

Global Health Newsletter

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Staten Island University Hospital

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Americas

Increase in Silicosis in California

The demand for engineered stone is surging projected to grow 9.6 percent by 2026. Since 2021, it has become the most popular choice for countertops in the United States, constituting over 60% of countertop and continuing to gain popularity. Engineered stone, also known as artificial or synthetic stone, is composed of crushed quartz bound together with resin. However, those involved in cutting and polishing slabs of engineered stone face exposure to tiny particles of crystalline silica which leads to silicosis.



<https://www.ucsf.edu/news/2023/07/425871/deadly-dust-engineered-stone-making-california-workers-sick>

California is seeing a significant increase in silicosis cases, particularly among its Latino immigrant workforce working with this engineered stone and do not wear proper protection. Traditionally, silicosis was seen in individuals in their 60s and 70s, following decades of exposure to silica. However, this lung disease is now affecting much younger individuals, even those in their 20s, due to the higher silica concentrations found in engineered stone compared to natural stone.

Workplace safety regulators in California estimate that silicosis will afflict anywhere from 485 to 848 of the approximately 4,000 workers in the state, leading to the death of 61. A recent study conducted by physicians from UCLA and UCSF revealed that nearly a fifth of those diagnosed with the disease died, with the median age at death being 46. Over half of these cases experienced delays in diagnosis, often being misdiagnosed with pneumonia and tuberculosis. Once diagnosed, over a third already had severe scarring of their lungs. Of those in the study diagnosed, 45 percent of them continued to work in the industry as the need to support their families were too great. There is no current treatment, only a lung transplant.

The increasing incidence of silicosis has ignited discussions about the need for enhanced safety measures to safeguard workers. Nearly half of the affected workers who were part of the UCLA and UCSF study reported that their workplace used water to control dust, and roughly a quarter mentioned always having respiratory protection. Nevertheless, some studies have demonstrated that in some workplaces, the dust concentration is so high that respirators are unable to effectively filter out sufficient silica particles. It is unclear if the implementation of the necessary measures to protect workers are feasible due to high costs which has led to debates over whether engineered stone should be banned altogether.

Further reading

https://www.latimes.com/california/story/2023-09-24/silicosis-countertop-workers-engineered-stone?utm_source=Global+Health+NOW+Main+List&utm_campaign=12b7d7cac8-

[EMAIL_CAMPAIGN_2023_09_26&utm_medium=email&utm_term=0_8d0d062dbd-12b7d7cac8-3558646](https://www.latimes.com/california/story/2023-09-24/silicosis-countertop-workers-engineered-stone?utm_source=Global+Health+NOW+Main+List&utm_campaign=12b7d7cac8-EMAIL_CAMPAIGN_2023_09_26&utm_medium=email&utm_term=0_8d0d062dbd-12b7d7cac8-3558646)

Middle East/Northern Africa

Israel-Hamas War

Background

Britain assumed control over Palestine following its defeat of the Ottoman Empire in 1918, which previously governed the region. Palestine was home to an Arab majority, Jewish minority and several smaller ethnic groups.

1947: In the wake of the Holocaust, the United Nations passed a resolution to partition Palestine into separate Jewish and Arab states, designating Jerusalem as an international city. Jewish leaders accepted this proposal; however, the Arab side rejected it.

1948: Failing to resolve the conflict, Britain withdrew from Palestine, and Jewish leaders proclaimed the establishment of the state of Israel. This declaration ignited clashes between the Jewish and Arab communities, leading to displacement of hundreds of thousands of Palestinians from the area.

What is Gaza?

Gaza is a narrow strip of land, measuring 25 miles in length and 6 miles in width, situated between Israel, the Mediterranean Sea and Egypt. With a population of 2.3 million, it ranks among most densely populated areas globally. Gaza is divided into five governorates: North Gaza, Gaza City, Deir el-Balah, Khan Younis and Rafah.

Following the 1948-49 conflict, Gaza was occupied by Egypt for 19 years. In 1967, Israel assumed control of Gaza, a situation that persisted until 2005 when Israel withdrew its control. In 2006, Hamas emerged as the victor in the Palestinian elections and subsequently took control of Gaza. Hamas, an Islamist militant group dedicated to Israel's destruction, is designated as a terrorist organization by many countries worldwide. Gaza has been under an Israeli air, land and sea blockade since 2007.

The Current Situation

Below is a concise timeline of key events; however, it is important to note that ongoing fighting have also been taking place in Gaza, the West Bank, Israel, Syria and along the Israel-Lebanon border.

October 7: At 6:30 am, Hamas fired thousands of rockets into southern Israel. Roughly an hour later, Hamas infiltrated Israel and killed and kidnapped people in Israel. One of the places Hamas entered was a Supernova music festival in a southern city where they killed and kidnapped attendees both of Israeli nationality and others from over 40 countries. The estimated number of kidnapped individuals ranges from 200 and 250. Israel responded with attacks in Gaza around 10am.

October 8: Israel formally declared a state of war against Hamas.

October 9: Israel imposed a "total blockade" on Gaza, including restrictions on water and food.

October 11: Gaza's sole power station ran out of fuel, leaving the population reliant on backup fuel-run generators. Air raids by Israel on Gaza continue. Destruction occurs on the Palestine Red Crescent headquarters and United Nation buildings.

October 12-13: Israel continued to bomb Gaza. The Israeli military ordered 1.1 million Palestinians residing north of Wadi Gaza, the boarder between the Gaza City and Deir el-Balah governorates, to relocate south within 24 hours. Hamas continued launching rockets towards southern Israeli cities.



<https://news.sky.com/story/israel-hamas-war-the-latest-conflict-in-maps-12980904>

October 17: Al-Ahli Arab Hospital in Gaza City was bombed, resulting in hundreds of casualties. Israeli officials attribute the blast to rockets launched by the Palestinian Islamic Jihad militant group, while Palestinian officials claimed it was the Israeli military's doing.

October 21: Tens of thousands of Israelis were evacuated from towns near the northern border of Israel and Lebanon due to fighting between the Israeli army and Hezbollah.

- Hamas released two hostages.

- The Rafah border crossing, the border between Gaza and Egypt, opened, allowing the entry of first aid trucks into Gaza.

October 23: Hamas released two elderly Israeli women, while their husbands remain in Gaza.

October 24: The Health Ministry in Gaza announced that due to the Israeli attacks, 12 hospitals and 32 clinics have been affected and are now unable to provide healthcare services. According to the same data over the past 24 hours there have been an estimated 700 Palestinian casualties.

October 27: Phone and internet service in Gaza was severed leading to a communication blackout.

October 28: Israeli Prime Minister Benjamin Netanyahu announces that the military has begun a "second stage" in the war against Hamas by sending ground forces into Gaza and will expand attacks from the ground, air and sea. He states the goal is to "destroy the military and governmental capabilities of Hamas and bring the hostages home."

October 29: Phone and internet service in Gaza is restored.



Further reading

<https://www.aljazeera.com/news/longform/2023/10/17/mapping-the-israel-palestine-war-major-events-on-the-ground>

<https://www.vox.com/world-politics/23921529/israel-palestine-timeline-gaza-hamas-war-conflict>

<https://www.vox.com/2023/10/7/23907323/israel-war-hamas-attack-explained-southern-israel-gaza>

Asia/Pacific

Lead Found in Turmeric in Bangladesh

Lead poisoning, a cause of approximately 5.5 million premature deaths each year, remains a global health concern. Bangladesh, despite phasing out leaded gasoline in the 1990s, has grappled with elevated lead levels. A recent investigation discovered that the source of the problem was lead-adulterated turmeric.

Turmeric, an essential spice in South Asian cuisine known for its vibrant yellow color, was found to contain dangerous levels of lead. To enhance its yellow color, additional yellow pigment was added which turned out to be derived from lead chromate.

This discovery prompted action from governmental officials and the Bangladesh Food Safety Authority, resulting in a two-part approach. First, they launched an extensive educational campaign to inform the public about the dangers associated with lead exposure. This involved distributing press releases, meetings with business proprietors and placing over 50,000 educational posters in various public spaces. Second, authorities carried out targeted raids on stores, inspecting turmeric stocks for lead contamination. The government also made turmeric adulteration a prosecutable offense.

In 2019, the percentage of lead contaminated in turmeric was 47 percent which dropped to zero in 2021. The result was that blood levels dropped a median of 30 percent in the affected population.

Further reading

<https://www.vox.com/future-perfect/2023/9/20/23881981/bangladesh-turmeric-lead-poisoning-contamination-public-health>
<https://pubmed.ncbi.nlm.nih.gov/25214856/>



<https://news.stanford.edu/2019/09/24/lead-found-turmeric/>

Sub-Saharan Africa

Bird Flu in South Africa

South Africa has culled about 7.5 million chickens (2.5 million chickens bred for meat and 5 million bred for egg-laying) which represents about 20-30% of South Africa's total chicken stock. This culling was initiated in response to the emergence of two distinct strains for avian influenza. It is estimated that 205,000 of chickens have perished in at least 60 outbreaks within the Gauteng province, encompassing South Africa's largest city, Johannesburg. The South African Veterinary Association has indicated that the avian flu may impact as many as 10 million birds. Consequently, some grocery stores in Johannesburg have imposed limits on the number of eggs customers can purchase.



<https://www.npr.org/2023/10/04/1205542047/south-africa-culls-millions-of-chickens-in-an-effort-to-contain-bird-flu-outbreak>

Eggs are an important and affordable stable source of protein in South Africa. The avian flu outbreak has caused an increase in egg prices. The South African poultry industry has already encountered challenges stemming from power shortages which resulted in electricity blackouts. In January, South African farmers reported the need to cull 10 million young chicks due to these blackouts.

Efforts to combat the avian flu include vaccines, with estimates suggesting they will become available for use within two to six months. In the interim, containing the outbreak relies on effective culling practices. However, South African farmers do not receive compensation for their losses, making it challenging for them to comply with orders to cull. In contrast, farmers in the EU and US are compensated for culling.

According to the United States' Centers for Disease Control and Prevention, there have been 21,000 avian flu outbreaks worldwide between 2013 and 2022, with annual numbers on the rise. Thankfully, human infections from bird flu remain rare.

Further reading

<https://www.npr.org/2023/10/04/1203542047/south-africa-culls-millions-of-chickens-in-an-effort-to-contain-bird-flu-outbreak>
<https://www.iol.co.za/lifestyle/food-drink/bird-flu-in-south-africa-expert-explains-whats-behind-chicken-crisis-0e02b6e1-9228-4629-9b8b-88cea7fcb122>

Europe

The Spiral Case: IUDs Implanted in Without Consent in Greenland's Indigenous Women and Girls

Thousands of Indigenous Inuit women and girls from Greenland have come forward, alleging that in the 1960s and 1970s, they were subjected to unwanted intrauterine devices (IUDs) insertions. 67 of these women are lodging a complaint with the Danish government, seeking \$42,000 USD in compensation each. This complaint was presented to the Danish Prime Minister, Mette Frederiksen's office on October 2nd. The IUDs were placed in an attempt by the Danish government to control the growth of Greenland's Indigenous population.



https://bioe.dgc.org/public_health/population/denmark-to-investigate-claim-of-iud-campaign-of-population-control-in-greenland-in-the-60s-and-70s/

IUDs were placed in underaged girls with the youngest currently known being 12 years old at the time. Naja Lyberth, one of the women, disclosed that she was only 13 when she underwent the procedure without her or her parent's knowledge or consent. Although the precise number of women and girls who were subjected to IUD insertion remains unclear, data shared by health officials and discovered during an investigation by a Danish broadcaster suggests that "4,500 IUDs were inserted in a population of approximately 9,000 women" between 1966 and 1970.

Greenland was a former Danish colony and, in 1953 was integrated into Denmark as a district. However, in 2009 Greenland successfully achieved autonomy over much of its domestic policy and governance.

During the period of the IUD campaign, Denmark was undergoing a process of "modernization." In 1972, a study conducted by a health officer in Greenland assessed the IUD program and deemed it a success, as it effectively curtailed the population growth in Greenland, which was perceived to be "in excess" in comparison to the rest of Denmark.

These revelations bear resemblance to another dark chapter in Danish-Greenlandic history when, in 1951, Greenlandic children were forcibly separated from their families and sent to Denmark to "re-educate" them. The Danish government ultimately apologized for this and provided \$35,000 USD in compensation to each victim.

Further Reading

<https://www.nytimes.com/2023/10/03/world/europe/greenland-indigenous-women-contraception.html>
<https://www.bbc.com/news/world-europe-66990670>

What's New at Northwell's Center for Global Health?

Daniel Leon MBA PMP

Northwell's Response to crisis in the Middle East

In the wake of the recent tensions in the Middle East, characterized by unfortunate outbreaks of violence affecting countless innocent civilians, the world watches with heavy hearts. The complexity and depth of this conflict have rendered many in dire need of both physical and psychological support. It is during these times of crisis that our Northwell family has consistently stepped up, showing compassion and dedication.

Due to the circumstances in the Middle East, there is an increased need for psychological support for those affected. We are thankful to have received numerous outreach messages from you, seeking ways to offer assistance and urging us to develop a support program for those grappling with the psychological aftermath.

Our Plan Moving Forward

In response, we have formulated a plan to provide *Psychological First Aid* to those affected, both within our community and in the Middle East. Spearheading this initiative will be our trauma experts from the *Center for Traumatic Stress Resilience and Recovery (CTSRR)*. In collaboration with *Northwell's Center for Global Health* and the *Centralized Transfer Center*, they aim to organize and streamline this much-needed effort. Our dedicated therapists at CTSRR will be offering brief, impactful sessions.

Join the Cause

We cordially invite all clinicians within psychiatry and behavioral health to participate in this initiative. This isn't just about providing therapy; it's about standing with humanity in its hours of need.

What Volunteering Involves:

1. Training: If you choose to volunteer, you will undergo a comprehensive training in Psychological First Aid to ensure that you're equipped with the tools and knowledge required to provide effective and empathetic care.
2. Support & Consultation: As you step up to provide care, remember that you won't be alone in this journey. We promise to provide ongoing support and consultation to assist you in delivering the best care possible.
3. Neutrality: Our goal is to extend help to all those in need, regardless of their political stance or religious beliefs. We urge volunteers to uphold this principle of neutrality and offer compassionate care to all.

Express Your Interest:

If you feel the call to be a part of this initiative, we encourage you to express your interest by filling out [this form](#). Your contributions can make a profound difference in someone's life.

The Center for Global Health is immensely proud of the Northwell community and its unwavering spirit to aid in times of crisis. Your proactive interest and continuous support are the pillars that enable us to make a difference on a global scale. Once we have reviewed the responses, our team will reach out with follow-up steps and more detailed information.

Together, we can make a lasting impact. Let's unite in this endeavor to bring healing and hope to those affected.

World Mental Health Day

The Center for Global Health and the International Team at Northwell Health, cut their monthly global health meeting where they collaborate on all of Northwell's global programming, short last week to visit friends at PDA Pizza in NYC and learn how to make pizza. The trip was to encourage collaboration away from work and take a break from the strain dealing with global healthcare can put on our mental health. Some cool facts we learned : olive oil imported from Italy works best for the dough making process; organic whole wheat dough works the best, and the secret to every NYC bagel and pizza in town is the NYC tap water. The center for global health and the international team at Northwell encourage all of our team members to take a mental health break whenever possible and put our focus on the people, places and things we love most.



Northwell Global Gets Inclusive

Northwell's Center for Global Health recently participated in an Inclusive Leadership seminar. Hosted by Maxine Carrington, Chief People Officer at Northwell Health, and Dr. Jennifer Mieres, SVP of the Center for Equity of Care at Northwell, the seminar brought together guests from various Northwell departments, including the Center for Global Health. It highlighted the significant steps Northwell has taken to foster an inclusive work environment. These measures encompass revamped resume review processes, support for team members from diverse backgrounds and beliefs, and tracking metrics that affirm Northwell's commitment to diversity, equity, and inclusion. The timing of this seminar was equally important, given the escalating tensions overseas, particularly affecting Northwell team members connected to Palestine and Israel. It served as a reminder that at Northwell, unity isn't about sameness, but about embracing and valuing our differences.



Upcoming Lectures/Conferences

Global Health Podcast

Episode 27: Risking Lives to Save lives: Health Workers in Conflict Zones

This episode dives into the circumstances and risks health workers face in conflict settings. Host Garry Aslanyan speaks to a health worker who has been on the frontline of recent conflict in Sudan. Their testimony is discussed with Susannah Sirkin, former Director of Policy at Physicians for Human Rights, and Samer Jabbour, a cardiologist who has worked in the area of conflict in health since war broke out in his home country of Syria.

<https://tdr.who.int/global-health-matters-podcast/risking-lives-to-save-lives-health-workers-in-conflict-zones>



Strengthening research and translating research priorities into policy and practice

Objectives of webinar

- Outline the global research priorities identified through the first WHO “Global research agenda on health, migration and displacement.”
- Highlight the critical implementation steps needed now for national, regional and global actors, in order to strengthen health, migration and displacement research globally to provide evidence-informed, sustainable and migration- and displacement- sensitive solutions to global public health challenges.

<https://www.who.int/news-room/events/detail/2023/10/30/default-calendar/launch--who-global-research-agenda-on-health--migration-and-displacement>

Health Equity Discussion

Time: November 2 at 12pm

<https://events.jhu.edu/form/HealthEquityNov2023>

Darren Wethers, MD, CPE. Dr. Wethers will present on healthcare access.

Mission: The Johns Hopkins Health Equity Group is a solutions-driven group that works to create healthier communities through advocacy, policy review and reform, and community empowerment to create more equitable health outcomes in underserved communities.