2021 M3 Conference
Q&A with Anne Alaniz, DO
"What's in Your Hands? A Journey Out of the Village"

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I'm about to start my 4th year of medical school and am leaning toward gynecological oncology. I'm concerned there might be limited gynecologic oncology opportunities in the mission field since it's so specialized. I'm also concerned that the farther I get from an OBGYN residency, my OBGYN skills will get "rusty," making it inappropriate for me to serve as an OBGYN. Also, I know fistulas are a huge problem internationally and wonder if an OBGYN residency and gynecological oncology residency would prepare me to perform repairs or if I would need additional training?
Since I'm going a gynecological oncologist, I can tell you that in Malawi I may be the only fellowship-trained gynecological oncologist, so it is a very rare specialty. It is very specialized, but there are women in third world countries in need of that level of specialized care. In Malawi, we see quite a bit of cervical cancer and most of the women, even with early-stage disease, are getting a disposition to hospice care, largely because there's no availability of gynecologic oncologist. I know without a doubt that I am 100% needed in Malawi, even though I'm very specialized. The other thing is, with gynecological oncology training, you are trained almost like a general surgeon. Due to limited surgical specialties in Malawi, I function almost like a general surgeon in Malawi. Since I am able to function as a general surgeon, I repair hernias, handle bowel surgery, and also the varied gynecological surgeries. The level of surgical skills that you obtain in gynecological oncology will help you navigate through most general surgeries, which is very beneficial in developing countries where surgical specialties are very limited. I feel like gynecological oncology training gives you sort of the robust GYN or surgical experience that allows you to navigate into areas that other people would be uncomfortable navigating through surgically. With regards to obstetrics, yes, I agree that you may get a little bit out of practice with obstetrics. The good news, if you're doing gynecological oncology surgery, you can perform a C-section and you can deliver a baby. Based upon my experience of handling both, I don't believe it is as difficult as we think it will be. I exclusively work in gynecologic oncology in the United States, but I'm able to do some OB in Malawi. With that in mind, I do think you will be able to use your skill set and you will be needed.

How does one partner with an existing medical clinic in the developing world to provide resources and sustainability to surrounding villages instead of creating something new?
This is one of the things that I believe in because I think a lot of people feel like when they go somewhere they have to start something new. A lot of times if you will look around, you'll find that there are people working and already doing the work you are interested in. Some of those people are lacking resources, some people are lacking additional manpower because the work is plenty, but the workers are very few. When you go to a new place, I do think that is very important to figure out what are the things that are already in place and who can you come alongside. Sometimes, there is a notion that people think that the reason why countries in Africa, like Malawi, are behind is because there are no people there who have the capacity to change the course of their country. The truth of the matter is that there are a lot of people like myself, my sisters, my brother who are fully capable of being able to have the ideas that can actually change the course of how our country runs. I think coming alongside existing organizations and clinics is very helpful to the organization. So, when you come to a

conference like this or a place, one of the biggest things you can get out of it is to take a look around and see what groups are doing the work in your area of interest, doing the work in the countries you would like to serve in, and then start out by joining one of those organizations that is already doing the work. Usually, that's how you figure out where you belong. I definitely agree that starting something new isn't always the way to go unless there are not any other resources available. If you are interested in being a part of the work we are doing in Malawi, you can reach out to me at www.pothawira.org.

How do you balance your commitments here in the U.S. and in Malawi?
The balance is definitely very challenging. Number one, I am incredibly grateful for a husband who is very supportive because when I leave and have to go to Malawi, he's in charge of taking care of the kids. He's my other half, I don't think I would be able to do what I do if I didn't have somebody who is supportive and truly shares this dream with me. The balance actually works out because there is a symbiotic relationship between what I do here in the United States and what I do in Malawi. It is what I do here (my work as gynecologic oncologist) that actually provides some of the financial support for the work in Malawi. So, even while I'm here, I'm still actively working in Malawi because the people on the ground there would not be able to complete the work in Malawi if I didn't receive the resources from being a physician in the United States. For instance, we recently did a 100-mile fundraising hike in 4 days on the Lone Star Hiking Trail in Conroe, Texas; an incredible group of people came alongside of us, and we raised $90K. So, even though I didn't get to go to Malawi in 2020, now in 2021 there's $90K that will help keep the birthing center, the clinic, the school, and the orphanage going. Therefore, I think the balance for me is that I try not to feel like my presence here means I'm missing something in Malawi. When I'm here, I'm working for Malawi, and when I'm in Malawi, I'm working for Malawi, it's the same thing.

How hard was it for you to leave your country and come back to USA again after living here for a while?
The first time I left Malawi I was very afraid, and it was the fear of the unknown. I had fears about maybe never seeing my parent and siblings again. I mean it seemed like a far, far away land. Once I came here to the United States and lived and went through changes, and then I went back home, I still felt at home being with my family, my friends, my country of origin. What I took away from the experience of leaving Malawi and living in the United States was the change that I wanted to make in Malawi. So, my first trip back to the U.S. was hard because I was leaving my family again, but it was also filled with hope. I knew that my time living in the United States would provide me with resources and the capacity to come back and do more in Malawi. My return trip back to the U.S. was filled with different emotions because I was coming to the U.S. with a different perspective, I now saw the trip back as going to the land of opportunity. Now, I realized that I could bring some of those opportunities back to Malawi. Today, I travel back and forth, thankful that God has allowed my experiences to provide needed resources in Malawi. My time is really split between the two countries, some of the time in the United States and some of the time in Malawi.

Along with not having food security, Malawi is ranked as one of the lowest countries in regard to not having access to healthcare, is that accurate?
That is very accurate! When there is lack of access to healthcare, especially in the villages where most people don't have modern transportation, they have to walk 15, sometimes 20 miles, to get to the hospitals. Two years ago, on one of my trips to Malawi, there was a young woman who had a complication of surgery where the incision came open. She literally took one of the chitenges (a wrap that women wear) to place over her open

incision. Since there isn't a 911 phone line to call, she simply held some of her internal organs in the chitenge and rode a bicycle for 25 miles to the district hospital. That's what most people face because of lack of access (to healthcare).

5 billion people in the world do not have access to safe, timely affordable surgery; is this the case in Malawi?
Yes. I'm a gynecologic oncologist in the United States. When I'm in the U.S., I focus on women gynecology cancer, but when I go to Malawi, because of the level of training that I've had, I'm a general surgeon. I've participated in amputations and other surgical procedures; I'm able to use my skills at a wide level because the specialty of surgery is just not there. Generally, at Salima District Hospital, which is a catchment of about 500,000 people, they have one physician who is on staff. So, he is not going to be available to take care of 500,000 people. He is not a trained surgeon; he is a general practitioner. Most of them (physicians) finish medical school and do 1-2 years of rotation. Some general surgery residency programs are starting, but for now, most people who are doing surgeries don't have the sub-specialty training in surgery; they've had to learn on the spot because of necessity.

Almost 50% of the world's countries have no access to palliative care. With inequalities affecting mostly low-income countries and middle-income countries, how should this issue be addressed at the community level?
In Malawi, we have some access to palliative care, but it has a long way to develop. Currently, it largely focuses on pain control, and even then, there is very limited access to pain control. I have taken care of women with end-stage cervical cancer who have taken the equivalent to Tylenol and ibuprofen for pain control. In terms of the acceptance of death, the community in general is very accepting of death as part of living. What we are lacking are more resources to help the patients in the community who choose palliative care for their loved ones.

I hear a lot about the needs of mission work, but I would like to know what is going on with metastatic breast cancer cases?
Treatment of breast cancer is ongoing, and for us in Malawi, it is really a question of resources and access. For patients with metastatic breast cancer, there is some chemotherapy that is available to them, but radiation is very limited with most people having to go outside of Malawi to receive radiation treatment. There's a cancer center being built that will hopefully provide radiation services, but that would be one cancer center in a country of 18 million people. So even with that cancer center, only a few patients will have access to radiation in Malawi, but the demand will be significant. Access to screening, such as mammograms, is very limited, so most breast cancers are usually advanced diagnoses. With regards to care of metastatic breast cancer, I think like most advanced cancers in Malawi, the resources are limited. This is an area that needs to continue to develop.

What does Pothawira do?
Our work at Pothawira focuses on healthcare, education, orphan care and economic sustainability projects. You can visit our website www.Pothawira.org and select "Learn" to read more information about the purpose, the people and the projects of Pothawira.

Pothawira has a new venture, which is a birthing center. How close are you to having that ready?
It is actually completed, furnished, and ready to go, but because of COVID, it's been delayed in opening. We should have already been operating for a year, but COVID restrictions have prevented it. So, now we are restarting the opening process. In the next few weeks, we should have the Minister of Health come by and do their inspection, and once we get their approval, we will hopefully be opening the birthing center in the next month or two.

When the birthing center at Pothawira opens, will the center provide C-sections?
We don't have the ability to do C-sections yet. C-sections are one of the things that I would very much like to do, so that will be phase 2. We have a relationship with Salima District Hospital (SDH) which has 2 operating rooms. We've met with the GHO at Salima District Hospital and the goal is to develop a relationship between the birthing center and the hospital that permits the coordination of an operating room and transport of a patient to the hospital who needs an emergency C-section. A group called Ob/Gyn Mom's Group (OMG), who are mothers that are Ob/Gyn physicians, donated $32K to pay for an ambulance. I'm looking forward to using the ambulance to transport birthing center patients who need C-sections.

Is Pothawira's agricultural section also used for teaching sustainable agriculture to the children and the populace nearby?
At this time, we're using the agriculture section largely to produce food for the kids in the orphanage and then the excess is sold to assist with sustaining the orphanage. The children do participate in the agricultural activities, and they are learning about sustainable agriculture; however, this has not been expanded to the community yet. Currently, we are considering the idea of starting a large commercial farm on another property outside of Pothawira. If this commercial farm is initiated, our hope is to utilize the farm to teach the community-at-large about commercial farming and sustainability farming.

How do people find out more about Pothawira if they would like to get involved?
We have a website, which is www.pothawira.org. The website has information about our trips under the "Engage" and "Connect" tabs. Before COVID, I've done yearly Kilimanjaro fundraising climbs for people who are adventurous and want to climb Kilimanjaro for a good cause. Hopefully, we will have a big Kilimanjaro trip in 2022. For more information about the opportunities that are available in your area of interest, Also, on the website you will find an email address for those who would like to connect with us for more information, the opportunities that are available and information about how we can plug them into their areas of interest.

Will Pothawira resume mission trips to Malawi in 2021 or 2022?
I'm vaccinated now, so I may make a trip to Malawi this year. Hopefully, my hospital will let me make a trip to Malawi this year. I think they will let us travel, but we may have to come back and quarantine after. I don't know that I will take a large group yet, we may schedule a trip in 2022 when more people have been vaccinated, and we have more of the herd immunity that would be more feasible for a larger group. But I think this year (2021), if I go, the trip will probably consist of a party of one or maybe two or three people.