Supercourse Newsletter
www.pitt.edu/~super1/
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Dear Friends

Please distribute this to all in global health who have a fire detector or app

Mobile Global Health: An App-etite for Apps We still have the number 1 position and 5 links in the top 10 for the search 'mobile global health.' This is out of a remarkable 700 million. Please go to http://www.pitt.edu/~super1/globalhealth/mobileGHS.htm to see the site. At our site is an app collection where Dr. Marler has harvested and categorized the apps of science and health. There are fascinating apps and tools for self-monitoring CO, SO2, smoking , physical activity, body temperature, etc. The future of epidemiology and global health, monitoring and behavior change is app-demiology and global app health. We need your help. Have you found any cool apps? Let me know (ronaldlaporte@gmail.com) and I will tell our global team.

"And no, we don't know where it will lead. We just know there's something much bigger than any of us here." (Steve Jobs)

Occupational Health: Last week Faina and I went to a fascinating meeting on occupational health which was headed by a remarkable person, Maryann M. D'Alessandro, PhD of NIOSH. We are discussing with her the concept of Personal Protective Technology Supercourse at NIOSH. We talked with many people at NIOSH, EMS, even those in the police department. They provided a very different perspective of "homelessness" as a job, and the exposures on the job. A policeman who headed the bomb squad in California indicated that the homeless costs his group considerable money as people see a lost bag from someone who is homeless and think that it is a bomb. If you are interested in occupational health, please join. Occupational health is of interest as government, industry, and academia are involved. An Occupational Health supercourse that cuts across all would be very powerful and a new model.

As we look ahead into the next century, leaders will be those who empower others. Bill Gates

Thank you: I appreciate all the support that you have sent to us concerning mVET and now mHomeless. There appears to be considerable interest in Global Health for the bottom 1%. We have made significant movement and would very much appreciate your help. One of the most important aspects of mVET and mHomeless is how we plan to reduce the markedly excessive mortality by 50% in 5 years.

We have had excellent discussions with former surgeon general of the US, Richard Carmona, M.D., and former head of the VA, Jim Peake, Ph.D. In addition, Jay Sanders, M.D., the father of telemedicine. I have asked them to be a part of the mVET task force. We plan to add more people to the task force once we begin mVET, and would appreciate your suggestions. There has been several major advances. I appreciate all of you who provided comments to the FCC to give preference to Homeless Vets, homeless women Vets, and Native American/AIAN homeless veterans. Pat Gallent has been extremely helpful in understanding how the FCC works. Also

Ron Conelly has been very helpful in crafting a resolution about mVET. It has been most interesting to see this evolve for one in academia, this is a different world.

mHomeless: Jay Sanders and I have begun discussions with leaders in the Telemedicine community in India. India has a very large homeless population, estimated to be over 78 million. Also, unlike many other populations homeless have been “born into” their role in life because of the caste system. Also, now the lower castes have considerably greater upper mobility then 50 years ago. Data on the epidemiology of homelessness are limited. Estimates of the numbers of homeless vary from 2-78 million in India, and there is virtually nothing known about mortality. We see that for India and other countries a Global mHomeless program can evolve to reduce mortality as in urban areas (where most of the homeless are), one can reach almost every homeless person in India (an many other countries) because either the homeless people have a cell phone, or a family member or friend, or someone in the community does.

“I'm a great believer that any tool that enhances communication has profound effects in terms of how people can learn from each other, and how they can achieve the kind of freedoms that they're interested in. ” Bill Gates

Who to call? The next step is to identify with mVET and mHOMELESS is to whom people should connect. We have seen many call services that potentially could be used: NGOs, disabled vets, aging call centers, EMS or police and fire. We have to identify which organizations we could work with and how this can be supported to save lives.

Targeting prevention: We also been discussion who to prevent the frost bite-toe amputation, multiple toe amputation and death cycle, as well as in Arizona for example, heat stress, heat stroke and death.

I was thinking about this as I am paying my Guardian Protection services. It is interesting that companies like this prevent heat deaths, as well as prevent murders and rapes. It has a very effective call center as well.

Perhaps we can use this model to produce homeless protection services. There are some very neat apps for monitoring skin temperature, and 911 apps to prevent death from muggings. I like the concept of HPS (Homeless protection services) based upon the Home Protection Service model. For each one of these the cost would be very low and sustainable, e.g. giving a blanket to a homeless person once the HPS alarm goes off at a critical temperature. Or bringing water or air conditioning to a person whose temperature is high. I think that a Homeless protection system could have a profound effect on reducing mortality

Epidemiology of Homeless health: We are beginning to write an article on homeless epidemiology and health. If you have articles and information, please let us know.

Join the mHomeless team: A critical aspect of homeless health is that even we in public health do not pay attention. It will be important in our teaching, especially in disparity lectures, to encompass the health of the homeless. It is very important to examine the health of the homeless through the lens of epidemiology and global health.

Faina’s pick of the week

Terry Bentley, Tribal Government Relations Specialist, donated to the Supercourse a beautiful lecture on VA Office of Tribal Government Relations. American Indians and Alaskan natives have one of the highest representations in the armed forces compared to other minorities, with over 200,000 veterans in the US. The VA consults with American Indian and Alaska Native tribal governments to develop partnerships that enhance access to services and benefits by veterans and their families. Since Native Americans have very unique health challenges, especially in the contexts of homelessness and veterans' health, we feel that this lecture is a very important step to the development of mVets projects. mVets is a new effort within the Supercourse to improve the health of veterans, especially minority veterans.

Lecture by Terry Bentley can be found at http://www.pitt.edu/~super1/lecture/lec46601/index.htm

If you have any lectures that you would like to share with the Supercourse, please email them to super1@pitt.edu