Stephanie Byrne (pictured right) is a 2012 graduate of the EVMS/ODU Graduate Program in Public Health (Health Management concentration). She is currently working in Guam at the Guam Regional Medical City along with Nicole Kitchens (pictured left), a recent EVMS PA graduate. Guam Regional Medical City is Guam’s first multi-specialty and critical care hospital where Stephanie is the Medical Services Administration Director. When Stephanie was asked what she was involved with in Guam, this is what she said:

“So Guam is kind of an experiment in public health. If you don’t know where we are located, we are 5,974 miles west of California, 1,623 miles south of Japan, and 1,548 miles east of the Philippines. We are roughly 30 miles long and from 4-12 miles wide. To put that into perspective, we’re ¾ the size of Singapore. We are a tiny spec of land in the middle of the south pacific.

Our remote location makes healthcare a large problem on Guam. After WWII, the US government provided free hospital and health care services to the people of Guam after the US took territorial possession of Guam. With donations from the U.S. Navy and in conjunction with the Government of Guam, the first hospital was constructed in 1956 and Guam Memorial Hospital “GMH” opened doors as the Island’s first community hospital. It has been in operation ever since. However, the island has outgrown its hospital. The leading causes of death in Guam are similar to what you hear in the mainland US: Heart Disease, Cancer and Stroke. But what is shocking is that locals will experience their first heart attack by early 40s and current surveillance is showing heart disease diagnoses for individuals in their mid 30’s. Cancers are a battle on Guam and those who fall ill must seek care off-island. Given our remote location, this can cost in the $1000s in just airfare alone and quite often individuals cannot bring family and must seek treatment alone. Even then there are those people who cannot afford the flights and therefore are left to seek care on island where access and options are limited. Finally there are all sorts of weird pathologies on the island and diseases that a lot of our physicians have only read in books. Between poor health education, poor access and lack of specialized care, and tropical diseases it was clear that something needed to be done.
Enter the Guam Regional Medical City. We just opened our doors in July and we have been working very closely with the Public Health Department on Guam to ensure that we are meeting the population’s needs. We have brought some of the first specialties the island has ever seen and by the end of the year we will have established the first STEMI PCI program as well as a comprehensive stroke program, neurosurgery program and cancer program. Because of our close proximity to China, Korea, Vietnam, Japan, as well as the Micronesian islands we are a part of, we also get to dabble in medical tourism. We have also considered that our surgery teams might need assistance that they cannot readily gain access to so we have turned to telemedicine and considered this in our schematics for our OR. One of our rooms is extra-large with 4 large flat screen TVs that surround the table to allow for multiple angle views, that can connect us to any physician in the mainland that can assist on complicated surgeries. We’ve purchased instrument systems with integrated video abilities and our OR lamps in that room are also equipped with video. We are currently working with UCSD to launch our telemedicine program and we have been in close contact with local phone/internet companies who are working to bring underwater FIOS cables from Hawaii to Guam to help speed up our internet connection.

We’ve brought in teams of nutrition and health educators. The biggest comorbidity on island is Diabetes secondary to unhealthy lifestyles. The local cuisine here is a mixture of an Asian flare mixed with a pacific islander BBQ style fare that is high in sodium and low in nutrition. Another interesting roadblock is that tribal medicine is very prevalent on the surrounding islands and so when their residents are brought to us for care, we have to consider their religious beliefs while caring for the patient.

It’s not public health without Epi! Just this past May, we had a MERS scare on Island. We quickly rallied and together with Gov Guam, GMH, Public Health and our Administration, we opened up our isolation room and brought the patient in for quarantine. It was a happy ending, after 19 days, he showed no symptoms and was released and allowed to go home.

Our support with a potential crisis lead government officials to reach out for another potential public health threat: In May and June of next year, FestPac will bring 2,500 artists and delegates from throughout the Pacific to Guam. Tourists from abroad are also expected to join in on this artist festival and therefore the risk of disease has health officials on high alert. The Secretariat of the Pacific Community (SPC) has built a team to include a Senior Epidemiologist, Communications officer, and a Policy planning team lead who will be working with our pathology team for testing and processing to ensure adequate disease surveillance and prevention!

My job so far has been a little bit of everything that I got to learn in my program all blended into one. Global health, health education and promotion, health policy and hospital management, and now with FestPac, epidemiology! I definitely stay busy."