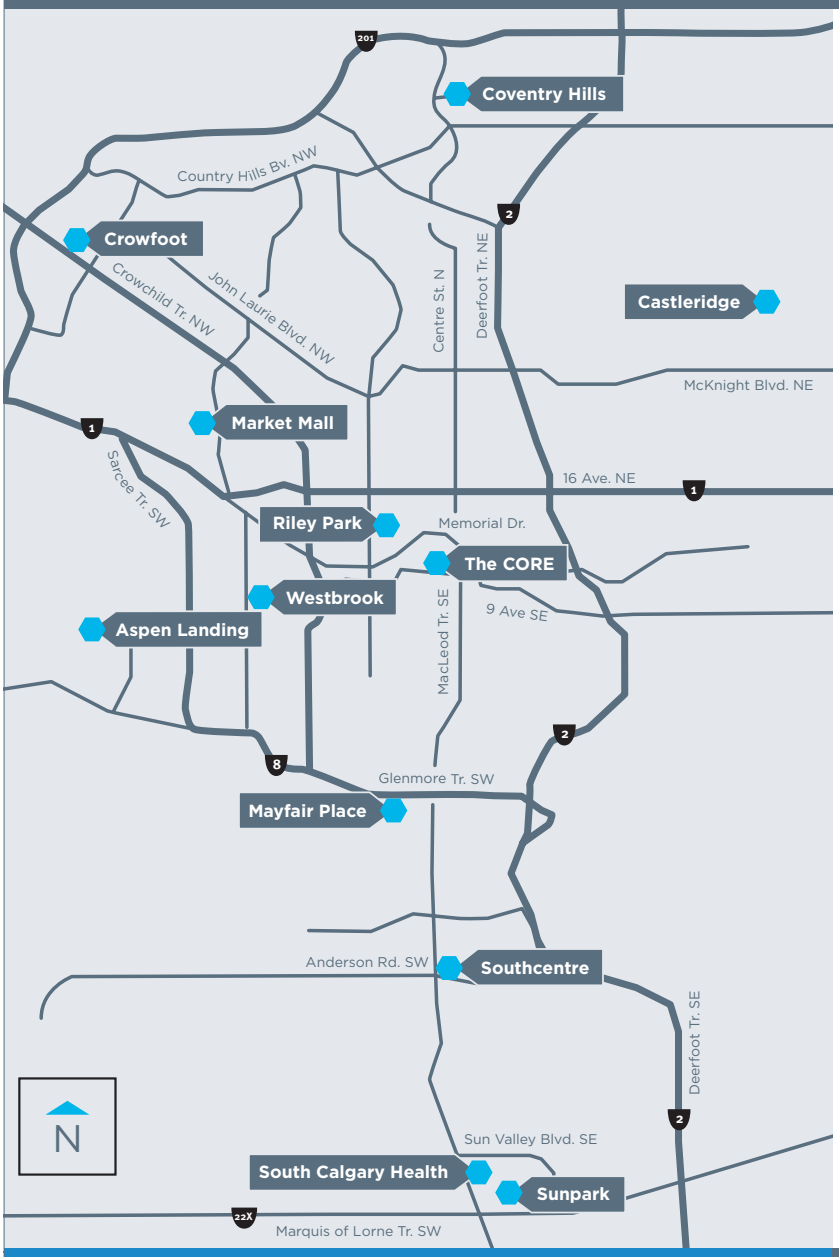

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VITAL SIGNS

A CALGARY & AREA MEDICAL STAFF SOCIETY PUBLICATION

April 2017

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SUBMISSIONS:
Vital Signs welcomes submissions (articles, notices, letters to the editors, announcements, photos, etc.) from physicians in Alberta. Please limit articles to 1000 words or less.

Please send any contributions to: Spindrift Design Studio Inc. Hellmut Regehr, hregehr@studiospindrift.com

Vital Signs reserves the right to edit article submissions and letters to the editor.

The deadline for article submissions for the next issue of Vital Signs is April 17, 2017.

CONTRIBUTORS:
The opinions expressed in Vital Signs do not necessarily reflect the opinions or positions of CAMSS or CAMSS executive.

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Contents:

Save the Dates!

CAMSS

ZAF
April 12, 2017 | Southport Tower Rm 1003 – 5:30-8:30 pm

Council Meeting
May 10, 2017 | FMC Boardroom Rm 152 *(next to Physician's Lounge)* – 5:30-8:30 pm

CZMSA

Executive Meeting
April 13, 2017 | WebEx

ZAF
May 11, 2017 | Location TBD, 7:00-9:00 pm

EZMSA

ZAF
April 20, 2017 | Misericordia IN-106, 4:00-7:00 pm

Executive Meeting
May 18, 2017 | Misericordia, 5:00-5:30 pm

Council Meeting
May 18, 2017 | Misericordia IN-106, 5:30-7:00 pm

SZMSA

ZAF
May 1, 2017 | Location TBD, 6:30 pm

Council Meeting
September 11, 2017 | Teleconference, 5:30 pm

Vital Signs Subscriptions: Annual subscriptions to *Vital Signs* are available for $30.00; please contact info@albertazmsa.com for more information.

President's Message:

My Life as Moonstone

Dr. Sharron L. Spicer,
CAMSS President

I am delighted at the response to our call for doctors' stories of volunteerism for this issue of Vital Signs. In these pages, you will find physicians recounting their experiences of serving vulnerable people in situations of war, poverty and chaos. I am proud of all my colleagues – and indeed the profession – when I see the selfless servitude of international relief work.

My own volunteer work is certainly more humble (and far less dangerous) than any of this. For six years, I was a Girl Guides leader. Moonstone, to be specific. Following the tradition of leaders of Sparks (ages 5-7) who typically take on the name of a jewel or gem, I chose Moonstone. I wanted a name that did not conform to a girlie stereotype, so I found a mineral name that symbolizes intuition and hope. Apparently it is linked to Cerridwen, the Welsh goddess of inspiration and knowledge — not only qualities I aspire to but a gentle nod to my own Welsh heritage. (Apparently, Moonstone can also refer to a passionate love that will fly you to the moon. This myth, however, did not prove itself to be true.) So Moonstone I became. For the next six years, along with my young daughter, I toured fire halls and airports, learned campfire songs, and sold cookies. Yes — the cookies. I still have boxes in my freezer. A funny story about cookies. When I was with my young charges one day at a cookie stand, they saw a nearby hot dog vendor and wanted to use the money we had in our cash box to buy ourselves a snack. I explained that the money we collected in return for cookies was used to help us pay for our activities; people bought cookies knowing that they were helping us out, like a charity. My daughter, about seven at the time (and a long-time human rights advocate!) was incensed. "A charity! We're not a charity. Charity is like for people in Africa who don't have clean water. We're just a bunch of kids in North America who want to have fun. We shouldn't ask people for money." So, much to my chagrin, my daughter took a moral stand against cookie-selling. I guess that explains the cookies in my freezer.

Volunteering with young people was a rewarding experience. Seeing them gain skills and confidence as they tried new things was amazing. In a culture that typically steers kids toward specialization and mastery at a young age, where competition is part of many of their "leisure" activities, it was refreshing to encourage discovery and service to others as we focused on outdoor activities and citizenship. It provided me with a useful reality check as well. As a pediatric palliative physician, my work life was filled with sorrow and loss. Getting a good dose of fun was useful medicine for me.

Whatever your interests or your stage in life, I encourage you to give back to your community. Many of us do that while wearing our medical hats; others coach soccer or serve on school council. You will find it rewarding, and you might even learn a few new things.

Cookies, anyone?


Dr. Comeau and Roshan, U of A medical student, examining a malnourished infant.

My Winter Vacation!

Dr. Raymond Comeau

Sitting on a sunbaked tropical beach sipping an exotic cocktail is the classic notion of a winter vacation. Though I have been guilty of doing just that on many occasions, it just doesn't do it for me anymore. Oh yes we still take our kids (young men) on the occasional all inclusive, cookie cutter vacation, but it is only because they have to eat every 2 hours.

I have found a different way to shake my life up and it comes in the form of medical volunteerism. Medical volunteerism comes in many wonderful forms. You can do it in a faraway exotic country or right here in your own community. No matter where you do it I promise it will enrich your life and provide you far more adventures, memories and stories than any pleasure trip you can take.

My love affair with medical volunteerism started back in medical school when I and several of my medical school classmates travelled to Honduras to do an elective in tropical medicine and pediatrics. We didn't speak a word of Spanish. We had no idea what we were doing but had the time of our lives. It was such a powerful experience that we still reminisce about it every time we get together.

I was hooked! After that experience, medical trips were my passion. My wife and I would go on to visit over 85 different countries and work in 12 of them. We now lead medical teams abroad at least twice a year and look forward to the trips with wild anticipation.

So why would you choose to volunteer your time and energy in some foreign country to help people you don't know? What are you really accomplishing in a 3-week medical mission? Wouldn't it be better just to donate the money that you would spend on your mission to a charity in the country? etc, etc. These are just some of the comments I get from friends and colleagues.

I have always considered myself a work in progress. Growing up in small town Alberta I had a certain way of looking at the world and the people in it. When I look back on my life I cringe at some of the attitudes and prejudices I held. It seems like every time I do a trip, it changes me and helps me better understand and appreciate the human diversity of our world. I start to understand the world and how it turns.

Here is an example. We live in what I believe is the best country in the world. We have all the conveniences and creature comforts that anyone could hope for. We have human rights, rule of law, and a police force that is respected and actually helps people in a time of crisis. We should be the happiest people in the world. We have everything, and yet I am always amazed at how content and happy people are in the remote villages we visit. Don't get me wrong they do suffer from poverty and the diseases of poverty. They experience illness and death like any human society, but they don't suffer that poverty of spirit that often drives us to sacrifice our relationships and health for useless material icons that we've been brainwashed into wanting.

When people ask me what we accomplish with our 2 or 3 week medical missions I smile. Well, I say, we gave medical care to about 1,200 people who have never even seen a doctor. We provided free medications and public health support to remote communities to help them be healthier. We fund life changing surgeries and therapeutic interventions to people that would certainly die from treatable diseases. We provide teaching to health care practitioners and upgrade medical facilities wherever we go.

Most of all we come home changed. We truly start to appreciate the simple things in life like hot water, a light switch that actually works, a warm comfortable bed and tasty healthy food. If we are lucky we start to value the important things in life like our friends and family, and become more sensitive and compassionate towards the people we encounter. Our prejudices and stereotypes vanish as we experience the warmth and generosity of our new friends.

Lastly, it tends to make us a bit more philosophical. We start to think about this big revolving ball that we live on and how we, by chance, ended up on the best part of that ball while others, through no fault of their own, live lives strained by the lack of even the most basic resources. I turn on a tap and instantly received clean cool drinking water while 8,000 kilometers away an old lady walks 5 kilometers to scoop murky, stagnant water from a culvert by the side of the road.

Why not come with me and meet that old lady with her generous toothless smile and maybe treat her bowel parasites, supply her with some vitamins and maybe a bit of Tylenol for her aching back. Perhaps you'll be inspired to skip that golf trip and use that money to drill a waterwell that will save more lives than any medicine you can dispense. Maybe your experience will just be another exotic trip to a foreign land or maybe it will be the "ECT" that jolts you into a new way of thinking about this world and your place in it.

Raymond Comeau, MD, CCFP, FCFP
Medical Project Director for
"A Better World Canada"
Sylvan Lake, Alberta


Mother and 10 year old daughter who was diagnosed with osteogenesis imperfecta by Dr. Comeau's medical team.

There's More to Life...

Dr. Mark A. Kostash

Back in 2013, I wrote an article for Vital Signs highlighting my first few overseas missions with Medecins Sans Frontieres (MSF). Around the same time, I moved my anesthesia practice from the Peter Lougheed Centre to the new South Health Campus. I continue to work with MSF as well as traveling once to Haiti with a medical team organized through the University of Calgary. In this article, I will expand a bit on what "Volunteering" means to me personally and give a few examples of where I donate time and energy, not just with medical volunteering, and not just overseas, but at home here in Calgary as well.

Dr. Mark Kostash

In 2007, when I returned home from my first MSF Mission — three and a half months in Somalia — I was bursting with stories and anecdotes which I shared (or maybe "over-shared") with my friends and family. One of my friends was the President of a local Club of Rotary International, a large Service Organization dedicated to "provide humanitarian services, encourage high ethical standards in all vocations, and to advance goodwill and peace around the world" (Wikipedia). He invited me to present a slide-show at a meeting and talk about MSF, our work in Somalia and other war-torn regions of the world. It was a "life-changing" moment for me: having an enthusiastic audience of 25 beaming up at me as if to say, "Wow, it's really great you went there to help people," and, "Keep up the good work," instead of the all too common, "You could have been killed, are you totally nuts?" and, "Don't do that anymore!" Within a few months of that presentation, I joined Rotary and I've been a member ever since.

For many years I've had a hobby woodworking shop in the basement of my house. I make crafts and furniture, but I spend the majority of my time making children's wooden toys. I would produce a few dozen each year for the little-known Pediatric Ward at the PLC, as well as for friends and colleagues at work. When I joined Rotary, I began hosting "Team Building" — or more accurately "Toy Building" — days in my basement. The toys we made were donated to the Calgary Food Bank . When a family arrives at the Food Bank to pick up their food hamper, if one of their children has a birthday that week, they are invited into the "Toy Room" to pick out a present. Definitely a cause I can support! *(see photo #1)*

1

In addition to the Calgary Food Bank, our Club supports several other deserving organizations and programs. This includes Youth Services (Scholarships; "Stay in School" programs; International Youth Exchange), Community Services (donating funds and hands-on time preparing and serving dinners at the Mustard Seed and other shelter programs) and International Services. My favourite international program is an annual "Home Building" in Mexico through Youth with a Mission (YWAM). In partnership with another Calgary Rotary Club, several dozen Albertan volunteers travel to YWAM's campus just south of the US/Mexico border near San Diego and we spend a weekend building homes for some of the neediest families in the region. In just over 48 hours, we turn a pile of 2x4s, plywood and drywall into a dry, secure, three-room building, complete with a pre-poured concrete floor. *(see photo #2)* We often partner with youth-organizations in Calgary (Kids Cancer Camp, Big-Brothers/Big-Sisters) so we usually have teenagers from these groups in addition to our own International

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Youth Exchange students and family members working alongside. I've seen (and to be honest, shed) more than a few tears when the keys to their new home are handed over to the families! *(see photo #3)*

Of all my experiences volunteering here and abroad, the projects nearest and dearest to my heart are still my Medical Missions with MSF. January 2016 was my tenth trip for a total of 15 months over the previous 10 years. My last four Missions were all in Pakistan (Hangu, North West Frontier Province) or Yemen (Aden and Sana'a/Ibb). Security conditions were, to be honest, insane much of the time. In Hangu, the team was sitting eating lunch behind our guest house one afternoon when one religious faction started lobbing mortars at another faction parading through the city. Unfortunately, the hospital was located between the two groups. We had a lively (although very brief) discussion about what to do as the first mortar whistled over our heads then exploded a few hundred metres away. *(see photo #4)* [In case you are ever in the same situation, the correct answer is DUCK; or more accurately, immediately lie down on the ground so you present the smallest target in silhouette]. Unfortunately, an army tank was parked just outside the hospital gates and their response was to return fire every time a mortar landed. I counted 17 "incoming" and 17 "outgoing" that afternoon.

The situation I found more difficult to accept (emotionally) was when we were instructed to stay far away from the office of the Vaccination Program in the Hangu hospital, because they were too big a target for MSF to associate with! Since Rotary International has partnered with the Bill & Melinda Gates Foundation raising literally billions of dollars to vaccinate against (and thereby eradicate) the Polio Virus, I found the situation ironic and more than a little depressing.

My experience in Yemen is another story altogether. They've been embroiled in a Civil War since 2015 and by January 2016 the "Rebels" had taken over half the country (including the Capital in Sana'a where our "head office" was located). Along the front lines, fighting was so intense that several hospitals had been damaged and the rest were overflowing with combatants, leaving civilians few places to seek help. MSF negotiated with both sides of the conflict (including the Americans and Saudis who were providing military aid to supporters of the elected President) and we were able to renovate and supply a hospital near the front-lines and provide free care for all (a major tenet of MSF). The sign here is real — both the hospital and the organization were named after the city (you can't make this stuff up)! *(see photo #5)*

Unfortunately, the military aid the American's and Saudi's were providing included daily bombing runs of the Capital and other targets. At the end of my Mission, we were delayed on the Sana'a runway, sitting in a bright white twin-prop target... er... airplane, waiting for the Saudi F-16s to finish bombing before they gave us clearance to take off. I sat in the back of the plane, quietly going, "Quack, quack, quack..." *(see photo #6)* Cool photos though...

Mark A. Kostash, MD, FRCPC
Clinical Associate Professor, U of C
Department of Anesthesiology, South Health Campus
Calgary, Alberta


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Dr. Deirdre Duffy

Je ne vous oublierai jamais
(I Will Never Forget You)

Dr. Deirdre Duffy

"Je ne vous oublierai jamais" said the young man from Djibouti as he fervently grasped my hand when we landed in Nairobi. It had been a fairly uneventful flight out of Mogadishu, a steep 90 degree turn just after take off from the shoreline runway, straight out to sea, and safety from the heat seeking missiles of the city, where we climbed to altitude in the Citation then headed south back to Kenya. I preferred the Somalia trips to pick up the African Mission In Somalia (AMISOM) wounded peacekeepers to the Kampala run, where the ground ambulance transfer from Entebbe was downright scary, often careered down the wrong side of the road at speed in the dark playing chicken with the oncoming traffic, and where a recent crew had had an accident themselves. Today, the patient got the full Canadian service, having been evacuated from upcountry by a couple of Quebecois Canadian Forces medics and handed over to yours truly in Mogadishu getting service both in French and in English!

I was in Nairobi as a volunteer physician for African Medical Research and Education Foundation (AMREF) flying doctors for a month before heading up north to Turkana to do some trauma training at Kakuma Refugee Camp with IsraAID (NGO based in Israel committed to providing life-saving disaster relief and long term support). AMREF was founded in 1957 by three surgeons to overcome the problems of access to care for rural and remote communities in Kenya and still provides air ambulance services and charity medical evacuations in much of East Africa to this day. Volunteer physicians provide patient care and skills teaching for the staff. Years ago, before I started working in Red Deer, I had enjoyed a couple of stints working with the Royal Flying Doctor Service in Australia and still fly a helicopter and seaplane, and thought it would be fun to fly around Africa. I wasn't wrong. In a month, I managed to see much of Kenya, Tanzania, Uganda, Zanzibar and as far afield as Angola and Somalia.


Dr. Duffy with AMREF flying doctors staff.


Point of Care Ultrasound course for staff at AMREF flying doctors in Nairobi.

One of my goals for my stay with AMREF was to teach Point of Care Ultrasound (PoCUS). Red Deer Regional Hospital (RDRH) Emergency Department has been a training centre for Point of Care Ultrasound for a number of years now and as the Master Instructor for the Centre it means that I can travel to train physicians at other sites on request. This is designed to allow smaller hospitals to get on site training for small numbers of participants. It is facilitated by having access to the didactic course material online. But this time we were going global. The course developer, Ray Wiss, has generously allowed use of the online course at no charge in resource limited environments and AMREF were anxious to include PoCUS in their skill set. The other essential component was a portable ultrasound machine for the job and this I obtained from Sonosite, who have a great history of support for Global Health and

Dr. Duffy teaching a trauma course to Kakuma refugee camp staff.

even provided a backpack and return shipping for their loaner! As you might expect, I was reluctant to trust such mission critical equipment to the baggage handlers but managed to get it and my computer equipment as carry-on without being weighed, thankfully.

English is an official language and the language of instruction in Kenya and this really simplifies any medical teaching, but it is still like herding cats to get participants to do their homework. The one big difference is that there never seems to be any difficulty in getting volunteers to act as models. We had so much interest in PoCUS that I ended up running three courses to get everybody through. Next stop-Kakuma.

Kakuma beggars belief. As the UN plane turns on approach to land, you can see the camps stretch out, bounded on one side by the curve of the dry river bed, as far as the eye can see. Here in the desert of northern Turkana sit almost 200,000 people in four camps bounded by wire and thorn fences, some for the last 25 years and thousands more who have been born and grown to adulthood here. The waste of human potential is heartbreaking, forbidden to work or keep livestock, under nightly curfew, in huts of plastic, canvas or mud with no running water or sewage, totally dependent on a UN food handout for survival. The camp has a hospital and five satellite clinics staffed by clinical officers (equivalent to a physician assistant) who see upwards of 100 patients a day.

The challenge — to teach trauma care to health care providers who have no time, no money and no equipment. The answer — the internet. The hook — an internationally recognized certification. We sent ahead, over the months leading up to the visit, pre-course material of textbook chapters and video lectures to be downloaded and circulated. Then, for one dawn to dusk week, I and my friend and colleague, Dr. Lanice Jones, a family physician from Canmore, who has been with MSF in the South Sudan, worked with some of the most engaged students we have ever taught culminating in International Trauma Life Support (ITLS) certification.

The heat and the dust seem very far away when it is minus 20 here with blowing snow, but every so often I'll get an email chirp on my phone in the middle of an otherwise trying shift in Emergency to let me know that an IO insertion has saved another child or a gunshot victim has survived the night to be airlifted to Nairobi and it really brightens my day. Might be why I'm going back.

Deirdre Duffy, MB, MSc,
CCFP(EM) CCFP (FPA)
Red Deer, Alberta

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Dreams Take Flight

Dr. Neil Cooper

Dr. Neil Cooper

It starts with a feeling that a child is having a rough ride through life. It may be their social circumstances, the loss of their parents or caregivers, or they have been abused, or they may be spending more time in hospitals than out. It may be that they are struggling to keep up with their peers in school or have had troubles finding a forever home in the foster system. They may have chronic medical conditions that prevent them from being a normal child. Someone associated with one of the nominating agencies decides to nominate the child for Dreams Take Flight. The hope is that by giving this child a day off from their challenges, they could somehow change their outlook on life.

Then there is the phone call. Imagine getting a call one evening saying someone thought your child was special and could use a break. Would they like to go to Disneyland? That starts the whirlwind of emotions and questions and anxiety and excitement that finally results in 150 excited children loaded onto an Air Canada plane and flown to Disneyland in California for a one day, trip of a lifetime, day of fun in the "Happiest Place on Earth."

The day starts early in the morning with the children and families arriving at the airport at 4:30 a.m.. They check in with their team captains and change into their jerseys and shorts. Then every group of 6 children waves goodbye to their caregivers and heads on to the plane. The plane is a special Air Canada charter and has been decorated with posters and balloons and fun — just for us. We are usually in the air by about 6:30 for the three hour party flight to California. Even the meal on the plane is kid friendly.

Having fun in Disneyland.

On arrival in LA (after a quick stop for a group picture in front of the plane), we are greeted by the TSA choir (no cranky security greeting for our Dream Kids) and whisked on to busses for the trip to the Magic Kingdom.

We are really good at doing Disneyland. The children are organized into groups of six kids and six adults who spend the day together traveling through the park, enjoying rides, meeting Disney characters, and watching the parade. Each of our team captains has years of experience getting groups through the park in the most efficient and fun way possible. Disneyland gives us special passes that allow us in the back doors of most rides so our children don't have to wait in lines. It is common for most groups to get on more than 15 rides in a day (the record is 22)!

In the park is where the magic happens. Every year volunteers share stories of watching children who begin the day as reserved, quiet, downtrodden, start to open up. The smiles come quicker and the excitement builds as they realize they don't have to be the "sick child" or the "quiet one." Over the day the light comes on and we get to experience the sparkle in a child's eyes as they are transported away from their worries, situations and challenges and really get to experience what life as a child is supposed to be like. Bonds form between the children, and between them and their adult buddies.

At the end of the day we go shopping! Every child is given spending money to buy reminders of their day. Many spend it on gifts for siblings or parents. After shopping, the teams are piled back onto busses, and back to the airplane and flown back to Calgary to meet their caregivers. Every year, as we leave the park we hear, "Best Day Ever!" At the airport they are showered with gifts including backpacks full of toys and clothes. Then, our Dream Kids are turned over to their caregivers. The parents report that many don't sleep that night — they stay up reliving their day and exploring all their goodies.

The remarkable thing is what happens afterward. I have the privilege of seeing many of these children in the weeks and months following a trip. There is a change that occurs in many of the children where their attitude to life is altered from the negative to the positive. Many have improvements in the management of their medical conditions. Behaviours improve.

The "why me?" attitude to their difficult lives is exchanged for a "someone cares" attitude. This day is often a fulcrum over which the scale of "fair" or "unfair" tips. We have now been around long enough that many of our volunteers are previous Dream Kids who now wish to give back and they describe this one day as pivotal in their lives.

For the more than three hundred Dreams Take Flight volunteers, planning and organizing an event like this occupies a major portion of the time and effort of their year. The four executives and dozen directors each put in hundreds of hours per year fundraising, planning and executing the thousands of details necessary to pull off a trip like this. We have cultivated supportive contacts at every level of the travel process from the Calgary Airport Authority, Air Canada, Canada Customs, US Immigration, Disney and even small pizza shops in LA! Our national and local sponsors are loyal and consistent — even in the recent market downturn.

Dreams Take Flight is a 100% volunteer, charitable organization. There are eight chapters across Canada. The organization has no paid staff and most of the services are donated. It costs around $1,800 to take each child to Disneyland for the day. The operating costs for the charity are under 5% of the donations. The major fundraising is though the Black Tie & Blue Jeans gala event at Stampede every year. Corporate donations have been a huge part of the fundraising input.

Neil Cooper, MD, FRCPC,
Diploma Sports Medicine
Calgary, Alberta

Group picture in front of plane.

For the last 25 years, Dreams Take Flight Calgary has given more than 3000 special children this experience of a lifetime. Dr. Neil Cooper has been there since the beginning when he was contacted three weeks before the first flight and told, "We are taking a bunch of sick kids to Disneyland and thought we should probably have someone along who knows about sick children." One trip and he was hooked and has served as the Medical Director and one of the organizers since the beginning. He has since also involved his whole family and many friends as volunteers.

*For more information please check out **yyc.dreamstakeflight.ca**. The annual Black Tie & Blue Jeans gala fundraiser is on July 8, 2017 at the Hyatt. It is the best way to celebrate the Calgary Stampede without having to sit on hay bales. Tickets are available at: **yyc.dreamstakeflight.ca/black-tie-blue-jeans***

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"We Rise By Lifting Others"

~ Robert Ingersoll

Dr. Jason Baserman

As physicians, we are trusted consultants in service to our community, responsible for impacting, advocating and changing the course of our patients' and families' lives. Our tools of the trade extend well beyond the iconic stethoscope and include our listening ears, our objective minds and our open hearts when providing medical care. While our diagnostic instruments are fundamental to our job, equally as important are the reassurance, hope, and compassion we weave into each patient encounter. In reality, sometimes these aspects are best accomplished away from our clinics, with an approach not gleaned from a textbook, but by sharing our time with non-profits through volunteerism.

Dr. Jason Baserman

I am honoured to have co-founded the Kimmett Cup Memorial Pond Hockey Tournament with two close friends, Dr. Joseph MacLellan and Reid Kimmett, in memory of the bright spirit of Dr. Lindsay Kimmett, a beloved member of the University of Calgary (U of C) community and a talented young woman, on her way to becoming an Emergency Medicine physician. Until her tragic passing in 2008, she also worked towards her dreams of a better world. For the last nine years, although Lindsay is no longer with us, her legacy continues to grow through her friends, her family, U of C medical students, residents and staff, and both the cities of Cochrane and Calgary. Her motto was simple, "Seize the day", and continues to be the symbol of our work as we lace up our skates for a good cause each winter — scoring goals on the ice and, most importantly, accomplishing many more off of it. This endeavor has become for me a labour of love and my fondest achievement.

ACH teams, four teams competed in Kimmett Cup alongside wish families.

Now in its 9th year, the Kimmett Cup has raised over $1,000,000 for local and global charities. This has included over $400,000 raised for Right to Play in 2013, providing sponsorships to more than 8,000 children in Africa for sports initiatives, access to health care and education while setting a Guinness World Record for "most players in an ice hockey exhibition match". Since 2013, our major charitable partner is The Children's Wish Foundation (CWF) of Canada, whose focus is on granting heartfelt wishes to children diagnosed with high-risk, life threatening illnesses. To date we've raised $500,000 for the CWF, helping 50 kids from Alberta enjoy an enhanced quality of life, the experience of laughter, shared joy and memories with those most important in their lives.

As a health representative on the CWF chapter advisory board, the ability to be a part of some of my patients' health care journeys as a pediatric resident, identify and complete documentation to grant a patient's wish, and then fundraise to fulfill that dream through Kimmett Cup, has been incredibly fulfilling and a meaningful source of inspiration and optimism. Indeed, the opportunity to experience this process in its entirety, as a physician and as a philanthropist, has taught me that "helping" extends beyond the bedside.

This year, we hosted our inaugural Kimmett Cup Kids Tournament in which eight Cochrane minor hockey teams competed on Mitford Ponds to raise money for the CWF in memory of Dr. Greg Roberts. Greg was an amazing father and friend, a compassionate physician and children's book author, and so "kids helping kids" was the perfect way of paying homage to Greg.

A community rallying together on a sheet of ice in the name of a good cause has a distinctly Canadian feel to it. In light of this, we are extremely proud that the Kimmett Cup was featured on numerous local television networks and newspapers this year, as well as nationally broadcast on Rogers Hometown Hockey. This was a wonderful opportunity to share Lindsay's story with a broader audience and showcase the exceptional work being done in her name by our players, volunteers, sponsors and fans.

Without countless volunteers and community members the momentum that exists behind this event would be for naught. Each person who participated as a player, a volunteer, a supporter or a fan, has helped to carry Lindsay's legacy forward. Yet there is always room for more helping hands. Always remember, you are valuable and you can make a difference.

Please consider joining us next January and be inspired. Come to cheer on friends and family, enjoy the outdoors, and learn more about the work of the Foundation, and network with U of C medical students, staff, and alumni. Stand with your community, demonstrate your commitment to improving the lives of others and help us honour the memory of one of our finest, who was taken from us far too soon.

There is no better way to conclude than with thoughts from a Wish Mom about her family's latest Kimmett Cup experience:

This has been our family's second year participating in Kimmett Cup, with Austin and Owen as players on teams with really amazing people! It's an event they look forward to, not only because they love to play hockey, but also because they love to hang out with super inspiring teammates, and because they love to raise money and awareness for Children's Wish and childhood cancer. This year, playing alongside nurses, dieticians, respiratory therapists, residents, and staff physicians from the ACH (Alberta Children's Hospital) was so special for our entire family because we felt like we were surrounded by a group of superheroes that helped save Owen's life. There's a special connection between the doctors, nurses and patients that extend well beyond the walls of the hospital. The positive energy that pulsates through this tournament is motivating and offers a very strong sense of community. Being outside, surrounded by laughter, hearing the scrape of skates and sticks on the ice, and breathing in the cool air makes this an unforgettable experience. There is a competitive kindness between players, where players love to score goals, but at the same time are acutely aware of the other players.

During the first game, I noticed a young player who was great on skates and although the other players were bigger and faster, he kept up with them the entire game. After the game, I told Austin and Owen how proud I felt when I saw that they gave up the puck to give the little boy a chance to score, and when he did score, the moment was so special because everyone from both teams erupted and cheered so loud for his hard earned goal! The boys told me that in fact, they didn't let the other player score, they challenged the player, even though they had no intention to take the puck. Their reasoning was getting a goal when you feel challenged feels so much better than knowing someone just let you get a goal. This resonated with me. The reward feels so much sweeter when you overcome something that includes obstacles and challenges. This applies to the Kimmett Cup on so many levels as well as Owen's treatment of leukemia. Life feels so much richer as we continue to try and give back to charities that keep the memory of Lindsay alive, and grant more wishes to kids like Owen. From the Kimmett Cup, we take away the smiles, the friendships, the goals, the cold toes and a sense of unending gratitude.

– Dianna Gallant

"Magic wands don't make wishes come true. Big hearts do."

– Children's Wish Foundation

Jason Baserman, MD, BSc
Pediatric Resident (PGY3), Alberta Children's Hospital; Health Representative, The Children's Wish Foundation of Canada; Co-Founder & Co-Chair, Kimmett Cup Memorial Pond Hockey Tournament (www.kimmettcup.com); E: jason.baserman@gmail.com
Calgary, Alberta

Congratulations to Dr. Jason Baserman PGY-3 on winning the Dr. Taj Jadavji Humanism Award.

This national award is given in recognition of a medical resident, who in clinical service and in other aspects of life, embodies Dr. Taj Jadavji's qualities of leadership, civic involvement and compassion. In Jason's case this is evidenced by the key leadership roles he has played in raising over $900 000 to date for organizations such as Right to Play, Children's Wish Foundation (Jason is a board member), Helping Families Handle Cancer, Kidsport, Red Cross, Boma la Mama, Boma Africa, Lindsay Virtual Human Project and the Kimmett Cup. Jason received his award in Banff on Feb 17th where he gave a 15 min presentation highlighting the work that he does. Congratulations Jason!

Letter

AMA at the crossroads?

I always thought of AMA as an organization that would advocate for patients, represent physicians, and advise the health care system. Even before the advent of the Amending Agreement, however, it was increasingly clear that our association is interested in co-managing the health care system and perhaps even managing parts of it on our own. There is no doubt that as a collection of individuals, we can provide some of the most profound insights into the workings of this complex machine. There are also countless examples of physicians making health care delivery innovations in their own fields. The question is whether we can translate that knowledge into global actions that can benefit our patients and ideally avoid dividing the profession?

The Amending Agreement was passed by 74% of the 29% members who voted in October last year. Its stipulations (SOMB initiative, participation in physician resource planning, peer review, etc.) direct AMA into a new, uncharted (at least in recent times) territory, or, as it was put in the AMA President's Letter, "exciting new directions." The said letter (Oct 14, 2016), further explains that: "We will now be assisting to moderate the rate of growth in physician expenditures, while maintaining quality of care. This we will do in collaboration with government, sharing risk and responsibility. The ratified amendments will bring a level of stability to the system in terms of how the parties will work together."

While it is too early to assess the success of taking on this new course, we also need to pay attention to the risks. The recent rapidity of the events (first rounds of PCC, two rounds of SOMB savings initiative, and sweeping initiatives on peer review, workforce planning with possibility of restricting billing numbers, and income equity at the recent AMA Representative Forum, etc.), where membership is asked for approval either in advance of receiving detailed information or often without sufficient time to analyze it, has some members excited while others worried or even terrified. The multiple changes occurring concurrently also do not give a clear sense of direction, at least at the level of individual practice. It might be that this is an outcome caused by sub-optimal communication strategy or maybe there is a limit to how many initiatives can be undertaken at the same time. It is rather clear, however, that we decided to do a lot in a very short time.

So where do we go from here? My sense from the recent RF meeting is that overall there is appetite for change and rapid change to be exact. How that is reflected at the level of individual membership is hard to say as the low turnout with the Amending Agreement ratification gives us only limited insight. I could also not find any recent AMA Tracking Survey (most recent I am aware of is from June 2016). From the letters I received via myRFdelegate@albertadoctors.org I can only conclude that the "need for speed" varies tremendously. I cannot make quantitative comments as I was already reminded repeatedly that those most vocal may not represent the majority. However, what measurements do we have to validate the course AMA took on? A major shift in our role would ask for a more precise assessment.

On a positive note, if we get our role as health care systems co-managers right, our leadership will be hailed as the most insightful and progressive of its time and will be looked at as a model approach for other provincial medical associations. Other than helping curb the ever-rising costs of delivering health care, it will also, hopefully, improve patients' access and quality of care in the spirit of AMA's Patients First trademark. And we have to get it right — the stakes are too high not to.

If we get it wrong, however, all we will have done is to unconditionally transfer all of our political capital into the government's account, not even asking for a confirmation statement. In fact, we may go into significant and long term debt if the changes that we make negatively impact patient care. And if the governments change faster than our patient roster, there may be nobody to guarantee our loan.

However, it seems we want to contribute more. So, if not just advise the system, should it be influence, consult, co-manage, or manage? Advocate for patients, represent physicians, and _____ the health care system.

At the very least, in my mind, whichever responsibilities we take on, we need to "first do no harm..." to patients, and to our profession, especially its unity.

Mike Kalisiak, MD, FRCPC
Calgary Zone RF Delegate


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Trauma Surgery in Iraq

Dr. Jeffrey Way

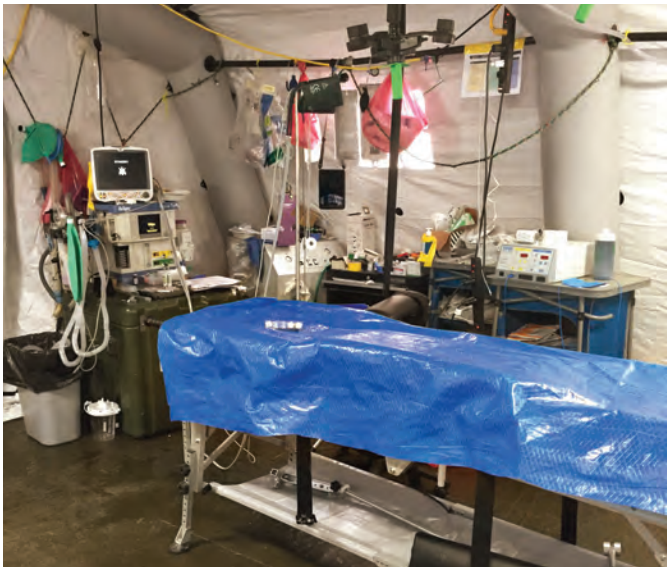
Dr. Jeffrey Way

Over the years, I have done a number of humanitarian responses. These have included working in the Tamil Tiger controlled area of Northern Sri Lanka after the tsunami and in Haiti with the cholera epidemic. This trip to Iraq, however, was the first time I was in an active war zone. Samaritan's Purse, which has been involved with food and shelter relief in Iraq, established their Emergency Field Hospital around Christmas time of 2016. The opening day was early January. I was contacted to see if I could find time to work at the Field Hospital in Northern Iraq, only a few kilometers east of the city of Mosul where the offensive was taking place against ISIS. My daughter, who is an ICU nurse in Red Deer, accompanied me on this trip which lasted three weeks.

After leaving Calgary, we landed in Erbil in the Kurdistan Province of Iraq. Once there, we had landmine and security training which was necessary for our stay there. We were able to spend a day in Erbil and went to the bazaar and to the centre of the city which is called the Citadel, the longest known inhabited place in the world dating back around 3,000 years. This was an absolutely beautiful place to visit and see.

We then went to the Emergency Field Hospital. This involved an 80 km ride in a small van. It took us about 4.5 hours to make this trip. The road was blocked with vehicles, people and numerous check points. The initial ones were all on the Kurdish side. Once we left the border of the Kurdistan Province to Iraq, the evidence of the war became quite prominent. The bridges were all bombed out; we went over make-shift bridges due to the permanent ones having been bombed. There were many check points with bunkers, guns and military vehicles. Once there, we proceeded to the Emergency Field Hospital which again was heavily fortified. Once going through our security clearing, we went behind large concrete blast walls where we remained for the duration of our time. One morning, the World Health Organization (WHO) representatives gave us an in-service on chemical warfare as we were expecting the possibility of patients who had been affected by this.

The field hospital consisted of sleeping quarters, a dining area and the hospital. The hospital itself was a tent hospital consisting of an emergency department, a trauma area, an operating room, the surgical processing area, a four bed ICU with ventilators, a women's and children's unit, an area for friendly combatant soldiers and an area for enemy combatants. This area included any unknown males, where they were kept until they could be identified by Iraqi security forces. In total there were approximately 50 beds.



The Emergency Field Hospital ICU.

In the time I was there, I was personally involved with just over 100 cases as either the primary or assistant surgeon. In total, we had three general surgeons and one orthopedic surgeon for the majority of the time.

Patients were brought to the hospital by various mechanisms and when they arrived at our outer perimeter, they had to be checked to be sure they did not have any IEDs (improvised explosive devices) on their bodies. They were scanned, searched and then placed on our own transport system to our inner perimeter, and then brought into our emergency or trauma department.

Triage was different than at home. In Alberta, when we have a patient from an accident that is classified as "black," it means that they are dead on scene. At the field hospital, a patient classified as "black" was somebody who was alive but the injuries were so severe that we were unable save their life. These patients were sent to an area where staff stayed with them throughout their time and kept them comfortable, then proceeded to clean the bodies for preparation to be taken to the family. For security reasons, family members were unable to come into the hospital.

The guidelines of the ICRC (International Committee of the Red Cross) were used in management of the patients. Most of our patients were civilians and within this group were women and children. In addition, we did see quite a few soldiers, mostly Iraqi Security and Special Forces, but also some enemy combatants and unknown males. The injuries were from landmines, kids playing with IEDs, drone attacks with hand grenades, as well as mortar fire and sniper fire.

Dr. Way and his daughter in Erbil with the Citadel in the background – the oldest known place of continual habitation in the world, approx 3000 years.

The very first day I arrived, my first two patients were children. I saw a young child with a fragment to the head and a GCS (Glasgow Coma Scale) of 3. The second one was a young shepherd boy who was minding his sheep when a drone came overhead and dropped a hand grenade; I had to amputate the majority of his hand.

We saw a wide range of penetrating trauma. We did neurotrauma but patients with a low GCS were unable to be treated. If they had penetrating trauma with high GCS, they were either given antibiotics, or if it was felt necessary, we could try to arrange transport for them into Erbil for neurosurgical management.

In addition we did a lot of spinal trauma from fragments. Unfortunately most of the high spinal trauma was unable to survive, as they required ventilated care and we were unable to transport any patient who required ventilation or oxygen as this was not available on the ambulances. The lower spinal trauma we were able to manage and transport out. We had numerous ocular and maxillofacial trauma as well as penetrating wounds to the neck involving airway and major vascular structures. Chest trauma, of course, was extremely common. Most of these patients required chest tubes and had massive blood loss and we were able to autotransfuse them. We also had penetrating wounds to the heart.

We had numerous penetrating abdominal injuries including spleen, stomach, pancreas, liver, small and large bowel and, of course, intra-abdominal vascular injuries. Urological injuries were also common, mostly bladder. In addition, of course, were orthopedic injuries. This constituted probably about half of what we saw altogether. With just mangled and mutilated limbs from drone attacks and land mines, we had to perform many amputations. Aside from that, it was debriding and cleaning up wounds.

Prior to our arrival, we did not have a Lebsche knife available. One of the other surgeons who arrived with me had actually bought one off eBay for $7.90 US and brought it with him. We did not have a hammer to go with it, so the first time we used it in emergency with a patient in extremis, we used the laryngoscope handle to use as the hammer with the Lebsche knife. We opened the patient in Emergency, controlled the bleeding and then took him back to the operating room. Following this we were able to get a regular utility hammer which we placed with the Lebsche knife and sterilized to use in further cases. We did not have external wires at first either. We closed all of these wounds with Vicryl sutures.

The first two weeks I was there, we did not have any narcotic analgesia. All we had was IV Tylenol and ibuprofen. The last few days I was there, we did manage to get some fentanyl and tramadol however because it was such a low supply we had to be very judicious in its use.

Our days started at 6 a.m. and most days we worked until about 10 p.m. with a few nights operating until 1 or 2 a.m. Nobody moves at night as it is too dangerous, so once darkness fell, we did not tend to receive any new patients and we just continued operating until the patients we had were cleared up. In the morning, we would take our open abdominal patients back to the OR for further debridements. We would then start with new patients as they would start to arrive in the early afternoon. The hospital life itself was much as it is anywhere in a busy hospital, with rounds in the morning and then operating all day.

There is no doubt that every single patient that was brought to us was mortally injured and would have died without intervention. At that time, we were the closest field hospital to the fighting and to get back to Erbil would have involved anywhere from 4-6 hours of transport. There is no doubt that the majority of these patients would not have survived that transport. The nurses themselves got very ingenious at making up toys for the children and bringing as much pain relief to the patients as they possibly could. Every member of the team in the hospital worked extremely hard, from those who procured our supplies, to the security staff, to the guards, to the people in administration, to the cooks, to the nurses and the translators. We also had a number of national staff who were training, as the plan is that the facility will be left intact to be run by nationals when Samaritan's Purse leaves. This project was also co-sponsored with the WHO and all of our statistics were gathered and sent to them.

The meals were actually quite good. We had a good supply of fruit, rice, beans, cabbage, lentil soup and lots of eggplant. The staple for all of us was bread with Nutella and peanut butter. We certainly got into the habit of checking to make sure the pilot light was on in the water heater outside the showers to be sure that the water was hot before we crawled into our cot at night and then went off to sleep to the sound of airplanes and bombs all night long. Sometimes they were quite close and our sleeping quarters actually shook from the bombings. All night long there was bombing and tracer fire going overhead. We could see the smoke arising in the daytime.

This was an absolutely fantastic experience and I was able to experience it with other physicians and nurses from Alberta, including my daughter who graduated from her nursing program two years ago. She worked one year at the trauma unit at the Foothills Medical Centre and now works in ICU at the Red Deer Regional Hospital. Despite the war going on around us, we felt very safe inside the compound. It was only the day we were leaving that we really felt any threat. We were due to leave the next morning but we were awoken in our bunks at midnight and told to get ready to go. Our departure time had been moved up by a number of hours as they had word of a threat against our convoy. We therefore left under the cover of darkness with no headlights and returned safely to Erbil.

This was an amazing experience and certainly unparalleled with anything I have done previously. The Samaritan's Purse organization, in my opinion, is a wonderful organization. They are highly concerned not just about the care of the patients but the safety of the staff as well. If anybody has the opportunity to travel the world and do humanitarian work with any such organizations, I would highly recommend it. It certainly broadens our perspective.

Dr. Jeffrey Way, MD, MCS, FRCSC, FACS
Calgary, Alberta

It Brings A Smile To My Face

Dr. Sarah MacEachern

As medical students, how do we decide what clinical specialty to pursue? For many of us, our life experiences and interests draw us towards a particular discipline, and often some of the most meaningful and memorable experiences arise from volunteer work. For me personally, the early volunteer work I did as an undergraduate student has shaped my personal and professional life, set me on a path towards medicine, and continues to be a driving force in my clinical and research career.

Dr. Sarah MacEachern

I began my journey as a volunteer during my undergraduate education at Acadia University in Wolfville, NS, working with children with disabilities in the Sensory Motor Instructional Leadership Experience (SMILE) program. Each Saturday morning, over 100 volunteers are paired one-on-one with a child with a physical and/or intellectual disability. Together they swim, play sports, navigate obstacle courses, make crafts, and above all else engage in free play in a fun, inclusive, and encouraging environment. This is where I first met Breanna, a young girl with Down syndrome. After the first morning of SMILE, Breanna was so worn out from all the fun that she fell asleep in my arms as we waited for her parents to pick her up. Needless to say, I was hooked. I volunteered each Saturday morning with Breanna at SMILE throughout my four years at Acadia, and it was a pleasure and a privilege to be part of her life.

Following my time at Acadia, I returned to Calgary to start graduate school, and quickly settled into the demands of completing a PhD. However, I couldn't shake a nagging sensation that something was missing in my life. One afternoon it hit me—volunteering with children with disabilities was so fulfilling and fun, and I truly missed it. Unfortunately, there weren't any programs that incorporated the elements of inclusiveness and free play that made SMILE such a success. Therefore, in 2011, I joined forces with Dr. David Legg at Mount Royal University in Calgary, and together we founded the Children's Adapted Physical Activity (CAPA) program, which runs on Saturday mornings and pairs children with disabilities one-on-one with volunteers, similar to the SMILE program. CAPA has clearly met an important need in Calgary, as the program continues to fill up in less than 24-48 hours each semester. It has also been a great success with volunteers, and we've even had semesters where we turned away volunteers due to overwhelming interest.

It was directly due to volunteering with SMILE and CAPA that I decided to pursue medicine as a career. I completed my MD/PhD in Spring 2016 and started my Residency in Pediatrics at the Alberta Children's Hospital in Calgary last July. Since transitioning from the life of a graduate student and pre-clerk to the demanding and often inflexible schedule of a clinical clerk and resident, unfortunately it is no longer practical to be on the front lines running CAPA as a volunteer. However, there's still much more work to be done to help children with disabilities access physical activity. This was reinforced last spring when I was approached by the mom of a former CAPA participant. She told me how difficult it had been for them to find a suitable physical activity program for her son since he had outgrown the program (CAPA enrolls children ages 4-12). I was devastated since he had made amazing gains, physically as well as socially, by participating in CAPA. It was truly disappointing that his mom was not able to find a suitable program or environment for him to continue

Halloween Balance Beam. Working on Breanna's motor skills at the Acadia gym at Halloween-themed SMILE. *printed with permission from Breanna's parents*

Fun in the Pool. Breanna and Sarah enjoying the pool at the Acadia gym on a Saturday morning at SMILE. *printed with permission from Breanna's parents*

Children with disabilities have higher rates of obesity and lower rates of physical fitness compared to their peers, suggesting that they're getting even less physical activity.

with regular physical activity. My worst fears were confirmed when I combed through the literature revealing that the average Canadian child does not get enough physical activity to meet Canadian guidelines. Children with disabilities have higher rates of obesity and lower rates of physical fitness compared to their peers, suggesting that they're getting even less physical activity.

I'm currently attacking the problem of inadequate physical activity for children with disabilities from two angles. First, I'm conducting research with Dr. Deborah Dewey and Dr. Jean-Francois Lemay to investigate how much physical activity children with disabilities in Calgary are participating in and to identify the barriers that these children and their families face. Based on research done elsewhere as well as my own experiences, I believe the answer will be painfully obvious and will clearly show children with disabilities aren't getting enough physical activity. However, in order to move forward to advocate for increased resources for these children, solid evidence to support this hypothesis is required. Second, a large part of the problem is that families don't know where to find suitable adapted physical activity programs and facilities. With the help of an Alberta Medical Association (AMA) Health Promotion Grant, I've partnered with Jooay (jooay.com), a free Canadian app that uses local resources and crowdsourcing to help build a strong database of programs and facilities that are accessible for individuals with disabilities. We're currently devising promotional strategies in Calgary to help educate families and promote the app to families and physicians, including a media campaign and educational physical activity-based events around Calgary to bring children with disabilities and their families together.

Needless to say, I'm on a mission! It is hard to believe that volunteering one Saturday morning as a naïve 18 year old undergraduate student has turned into a driving force in my life. Sometimes, it feels overwhelming trying to tackle such a big issue, but I truly feel that all children deserve the chance to have a happy, healthy childhood, and physical activity is an essential part of that. Volunteering with children with disabilities has given me so much personally and professionally, from moments of true joy to a career that I'm passionate about, and I plan to spend the rest of my life trying to repay my debt of gratitude.

If you would like more information or are interested in helping advocate for this cause, please contact Sarah at sarah.maceachern@ucalgary.ca.

Sarah MacEachern, BScH, MD, PhD
Pediatrics R1, Alberta Children's Hospital
Calgary, Alberta

Reflections on Rep Forum

As a Zone Medical Staff Association President, I am an ex officio delegate at the Alberta Medical Association's Representative Forum (RF). I thought I would reflect on my experience at the recent Spring RF in Edmonton.

The signal that this RF was different than past meetings came in the days leading up. E-mails from AMA members in the Zone to myRFdelegate@albertadoctors.org started trickling in on Monday. By Tuesday, they were streaming in to my Inbox. En route to Edmonton on Wednesday, while aboard the Red Arrow, I read all the accumulated messages (no small feat considering the motion sickness that reading on a bus induces). In all, there were at least 200 by the end of RF. I am encouraged by the engagement this shows. Granted, many of the messages expressed concerns about fees, resource planning, and other issues at hand, but in general the letters were constructive and well formulated. I was challenged to re-read the background documents to clarify for myself the details that members were questioning. To all of you who took the time to write, thank you. Please know that your e-mails were received and read (not just by me but assuredly by your RF reps) and your input contributed to the discussions.

I was also pleased by the readiness of RF delegates to participate. In Calgary, CAMSS hosted two media training workshops the week prior to RF. Twenty people, including RF delegates and medical staff association leaders, came to these day-long events. The feedback was that the practice in delivering a two-minute "elevator speech" was helpful preparation for a large forum such as RF. We intend to make these workshops a regular occurrence in Calgary, enhancing our communication skills.

I am also appreciative of the collegiality of the RF reps. Though we came with different viewpoints, I value the conversations that occurred formally and informally as we grapple with complex issues.

The outcomes of RF are hard to measure. Each person will come away with a different sense of how it went, both in process and content. Resolutions passed from the motions of members are only one component of the forum; the motions will be made available by the AMA for viewing after April 6 (details in MD Scope). Equally important, though, is the dialogue that occurs between members, RF reps, the AMA Board and Executive. I am optimistic that this dialogue is continuing and that, in itself, is a good marker of success.

Sharron Spicer, MD, FRCP
Pediatrician
Physician Lead for Safety and Chair of the Alberta Children's Hospital Quality Assurance Committee
President, Calgary and Area Medical Staff Society

VOLUNTEERING
My Ambitions


Dr. Emmanual Gye

Dr. Emmanual Gye

This spring, I plan to travel to north eastern Nigeria on a fact-finding mission. My desire is to start regular medical missions to this area. The entire region has suffered untold devastation due to the Boko Haram terrorist sect. The activities of the group has caused the displacement of over two million people. As I write this article, the CBC News is airing an appeal by the United Nations for aid to the area.

I love volunteering for various causes and have been a passionate advocate for my chosen charity, Mercy Ships. I am involved in my local community of Airdrie by serving on the board of the Airdrie Health Foundation and the recently incorporated Airdrie and Area Health Benefits Co-operative (AAHBC). My volunteering activities started in medical school where we organised services for a local orphanage.

Boko Haram has left tens of thousands of kids orphaned and forced several thousand teenage boys to be child soldiers and girls into "brides." I have felt the need to organise medical missions to help alleviate the suffering of these people. Due to the security situation in the area, it has not been a possibility before now.

The recent advances by the Nigerian security forces has brought significant improvement in security and stability in the area. The improvements in turn have now made it possible for me to consider organising trips to provide much needed services to the people. Services I have in mind include psychological interventions to help these people overcome the horrendous trauma they have experienced, as well as, surgical and medical services to aid physical ailments.

Emmanuel Gye,
MD, PGDip, CCFP
Calgary Suburban RF Delegate
Airdrie, Alberta

SAVE THE DATE

The Rockyview General Hospital Medical Staff Association Annual General Meeting

Tuesday, June 6, 2017 from 6:00 to 9:00 p.m.

Railway Orientation Centre at Heritage Park's Town Square
1900 Heritage Drive Southwest, Calgary

Featuring entertainment by the May Trio
Lead by Jonathan S. May

Buffet Dinner/Cash Bar

Rockyview General Hospital Physician Recognition Awards
"Very Important Presenters to our Very Impressive Physicians"


Dr. Borys Hoshowsky, President, RGH MSA

Rockyview General Hospital Medical Staff Association Members 2 tickets to the AGM are included in your membership & you are invited to attend with a partner

Non RGH MSA Members $100 per ticket paid in advance

Seating is limited, your RSVP would be appreciated by May 9, 2017
stella.gelfand@ahs.ca Tel: 403-943-3428

Dr. Borys Hoshowsky, President, Rockyview General Hospital Medical Staff Association

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Free resources available to give to expectant parents and families
To order:
https://dol.datacm.com
Username: healthypublic
Password: healthy 2013
Alberta Health Services
Healthy Parents Healthy Children
HealthyParentsHealthyChildren.ca

No-Scalpel No-Needle Vasectomy

"A simple, quick, virtually painless procedure done in surgical suite in doctor's office
Covered under Alberta Health Care.

Eight reasons for having a No-Scalpel Vasectomy*

- No incision
- No needle
- No stitches
- Less discomfort
- Faster recovery
- Just as effective
- Faster procedure
- Less chance of bleeding and other complications

*when compared with conventional vasectomy

Learn more: **www.VasectomyCalgary.ca**

infant circumcision no-scalpel vasectomies

intramed
MEDICAL CENTRE

Dr. Pierre Crouse
3223 17th Ave. SW Calgary, AB T3E 7R8
403-255-6196 403-255-1166
www.intramed.ca

Infant Circumcision

I'm having a circumcision done. It should be:

- quick
- minimal discomfort
- virtually bloodless
- excellent result

Dr. Crouse believes that children (of all ages) should never experience unnecessary pain.

Learn more about the new Mogen Circumcision Technique,
"A new, safe and virtually painless one minute circumcision technique."
www.CircumcisionCalgary.ca

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