



Bulletin

MAY/JUN 2010

MEMBER MAGAZINE FOR THE POLK COUNTY MEDICAL SOCIETY

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MEMBER MAGAZINE FOR THE POLK COUNTY MEDICAL SOCIETY

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ON COVER: Photo of Haiti the day after disastrous earthquake

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“Just Say No?”



Janie C. Hendricks, D.O.

Americans tend to think that “More is Better” in healthcare as well as in many other areas of our lives. This attitude is partially

responsible for the current healthcare crisis. How can we adjust this attitude? We could start by scrutinizing the way we practice medicine.

Sometimes as physicians we don’t consider benefit versus risk of the tests and procedures we order and recommend. What may seem to be a reasonable risk in our professional opinion may not be acceptable to some of our patients. Remember, “If it happened to you the risk of an event was 100%” Also, some of our patients request tests that they read about in magazines or newspapers. Although we realize that these tests may be of low yield, sometimes we give in and order these tests for an anxious or insistent patient.

We could also reassess the way we “manage” our patients’ healthcare. Patients and physicians rebelled against insurance companies and managed care in the 1990’s.

Some of you will remember that the best thing to manage was your patient population, not their healthcare. Maybe we could do a better job of actually “managing” care ourselves with a little more information. Most physicians would follow recommended guidelines if they were well-researched and beneficial to their patients. Sometimes it is difficult to understand the real reasons for these guidelines.

Evidence-based medicine is a small step in the right direction. With proper studies we have more information to support our medical decision-making. Many of our treatments have not been fully studied, but appear to help. Scientific evidence is easier to understand and explain than tradition.

We also need more information for patients concerning the pros and cons of various diagnosis and treatment options. Informed consent is a challenge when a procedure has not been well-studied. Imagine how difficult it must be for a patient to understand some of these procedures when we as physicians are poorly informed. We must remember that while we are explaining the technical aspects of a procedure, the patient must deal with emotional aspects in addition.

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“Hope and Care” Worldwide



Kathie J. Lyman

As our world continues to change and evolve, natural disasters continue, without always knowing when and where they will strike. January 12th an earthquake

devastated Haiti. Over the past few months in the United States, flooding and tornados have devastated and destroyed many communities, and the list goes on. Lives have been lost, homes destroyed, drinking water and food scarce, shelter and clothing needed, power and communication nonexistent for long periods of time, transportation negligible, and yet through these disasters the human spirit prevailed with hope as the global community came to their aid.

International organizations, states, as well as individuals immediately responded to the disaster areas to help them uncover from the rubble of destruction, 230,000 died in Haiti alone. The Polk County Medical Society doctors never fail to be some of the first physicians to volunteer providing critical medical care essential to saving lives, caring for the injured, in the most challenging of circumstances.

The PCMS doctors as well as other medical personnel volunteer whenever needed throughout the world as we truly are a global community. Our doctors are there providing their technical skills and knowledge with

compassion. They give hope to patients in less than desirable environments, often with makeshift hospital beds and operating rooms where multitudes of patients are waiting to be treated with emergency medical care.

The **Bulletin** is featuring some of the PCMS doctor's experiences in devastated areas and on medical mission throughout the world. There are many other stories to tell as volunteer doctors' witness the very worst of life's circumstances, but this would take volumes. Through recent disasters, past ones, and many medical missions, the Polk County Medical Society doctors, on their own, are at the forefront. They take care of people globally, giving hope, and love through their expert healing and compassionate work.

We are grateful to all of the doctors who volunteer to care for patients in need, not only in our own community through the Volunteer Physician Network (VPN), but throughout the world. The volunteers have experienced their medical healing changing the quality of life, giving hope to these patients, all of whom are so grateful.

As the disaster areas begin to deal with the long recovery process we know our doctors will continue to provide emergency medical care when needed. Our doctors are the epitome of the Hippocratic oath as they provide volunteer medical care to their fellow man whenever and wherever it is needed.

“Full Circle”

By Neil Mandsager, M.D.



Holding this new baby, I realize that life has now come full circle for me.

The knock on the door of my hotel in Gulu, East Africa came around midnight.

“Dr. Neil. Dr. Neil. We have to go. The woman, she is having her baby.”

The staff at the ChildVoice Centre had called Robert, our driver, with the urgent news since my cell phone did not work in Uganda. I decided not to wake the others on my team and Robert and I jumped into the Toyota van and headed north out of Gulu.

It was July, 2008, and this was my 3rd trip to Uganda on behalf of ChildVoice International.

Since incorporating as a new Christian charity in the fall of 2006, much had been accomplished including renovation of an abandoned school. We were now operating a residential program there for women who had suffered as a result of the long-standing rebel war in northern Uganda. Most of the women had been abducted by the rebels as young children, and had spent time in the bush as sex slaves and soldiers. Bertha, the woman now in labor, had been with the rebels for several years. After her escape, she had been rejected by her community as a former rebel without an education or job skills; a short time later she was raped and became pregnant. The program at the ChildVoice Centre



With the baby just delivered, I prepare to cut the umbilical cord.

offered her hope, a chance to catch up on her missed education and learn a skill that she could use to earn a living. But first, there was a little thing called labor.

The drive to Lukodi, the site of the ChildVoice Centre, was along a bumpy dirt road. During

the day there were often people walking or riding bikes from place to place on either side of the road, but at this time of night, the road was all ours. With just the van's lights to guide the way, we made good time, arriving at the Centre within a half hour of the call. The staff had already brought Bertha into one of the classrooms, and laid her on a mattress on top of one of the desks. I quickly checked her cervix, and finding it to be completely dilated, I made the decision to deliver her right there.



**"Dr. Neil with Neil", November 2009:
holding baby Neil, one of the 2 babies I
delivered at the Centre in 2008.**

As a result of the rebel war, much of the infrastructure in northern Uganda was decimated, from schools to churches to medical clinics, and on and on. We were asked in 2007 by the local government to open a medical clinic (built 10 years previously, but never opened) a few kilometers from the Centre. I brought a team that summer that included my dad, a retired general surgeon from Marshalltown and a former medical missionary. Together we operated the clinic for 5 days, seeing over 500 patients. Upon leaving, ChildVoice hired local

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The children welcome our team to the ChildVoice Centre in northern Uganda.

health professionals to continue the operations of the clinic. Since then, the clinic has seen over 30,000 patients. The incidence of positive malaria tests has declined, most likely due to a combination of available medicines for treatment and access to mosquito netting. A maternity center was opened adjacent to the clinic the following spring. During our most recent trip in November 2009, we powered up a new generator at the clinic, and once staff housing is completed, we hope to be providing medical care at both the clinic and the maternity center 24-7. But in July 2008, without electricity, the maternity center did not offer much more than was available at the Centre -- besides, Bertha was about to have a baby.

The van was left running with the lights shining through the classroom door. I could hear the soft voices of a few of the other girls waiting just beyond the open door, and occasional whispered conversation amongst the staff inside, but otherwise the night was calm and quiet. My brother Conrad, experienced in deliveries of cattle and sheep, stood by my side in case I needed help. I thought briefly about listening for heart tones with my stethoscope

at one point, but without any ability to intervene, I decided there was no point. I could feel the baby's head turn periodically, and that was good enough for me. Fortunately, the remainder of labor was relatively short. Once the baby delivered, the umbilical cord was tied with a band of cloth, and cut with scissors from the children's play room (sterilized with a match). The baby was healthy with an immediate and strong cry. The girls outside, upon hearing the newborn cry echo in the early light of morning, were now jumping and singing with joy. The work of ChildVoice to help restore the voices of children silenced by war had taken on new meaning, at least for this one night.

And life had come full circle for me. Born in Africa myself, I now had helped bring another baby into the world -- in Africa.

Neil Mandsager, MD, is the Medical Director of Perinatal Center of Iowa. He lives in Johnston with his wife, Kathryn. They have 5 children and 1 grandchild. ChildVoice International www.childvoiceintl.org was started by his brother, Conrad.

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Congratulations to **Samir Alabsi, M.D.** featured delivering the highly publicized birth of quadruplets, on the cover of **The Des Moines Register**.



Congratulations to **Annesa Afroze, M.D.** on achieving **Wound Care Certification – Council for Medical Education and Testing**.



Congratulations to **Matthew R. Brown, M.D.** featured in an article in the **Des Moines Register-Health Section** on the impact of noise volume (decibels) on hearing.



Congratulations to **Richard L. Deming, M.D.**, who was featured in **The Des Moines Register-Metro Edition** as the principal investigator of the National Cancer Institute program offering expanded cancer research and advanced care to underserved urban and rural communities.



Congratulations to **Karen L. Drake, M.D.** featured delivering the highly publicized birth of quadruplets, on the cover of **The Des Moines Register**.

“Haiti Vision Mission”

By George Clavenna, D.O.



A busy day for the Vision Team

For over 25 years, a vision team of doctors, nurses and other healthcare professionals have traveled to the mountain village of Pignon, Haiti. The eye clinic and the surgery center were initially built by Kenneth Van Dyne, M.D. from Wells, N.Y. Sue Den Ouden, wife of Christian Den Ouden, D.O., and his daughter Katie were involved on a mission in Pignon and met Guy Theodore, M.D., a native of Haiti who trained

and practiced surgery in New York and then started the hospital, 'Comite de Beinfaisance de Pignon'. During their conversation, Dr Guy told Sue of their great need for eye care in Pignon. Sue returned to Des Moines, convinced Chris of this need, and organized the Vision Mission.

The Vision Mission has been going to Haiti for over 12 years. My wife, Rebeca and I have had

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Congratulations to **Carol Frier, D.O.** who was recently elected for a two year term as an **AMA delegate** for the Iowa Medical Society.



Congratulations to **Joseph Hwang, M.D.**, who was featured recently in the **The Des Moines Register-Health Section** and the April 15th episode of **"Make Room for Multiples"**, which airs on The Learning Channel.



Congratulations to **Robert Lee, M.D.** elected **Chairman of the Board** for Iowa Medical Society.



Congratulations to **Jeffrey Maire, D.O.** re-elected as the **Iowa Medical Society District VI (PCMS) Director**.



Congratulations to **Ravi Vemuri, M.D.** on achieving **Wound Care Certification – Council for Medical Education and Testing**.
Congratulations to **Carol Frier, D.O.** who was recently elected for a two year term as an **AMA delegate** for the Iowa Medical Society.

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What we need is the BEST care, not necessarily MORE care. Sometimes it is difficult to tell when more is NOT better. Often it is difficult to explain to a patient or family why another expensive test or treatment is not going to change the outcome, and may actually make the situation worse. More studies could be helpful in giving us information to back-up our decisions. However, the practice of medicine

is as much an art as a science and sometimes we just have to go with our own experience and knowledge. Hopefully more knowledge gained in well-designed studies will make these decisions easier.

There are a few things we can consider before ordering tests:

- 1. If we find something are we going to treat it?**
- 2. Is this test or treatment going to affect the outcome in this situation?**
- 3. Is this test or procedure going to improve quality-of-life for this patient?**
- 4. Is this test or procedure going to harm the patient?**



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“Volunteerism”

A Family Affair



By Christina Taylor, M.D.

Christina Taylor, M.D. has been involved in multiple organizations that benefit the people of our central Iowa community and she has done so with

great toil and passion along with countless of other people. The participation and volunteerism she does by serving on the many organizations, helps not only raise funds to provide care to those in need, but she gets involved personally to further access to care and other causes. Many of her volunteerism she is involved with are done together with her husband (Rob) and frequently include their children (Melani [18], Kati [16], Ben [10] and Will [5]).

Dr. Taylor has participated in the Free Medical Clinics extreme makeovers partnering with Ryan Construction to completely overhaul a local free clinic. This year she worked on a giant project for Corinthian Baptist's Free Medical Clinic as part of the Iowa Clinic Foundation's Extreme Makeover of a free medical clinic. She personally helped

paint, etc. Including her family, Christi has volunteered and rallied other volunteers on several of these projects.

Dr. Taylor has been involved with the creation of Bras for the Cause and began gathering committee/board/sponsors in early 2007. Iowa Clinic, IMMC, Mercy, a TV media ABC, and West Bank all agreed to sponsor the event. Over the past years Christi has been integral in raising funds for breast and cervical cancer awareness and screenings across the state with over \$1 million raised. "Our ultimate goal with Bras for the Cause, is to ensure funding and availability for screening exams for every woman in the state with the focus on breast cancer".

Dr. Taylor, through American Field Services, has hosted students for several years and currently hosts an exchange daughter from Vienna, Austria. Throughout the school year she helps orient students to Iowa and the US. Her family has made a commitment to be good ambassadors for Iowa and our country, and to improve our international relations one student at a time.

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Christi was accepted to the West Des Moines Leadership Academy to develop and give potential WDM leaders the skills and support they need to succeed in the community. She is serving as the Event Chair for her class project to raise funds for the Iowa food banks.

Dr. Taylor is an outstanding model of a young physician. She is not only committed to healing patients, but helping them to receive

the care they need and be able to have a quality family life through many outstanding organizations. She, her husband and children demonstrate the strong American family ideals and leadership with compassion and energy through her actions.

VA Physician Job Openings

VA Central Iowa Health Care System (VACIHS), Des Moines, Iowa is recruiting for a full-time BC/BE Geriatrician, Internist or Psychiatrist in our Community Living Center. VACIHS is a state-of-the-art medical facility that provides acute medical-surgical, rehabilitation/ extended and psychiatric care, and delivers a broad range of primary care and multi-specialty outpatient services.

VA Central Iowa includes the Des Moines Campus with Community Based Outpatient Clinics (CBOC's) in Knoxville, Fort Dodge, and Mason City. There are many exciting things happening at our VA, such as the opening of a brand new Community Living Center, consolidation of two campuses, and expanding the services available to our Veterans through two CBOC additions. Central Iowa is also the host city for the 24th National Veterans Golden Age Games in May.

If you are interested in joining our staff at VA Central Iowa Healthcare System and living in an exciting metropolitan area, please send a current CV to Judy Miller, HR Specialist, VA Central Iowa Healthcare System (05), 3600 30th St., Des Moines, Iowa 50310 or fax to 515-699-5468 or e-mail Judy.Miller2@va.gov. Applications will be considered until position is filled. Visa waiver applications considered.



Haiti Vision continued from page 12

the privilege of joining the Vision team for the last 6 years. The Vision mission was planned well in advance of the earthquake and Pignon is approximately 80 miles north of Port-au-Prince (6-8 hour drive dependent on the condition of the mostly dirt roads). The village receives the bulk of their staples and supplies from the Dominican Republic via Cap-Haitien and had little disruption in this supply line; therefore, this year's trip was not cancelled.

Pignon, a mountain village with a population of around 7,500 has doubled due to the refugees from the recent earthquake. The hospital was overfilled mostly with orthopedic injuries from the earthquake. The village has dirt roads, very limited electrical power via generators and little running water. The vision team is essentially the only eye care for 250 square miles.

Due to the influx of the earthquake victims the clinic was busier than ever. In one week the Vision Team screened 1,333 patients, dispensed 933 pairs of glasses (mostly readers), performed 65 surgeries mostly very dense, white cataracts and dispensed a myriad of glaucoma, antibiotics, anti-inflammatory, antihistamines and artificial tears. Unfortunately glaucoma is a devastating and blinding disease in Haiti and we try to dispense a years' worth of medication.

The Vision Mission Team consists of a screening center from which the patient is discharged or diverted to the optical shop, eye clinic for further diagnoses and treatment and/or the surgery center. The team members Rebeca and George Clavenna, D.O.; Sue and Chris Den Ouden, D.O.; Alice Curl, R.N.; Larry and Reada Farrell; Sam and Janet Hobson; Wendy Jones,

R.N.; Linda and Virgil Kleinhesselink; Larry and Tracy Madole, R.N.; Alan and Amy Zoot. R.N. and medical/surgical supplies are flown into Pignon's 3500' grass runway on a reliable DC-3 via Missionary Flight International out of Fort Perce, FL.

Many of the medical and surgical supplies are donated from leading ophthalmic companies, Alcon, Allergan, AMO and Ista. The operating microscope and phaco machine were kindly donated by Mercy Medical Center of Des Moines. Chris Den Ouden and the Meredith Drive Reform Church underwrite the rest of the supplies.

There have been many changes in the town of Pignon over the last 12 years. Many of the houses have gone from thatched roofs to tin and from sticks to cement block walls. The hospital has become the hub of the city, employing many Haitians. The Meredith Drive Reform Church that in part sponsors the Vision Mission has built 8 schools in the area, where 60% of the children cannot afford to go to school. They have drilled wells and worked on other community projects in housing and nutrition. They work closely with the local missionaries and with an orphanage in the area and have built a library for the students of Pignon.

If you have never been involved on a medical mission, I encourage you to consider it. It is an extremely rewarding experience. *You will receive much more than you could ever imagine. My wife tells me that I generally do not complain of anything for at least a month after I return to my sweet home.*

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“DMOS Physicians in Haiti”

By David Vittetoe, M.D.
J Matthew DeWall, M.D.
Jon Gehrke, M.D.



Helicopters transporting patients.

This is an incredible story of how a small 40 bed hospital in Milot, Haiti (70 miles north of the earthquake epicenter of Port au Prince) has now become a major trauma center of 300 plus beds..... it is miraculous! The efforts to establish a treatment and triage center was a cooperative effort of the Hospital Sacre Coeur, the community of Milot, CRUDEM (acronym for Center for the Rural Development of Milot) and the many medical volunteers working together to make this miracle happen.

Within days following the quake Sister Marie Vittetoe, cousin of David Vittetoe, MD, asked for his help in Haiti to provide orthopedic care. Sister Marie Vittetoe is employed by CRUDEM and is based in Haiti and remains there. Within two days Des Moines Orthopedic Surgeons, David Vittetoe, MD, and Matthew DeWall, MD, were on a plane bound for Haiti; a third surgeon, Jon Gehrke, MD, and Damir Mujic, Surgical Tech from Iowa Health - Des Moines, followed 2 days later.



From Left to Right – Damir Mujic, Ortho Surgery Tech from Iowa Health – Des Moines, Dr. Vittetoe, Dr. Gehrke and Dr. De Wall all of DMOS



Patients laying in temporary hospital beds

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“This Morning”

By Monica C. Hansen, M.D.



Quiet winter morning
fragment of time,
framed in my mind.

Naked trees,
Immobile dancers,
posed in amusing sights.

Red birds,
Flying passengers of life,
Adorn my tears of delight.

State Medical Library Closed

The State Medical Library, established in 1919 as part of the State Library of Iowa, was closed in March of 2010 through the state government reorganization legislation.

There will be a **Medical Book and Journal Sale** Thursday and Friday, June 3 and 4 from 8 a.m. – 4:30 p.m., State Library of Iowa, Miller Building, 1112 E. Grand Ave., Des Moines, IA. Most medical topics are covered. For a printable flyer about the sale, to post, go to <http://www.statelibraryofiowa.gov/services/medical-library/bksalepdf/view>.

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Patients laying in temporary hospital beds.

"This was my first visit to a country that has such great need even before the earthquake. It was a new experience for me; seeing how the people of Haiti live; their poor living conditions, the tragedy on top of poverty," shared Dr. DeWall. "As soon as we arrived we started work immediately, the number of people who had very severe injuries was overwhelming. There was a never ending stream of patients. While in surgery we could hear the helicopters continuing to come in and it seemed like you didn't make any headway. It

wasn't discouraging though; we treated each individual patient to be sure we were doing all that we could".

"The conditions were extraordinary. The patients had no pain medications, splints or previous medical care to their injuries prior to being transported to us at Hospital Sacre Coeur. Many patients had significant injuries and were developing secondary concerns, like infections, due to the lack of care. The patients were very stoic, cooperative and especially tough. Their

toughness was remarkable to me!" continues DeWall.

On Sunday, following the quake a "MASH" type operation (but more primitive) was set up at the 40 bed hospital. Doctors from the French Government field hospital I Port au Prince visited to view the facility and capabilities. They were impressed and within 2 hours helicopters transporting 10 patients each began to arrive. The following day the US Navy arrived to evaluate the capacity and capabilities, and to coordinate efforts going forward.

The Hospital Sacre Coeur and its volunteer medical providers are a major player in the rescue effort not only because of the expanded facilities, numerous skilled volunteers and strong support of the local community, but because they were one of the first hospitals in the country with a system in place for surgery and rehabilitation.

During the initial weeks following the earthquake, Hospital Sacre Coeur received the most severely injured because they had the capacity and expertise to treat such injuries. "Surgical cases involved debridements and operative fixation with plates of a variety of fractures from the femur to the elbow. The majority of cases involved operative irrigation of open wounds, fractures and below knee amputations. Turnover time was slow as there was no one to pick or find appropriate hardware and supplies except the surgeon and perhaps an assistant; this was compounded by the limited number of autoclaves and actual hardware available. Radiological services were almost nonexistent although there was a small mini-FluoroScan available that was occasionally useful.

The Haitian operative room personnel including nurse anesthetists and scrub techs were very

helpful. Although language was a barrier, things seemed to get done. The patients overall were grateful for any help they could get. Many had been waiting for 1-2 weeks for care and were happy to be there," explained Gehrke.

"The local residents of Milot were enthusiastic to support the effort in every possible way: organizing triage areas outside where patients were lined up by the dozens, transporting patients from the helicopters to the hospital, and more," Dr. Gehrke continues.

Many of the Haitian victims and families often found it difficult to communicate saying thank you, but it was obvious that they were grateful for the continued support of the efforts of others. One patient made a comment to a local nurse speaking French. When Dr. DeWall asked the nurse what the patient said, the nurse interpreted "I am in the hands of a good American doctor!"

"There is no question that the experiences that we all had in Haiti were life changing and despite the fact they lasted only a few days I will remember them for the rest of my life. I felt bad leaving the last day as I thought there certainly could be more time taken from my practice to help these people. There simply was an unlimited need at that point," reflected Dr. Gehrke, "in fact, both Damir and I have the opportunity to go back in mid-March and will arrive for a week's tour of duty at the Milot Sacre Coeur Hospital. We look forward to the opportunity once again, to make a small difference in a desperate situation."

www.YouTube.com videos: "Help Haiti 2010 Damir Mujic Euromax" (3 available) and "Help Haiti 2010 Damir Mujic Slide Show Helicopter" (1)

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Matthew Dewall, M.D. holding a patient.



Dr. Gehrke, Damir Mujic, Ortho Surgery Tech from IA Health, Dr. De Wall and Dr. Vittetoe

“Columbia Human Rights Trip”

March 10, 2010

By David E. Drake, D.O.



FOR staff in front of peace community sign.

Imagine this. In February of this year, you are flying the last leg of a trip that involves three planes from Des Moines to Chicago – New Jersey – and then on to Bogotá, Colombia. On a human rights trip, accompanying Mark Johnson, the director of The Fellowship of Reconciliation (FOR), the U.S. counterpart of an international peace and social justice group, I would soon set foot in a part of the world I had never given much thought to. On the leg to Bogotá, a bright and friendly bilingual young man, and recent law school graduate,

from Bogotá, tells you it is impossible to stay neutral in the countryside on the conflict you are about to immerse yourself in. He tells me “Either you join one side or the other or they will decide for you.”

You arrive in Bogotá at the northwest corner of South America – bordered by Venezuela, Brazil, Peru, and Ecuador and connected to Central America via Panama. The altitude is 8600 feet. Your family and friends are concerned about your safety. They have heard about Colombia

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Peace Community sign Columbia

and its drug cartels, the fighting between guerillas, paramilitary groups, and the Army. Friends joked about me being kidnapped. And yet you aren't sure yourself about your own safety, although locals have tried to reassure you that it's safe for Americans to travel. As the third largest recipient of military aid from the U.S. after Israel and Egypt, it makes sense that officials will not want to make waves with Americans. And as the country with the second largest US Embassy, after Iraq, our country is firmly entrenched in the affairs of this neighbor to our far south.

It's been called a 'land of extremes' – replete with snowy chains or 'cordilleras' of the Andes Mountains, sunny tourist beaches, rain forest jungles, and even desert. The extremes don't end there, however, as the political landscape is as varied and in some cases, treacherous, as some of the poles of its geography.

I had met Mark Johnson while on an FOR peace delegation to Iran a few years earlier. The organization had also sponsored a delegation to meet with peace activists in Israel and the West Bank, which I was part of some 5 years ago, and those trips continue to this day, but under new auspices.

This trip to Colombia was to meet with FOR staff in Bogotá and in the countryside, as well as to meet with human rights activists, who were from the fields of law, anthropology, and the clergy. One attorney, who along with his wife, a forensic anthropologist who identifies bodies found in mass graves, told us his children were in the U.S. for their protection. He was representing the surviving members of a community where on February 21st, 2005, a community leader and 7 others were brutally massacred, according to witnesses from the community, by members of the Colombian

Army. Several officers are now standing trial for their alleged involvement in the killings. At the end of our private meeting we walked outside to a waiting black SUV where four body guards stood ready to take this courageous couple to their home.

While still in Bogotá we met with members of the U.S. Embassy's human rights department. We were told, contrary to graffiti and posters on the street that U.S. military presence on Colombian bases would not increase. The UN staff told us that the number was capped by Colombian law at 1,250 US troops. Our human rights activist contacts did not believe these statements by our Embassy personnel.

During our stay we also learned about 'falsos positivos' or 'false positives.' The government had admitted that some of its troops, in an effort to increase its supposed body counts of guerillas, had lured young men away from small villages – delivering them several hundred miles away – killing them – dressing them in guerilla fatigues with a weapon at their side – and then counting them as guerrillas killed in battle.

The longest stay of our trip was in the Peace Community of San Jose de Apartado, a small town in the northwest of Columbia. Previously farmers had settled there in the 60's and 70's, to be later displaced by the growing violence in the countryside by warring factions of armed forces wanting control over their resource-rich land. In 1997 this community declared themselves a peace community, in response to the murder of community leaders. An FOR publication wrote that "With the support of their Catholic Bishop, they committed themselves to farm in cooperative work groups, denounce the injustice and impunity of war crimes, not participate in the war in direct or indirect form nor carry weapons, and not

manipulate or give information to any of the parties involved in armed conflict."

FOR wrote that "The Peace Community has a special role among the diverse communities throughout Colombia that nonviolently resist political and physical violence. More than others, the community has staked its survival on the conscience of the international community by being visible and seeking expressions of conscience when threats or attacks occur. Since its founding, the community has suffered over 150 deaths."

While in Bogotá and the Peace Community we met with young international men and women, volunteers with FOR and other groups, whose commitment to a year in the country allowed them to serve in positions of 'accompaniment'. In this role they live in communities such as the villages of San Jose de Apartado, where they physically escort community leaders, union activists, and others who might be on hit lists. By not taking sides in 'the conflict', as it is known, members of these villages hope to stay on their land, build a livelihood around organic and fair trade foods, in spite of the riches they could earn by development of coal and oil that are thought to be under their land.

The bravery of those working for justice and to an end of violence is a model for others in war-torn countries, where the people only seek the chance to live their lives in peace.

David E. Drake is a Des Moines psychiatrist and Commissioner with the Des Moines Human Rights Commission. He can be reached at ddrakedo1@qwestoffice.net

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George Clavenna, D.O. phacoemulsifying a cataract



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Dr. Snyder currently practices at Southglen Family Medicine, 7481 Hwy 65/69, Des Moines, IA 50320.

IBM Denies ANA Application for Declaratory Order on Interventional Chronic Pain Management (ICPM)

The Iowa Association of Nurse Anesthetists asked for a clarification by an application for a declaratory order that would have the IBM interpret language in its proposed rule on interventional chronic pain management (ICPM). The ANA wants a ruling on whether the proposed rule would be interpreted to define ICPM as solely and exclusively the practice of medicine. The IBM determined the request to be premature as the rule has not yet been adopted. The IBM will promulgate its final rule soon.

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Volunteer Physician Network



Nicci Dean, far right, VPN and PCMS administrator, witnessed Gov. Culver signing SF 2356 expansion of the Iowa Cares bill. PCMS lobbied for expanding health care access in SF 2356



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New Health Care Reform Law Raises GPCI Rates Iowa Physician to Receive Increase

The new health care reform law is very comprehensive. With several hundred pages in the Executive Summary alone there are still many issues to be determined on how they will be dealt with. However, one important part of this legislation is that the average Medicare physician payment rates in most states and territories will increase by raising the Geographic Practice Cost Indexes (GPCI). The GPICs determine the Medicare payment adjustments in each locality for physician work, practice expenses and professional liability insurance components of the Medicare physician payment schedule.

In 2010 and 2011, Medicare will increase the practice expense GPCI in all payment localities that have a practice expense GPCI below 1.00 currently. The American Medical Association has estimated that the average payment rates will increase based on the proportion of work and practice expenses. Below is the estimated increase for Iowa.

2010 payment increase for average service

Locality	Pay increase due to work GPCI	Pay increase due to PE GPCI	Pay increase due to combined work and PE GPCI	2011 Pay increase for average service (PE GPCI only)
Iowa	2.0%	3.1%	5.2%	3.1%

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