GLOBAL HEALTH DAY

Engaging Dartmouth:
Opportunities in Global Health Diplomacy

WEDNESDAY, APRIL 22, 2015
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About
Global Health Day is an annual, all-campus, multidisciplinary event hosted by the Global Health Initiative (GHI) in the John Sloan Dickey Center for International Understanding at Dartmouth College. The goal of Global Health Day is to showcase and celebrate the diversity of research programs, fellowships, and courses available to Dartmouth students in global health and to develop the engagement of students, faculty, and researchers in global health policy and diplomacy both in the U.S. and abroad.

Lisa V. Adams, MD – Faculty GHI Director, the John Sloan Dickey Center for International Understanding; Associate Dean for Global Health, Associate Professor of Medicine, and Associate Professor of Community and Family Medicine, the Geisel School of Medicine at Dartmouth
Jessica Friedman, MS, MPHc – GHI Program Manager, the John Sloan Dickey Center for International Understanding at Dartmouth

April 22, 2015

Networking Reception and Exhibits
Time: 4:00-5:00PM
Location: Russo Gallery, Haldeman

View the poster presentations and photo gallery and connect with faculty, staff and students engaged in global health activities across campus. Posters and photos will be on display throughout the day.

Refreshments Provided

Keynote Address: “Engaging Dartmouth: Opportunities in Global Health Diplomacy”
Speaker: Keith Martin, MD
Time: 5:00-6:00PM
Location: Haldeman 041
Keith Martin, MD is the Executive Director of the Consortium of Universities for Global Health (CUGH). CUGH is focused on improving health outcomes for the global poor. Between 1993-2011, Dr. Martin served as a Member of Parliament in Canada’s House of Commons. During that time he held shadow ministerial portfolios in foreign affairs, international development, and health. He also served as Canada’s Parliamentary Secretary for Defense. His main areas of specialization and interest are global health, international development, foreign policy, conservation and the environment. He is particularly interested in building and retaining capacity in low-income settings and scaling up proven interventions that will improve environmental and human security. As a parliamentarian, Dr. Martin created CanadaAid.ca, an online platform to facilitate partnerships between universities, governments, multilateral institutions, NGOs, and the private sector in order to strengthen north-south and south-south partnerships, scale-up research findings in low-income communities, and bridge the knowledge-needs gap. He has also worked to mainstream sustainable conservation and environmental practices into international development initiatives to achieve positive outcomes for the environment and people. Dr. Martin has been on numerous diplomatic missions to areas in crisis including Sudan, Zimbabwe, Mali, Niger, Sierra Leone, Colombia, and the Middle East. He served as a physician on the Mozambique border during that country’s civil war. Dr. Martin is the author of more than 150 editorial pieces published in Canada’s major newspapers and has appeared frequently as a political and social commentator on television and radio.

**Meeting of the Minds: Strengthening Global Health Engagement at Dartmouth**
Facilitated by Dawn Carey, MPH
Time: 5:00-6:00PM
Location: Haldeman 031

The "Meeting of the Minds" dinner is an opportunity for undergraduate, graduate, and medical students and faculty to discuss global health experiential learning opportunities on and off campus. The goals for the workshop are:

- To provide attendees with an overview of global health at Dartmouth
- To promote critical thinking about how we carry out global health projects (both individually and at the institutional level)
- To promote relationship building across different groups/schools and interests
- To prompt future action and improvement of global health at Dartmouth
Pre-registration required to attend

**Satellite Event: Careers in Global Health, Policy and Practice**

Date: Thursday, April 23, 2015  
Time: 12:30-1:30PM  
Location: Haldeman 124

Join our keynote speaker, Keith Martin, to learn about his career path, which spans the fields of medicine, policy and development.  
**Please RSVP to GHI@dartmouth.edu; lunch will be provided.**

**Acknowledgements**

Special thanks to our dedicated planning committee and faculty, staff and student judges for our poster, photo and essay competitions. Without your engagement this day would not be possible.

**Planning Committee**

Diana Wise ’15, GHI Intern, Co-Chair  
Laura McCulloch ’16, GHI Intern, Co-chair  
Oumou Bah TDI ’15  
Neil Bhatt ’14, MED ’18  
Victoria Chi ’17  
Sarah Kleinschmidt MED ‘17  
Peter Luckow MED ’18  
Aishat Mustapha TDI ’15  
Claire Wellbeloved-Stone TDI ‘15

**Poster Judges**

**Jonathan Elliot, PhD** - Lecturer of Engineering Sciences  
**David Goodman, MD** - Professor in Pediatrics and Community Family Medicine  
**Kristy Hendricks, RD, ScD** – Associate Professor in Pediatrics and Community Family Medicine  
**Lisa Purvis, MBA, MPH** – Lecturer, TDI, Program Manager Hood Center for Children and Families  
**Peter Thurber, MPH, M.Ed** – Lecturer and Curriculum Specialist, TDI

**Essay Judges**

**Kenneth Bauer, PhD** - Lecturer, Asia & Middle Eastern Studies Program and Institute for Writing & Rhetoric, Coordinator, Human Development Initiative, Dickey Center  
**Catherine Pipas, MD** -
Bill Roebuck, PhD- Professor of Toxicology, Geisel and Adjunct Professor of Environmental Studies
Rebecca Zaha, MPH- Research Project Director, TDI

Photo Judges
Lars Blackmore MALS ’16, Experienced photo journalist and graphic designer
Eli Burakian ’00, College Photographer
Josh Renaud ‘17
Poster Abstracts

Ian Speers ’17 and Kristina Mani ’16
Title: CDC’s Entry Screening for Travelers Returning From Countries with Ebola

Abstract: For ten weeks, Ian Speers and Kristina Mani interned at the Centers for Disease Control and Prevention in Atlanta, Georgia. Within the CDC, they worked in the Division of Global Migration and Quarantine’s Global Migration Task Force in the Emergency Operations Center. Their work supported the enhanced entry screening of travelers returning from countries with Ebola. Ian worked as a Liaison Officer for the Domestic Assistance Team and as the CARE+ Program State Coordinator. Kristina worked as a member of the Domestic Training Team, within the Ebola Communications Team. They are grateful for the opportunity to have contributed to the CDC’s efforts in fighting this outbreak.

Area of Focus: Public Health Emergency Response/ Infectious Disease Control

Marina Plesons ’15 and Amanda Zieselman ’15
Title: PeDDTB: A Low-tech, high-impact system to improve the accuracy of pediatric TB treatment

Abstract: Tuberculosis affects over 500,000 children annually. PeDDTB is a low-tech, high-impact two-step process to improve the accuracy of pediatric TB treatment, as there are currently no accurate pediatric formulations of the medications available. The first tool is a modified version of the Mercy TAPE, which gives a highly accurate weight estimation without the need for scales. The other is a device that will easily and precisely cut/crush medication tablets and dispense the correct amount of medication for each weight class. We plan to travel to Rwanda this summer to pursue a cultural sensitivity trial, with later development steps to follow.

Area of Focus: Infectious disease/ pediatric diagnostic devices

Tara Kedia MED ‘17
Title: Equitable Access to Global Health Internships: A Pilot Programme at the WHO Headquarters

Abstract: The World Health Organization Headquarters (WHO-HQ) in Geneva, Switzerland, runs a competitive internship programme accepting over 600 interns per year. Internships at WHO-HQ support professional growth and are direct investments in human resources for health that strengthen national health systems. However, access to these internships is not equitable. In 2013, 25% of WHO-HQ interns came from Low- or Middle- Income Countries (LMICs), but only 2% of interns were currently studying in LMICs. The high cost of living in Geneva and lack
of salary are likely amongst the factors preventing those from LMICs from completing WHO-HQ internships. Equitable Member State representation in WHO-HQ internships promises to improve the organizational performance and outputs of WHO-HQ, and build more geographically representative international health institutions in the future. The Network of WHO Intern Alumni (NWIA), an organization of former WHO interns, is piloting a program in Winter 2015 to financially support WHO-HQ interns from LMICs. This will be evaluated qualitatively using video-documentary and reflective essays by supported interns, and quantitatively via annual WHO-HQ intern demographic surveys. Our aim is to advocate for all major global health agencies to provide more equal training opportunities as a critical method of health systems strengthening through capacity building.

Area of Focus: Education

Divya Mishra MED ’18
Title: Compensating Disability in Post-conflict Kashmir

Abstract: Armed conflict is known to substantially increase the burden of disability in affected regions. The heavily militarized Kashmir valley in India’s northernmost state of Jammu and Kashmir has a large population of disabled individuals. The state of Jammu and Kashmir has implemented a number of pension schemes to compensate civilian victims of conflict-related violence, including Rehabilitation of Victims of Militancy (RVM) scheme. This study examines the effectiveness of the RVM scheme in compensating civilians whose disabilities are related to conflict-related violence. The research presented is based on five months of ethnographic data collected between 2012 and 2014 in rural Kashmir. Open-ended interviews were conducted with 35 disabled beneficiaries of the local NGO Hope Disability Center (HDC). These interviews were supplemented by semi-structured interviews with six HDC staff members. The results of this research may assist in making disability compensation programs more effective in reaching target populations in similar post-conflict settings.

Area of Focus: Public Health/ Disability and Conflict

Brendan Cronin ’15
Title: Underutilization of Isoniazid Drug Therapy to Prevent TB Disease Progression in Swaziland

Abstract: Swaziland has high rates of TB and HIV and progression of latent TB infection to TB disease is more likely in immunosuppressed populations. We examined whether Isoniazid preventive therapy (IPT) – a 6 month course of which prevents progression of latent infection – was being implemented at four facilities in Swaziland. Through retrospective reviews, we determined that IPT data collection, patient enrollment and treatment outcomes were poor. The experience
demonstrated the importance of fieldwork in informing study design, the dexterity required to respond to unanticipated resource complications and the necessity of incorporating cultural and geographical context when designing interventions.

**Area of Focus:** Infectious Diseases

**Auriel August MED ’17**

*Title: Studying Pulmonary Function in HIV Positive Tanzanian Youth Communicable Diseases*

**Abstract:** Survival into childhood with an untreated HIV infection was once considered unusual, but has increased in recent years. This has spurred further interest in studying the health of adolescents living with HIV. There have been two major reports from Zimbabwe (Ferrand et al., 2007) and Malawi (Zverez et al., 2001) of a decrease in pulmonary function in HIV positive youth, especially if they had delayed onset of treatment. The purpose of this study is to investigate the pulmonary function of HIV positive Tanzanian children. This study will help determine the importance of monitoring lung function in HIV patients and if a pulmonary treatment regimen should be instituted.

**Area of Focus:** Infectious Disease

**Spencer James MED ’16**

*Title: Symptomatic Diagnosis: Computer-based disease diagnosis and epidemiology in resource-limited environments*

**Abstract:** Improved epidemiological data is critical for measuring the burden of non-communicable diseases (NCDs). Computer-based diagnosis based on self-reported signs and symptoms (“Symptomatic Diagnosis”, or SD) may be a promising method for collecting higher resolution information on the NCD disease burden. We collected 1,379 symptom questionnaires in the Mexico City area for patients with a known diagnosis. We demonstrated that data-driven diagnostic algorithms are capable of accurately diagnosing and measuring the prevalence of certain conditions, and that they outperform current estimation approaches used in epidemiological studies. This powerful approach can provide higher resolution prevalence data in low-resource areas of the world.

**Area of Focus:** Epidemiology

**David Whitehead MED ’17**

*Title: Trends in Meningitis Hospitalizations Before and After 7-Valent Pneumococcal Conjugate Vaccine introduction in Rwanda, 2002-2012*
Abstract:
Objective: To analyze the trends in meningitis hospitalizations in children at Rwanda’s main referral hospital before and after PCV7 introduction.

Methods: We performed a descriptive analysis and assessed the odds ratios of being diagnosed with bacterial meningitis and of dying after being hospitalized with suspected meningitis after introduction.

Results: Hospitalized patients were 39 percent less likely to have bacterial meningitis post PCV7 introduction than before introduction. Children were 42 percent less likely to have died after introduction than before introduction.

Conclusion: Our findings suggest PCV7 introduction in a low income setting reduced odds of bacterial meningitis hospitalizations and mortality.

Area of Focus: Pediatric Bacterial Meningitis, 7-valent Pneumococcal Conjugate Vaccine

Mina Ghobrial MED ’18
Title: Testing Algorithms to Predict Onset of Cerebral Malaria in Murine Models

Abstract: 20-50% of all malaria cases develop into cerebral malaria (CM). CM is a malaria syndrome consisting of decreased consciousness and coma in a patient with malaria. Its pathology is not clearly understood but many studies have shown increased coagulation activity (mechanism of blood clotting) in malaria. Plasmodium berghei ANKA induces CM in mice. Behavioral and neurological symptoms of mice experiencing CM are similar to those seen in humans. However, incidences of experimental CM are variable. In some experiments, nearly 100% of mice develop CM, yet in others, only 50% develop CM. Lack of understanding which and when infected mice will develop CM contributes to a weak understanding of the relationship between early pathological changes of CM and the resulting outcome. Creating an effective and reliable algorithm has a plethora of benefits; if optimized and improved upon, it will predict CM development in its early stages and the corresponding approximate time of death. Further, determining an association between coagulation cascade and the pathogenesis of CM could be important in future therapies and treatments.

Area of Focus: Infectious Disease, Malaria
Essay Abstracts

**Auriel August MED ‘17**

*Title:* “Black Privilege”

*Abstract:* This past summer I traveled to Dar Es Salaam, the capital city of Tanzania to work at the DarDar Pediatric Program (DPP). While my job description in Dar had lofty aspirations, I approached this experience as a chance to learn. While it is easy to comment on the lack of resources or infrastructure, what really inspired me was how the healthcare providers were able to provide such quality care despite the circumstances. To operate a hospital or clinic without running water, reliable electricity or Internet access would be debilitating to clinicians in the US, but in Dar it is everyday life.

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**Bharat Marai MED ‘16**

*Title:* "Occult Judgment"

*Abstract:* During my Family Medicine Clerkship I made a home visit that would shed light on my failings as an unbiased and compassionate medical provider. I describe the context and events of a clinical experience that plagues global health: involuntary medical prejudice. These prejudices affect healthcare in significant and subtle ways. It is important to demonstrate subtle ways in which our judgment is subjugated by the context of the patient. This ultimately affects medical care for domestic patients as well as patient globally.

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**Gautham Prakash ‘15 and Yichen Zhang ‘17**

*Title:* "Using Gloves as Balloons: our Experience in Honduran Healthcare"

*Abstract:* Over the recent spring break interim, we traveled to Honduras on a Norris Cotton Cancer Center initiative to introduce a novel HPV screening method for at-risk women. Our time with Honduran healthcare revealed a system of dichotomies. One where the beneficial effects of international public health efforts are juxtaposed with acutely neglected hospital wings. One where gleaming private clinics reside in the same city as dingy public hospitals, their prices just out of reach of the general populace. And one where dedicated physicians and local leaders seek to make the most out of very little.

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**Hilary Spencer PL-3 Hitchcock**

*Title:* "Global Health Reflection Essay"

Issues around palliative care and pain control vary in different cultural settings. Adequate pain control requires more than mere access to opioids. The human factor – nurses to assess pain and administer medications, family input on pain control, physicians to titrate medications – may be the most important resource in adequate pain control. Effective care requires a team effort regardless of how the team makeup varies across settings.

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**Ivy Shen ‘16**

*Title:* "Boston Healthcare for the Homeless"
Abstract: The mission of the Boston Health Care for the Homeless program is to provide highest quality health care for all homeless men, women and children in the Boston area. Doctors, social workers, and volunteers fulfill this mission by setting up daily clinics in soup kitchens and shelters. The clients are vulnerable homeless patients and this fills the community need of providing care to all. I traveled with the team to soup kitchens, transitional housing facilities, battered women’s shelters, and the streets and bridges of Boston to provide homeless patients with information, resources, and follow-up support tailored to their situations. The majority of my time was spent directly interacting with patients by leading patient activities for adults living in medical respite facilities, conducting patient surveys, and organizing and managing emergency clothing room. I also worked in admitting homeless patients into the Barbara McGinnis House. The rest of the time I will be organizing medical records and assisting the development department. I’ve grown emotionally immeasurably through this experience. I am more compassionate and patient and empathetic than I have ever been and I know that’s exactly who I need to be in order to be a good doctor.

Karampreet Kaur ’15
Title: “Preparation is Key, but It’s Not Always Enough”
Abstract: My two months as a Dar Dar Intern in Dar es Salaam, Tanzania were spent working in a pediatric AIDS clinic, gaining new skills, and forging connections with Tanzanian healthcare workers. A person obsessed with planning, I arrived in Dar having read all of the literature and taken all of the classes that I needed to prepare for my trip. However, I was confronted with some situations that I never could truly prepare for. These were the moments where I gained the most perspective and learned a lot about myself.

Kyle Bruce TDI ’15
Title: “Sole Saver”
Abstract: A podiatrist – what an unusual thing to say I was predestined to become. But here I am, following the completion of a surgical foot and ankle residency, now serving in a fellowship to advance the part of our profession in the global health realm. And because of those who came before me, who showed the way and helped me stand on my own two feet, I believe we can change the world and heal the wounded soles of millions.

Megan Rose Carr LaPorte MED ’17
Title: “Sitting With Suffering; an exploration of compassion in medical education”
Abstract: Multimedia narrative about overlap of Fulbright/medical experience in Thailand with medical school project on compassion in medicine.

Sandolsam Stone Cha MED ’15
Title: “The Power of One”
Abstract: Near the end of my medical school education, I began to question my long-held passions about global health, as I grew increasingly cynical in the kind of meaningful change could occur in places that are so resource-poor. A mentor from an
unexpected source in Ethiopia showed me, through her life experiences, what a difference one person can make in the world.

**Terence Hughes ‘17**

*Title: “The Pessimistic Optimist”*

*Abstract:* During December 2014, I was part of a group of Dartmouth students who travelled to El Hormiguero, a small town in rural northeastern Nicaragua, to staff a medical clinic. I went with a romanticized vision of global health work and expected to return home an international medical hero; I oversaw the importance of the development and global health lectures I had participated in and refused to believe that our work would be unsustainable. However, I quickly realized the helplessness of our efforts and struggled to grapple with the reality of global health work upon returning to America.
Arunsrinivasan Ponshunmugam ‘17  
*Title: Ultrasound, New Delhi, India, July 15, 2014*

Caption: The patient is listening as the doctor explains what her baby looks like and when she is due.

**Description:** The picture shows the woman learning about her soon to be born baby. However, she will not learn the sex of her baby, as it is illegal in India for the doctor to reveal the sex of the fetus (in order to prevent female infanticide). The clinic pictured serves a population of 400,000 slum dwellers and only has two doctors. Healthcare access is a critical problem in India and this is being repaired slowly.

I am simply shadowing the doctor. Through this experience I learned about how religion and medicine intersect. Many of the patients that would come to the clinic were muslim; the doctors would recommend birth control because of the poverty in which the women living in but because of religious conviction, the women often refused or their husbands refused on their wives’ behalf. Global health, I learned, cannot work unless it is context aware, whether this is religious or geographic context.

Arunsrinivasan Ponshunmugam ‘17  
*Title: Slum post-natal check up, New Delhi, India, July 14, 2014*

Caption: A community health worker in a crowded slum is surveying the health of the mother and the new born baby. The elder siblings of the new born baby are in bed, listening. Because of such post-natal check ups and community health workers, infant mortality rate in the slum has declined drastically.

**Description:** A regular slum in New Delhi will have incredibly high infant mortality rates but because of pre and post natal check ups given by community health workers, the slum pictured has an incredibly low infant mortality rate. This is a testament to how simple and targeted techniques save lives today. I helped with the check ups and shadowed the workers. I got to know the family pictured because of my frequent visits to their home.

The conditions in which the children are growing up in are difficult to digest. The room is the size of the bed and the children sleep on top and the parents sleep by the bed while the kitchen is underneath the bed. Because the residents pictured are muslim, they will have extraordinary structural barriers that will be between them and their wellbeing and success. Global health is not simply about healing diseases; it is improving the lives of all, especially those who have been marginalized. From this experience I have learned that medicine is simply the beginning; education,
financial inclusion and environmental health are all facets of global health that need to addressed as well.

**Edom Wessenyeleh ‘17**

*Title: Something to Smile About, Rampura Village, Barai Block, Gwalior District, Madhya Pradesh, India, February 18, 2015*

*Caption:* Operation ASHA’s community health provider, Sunil, preparing his netbook and fingerprint reader to track the patients’ doses.

**Description:** This photo depicts Sunil, a community health provider, preparing to administer supervised doses for each patient. Sunil utilizes Operation ASHA’s innovative, cost-efficient technology to ensure compliance through collecting and automatically storing biometric data. This photo highlights Operation ASHA’s rural model through which mobile providers mount their bicycles to provide door-to-door services and deliver TB treatment to the last-mile. Sunil overcomes the geographic barriers of healthcare delivery to rural areas, like Rampura Village, that would have been previously unreachable. The patients were compliant, took pride in their compliance to the TB regimen, and had nothing but smiles and positive things to say about the successful interventions and good rapport Operation ASHA has established within their community.

**Edom Wessenyeleh ‘17**

*Title: Palm Up, Rampura Village, Barai Block, Gwalior District, Madhya Pradesh, India, February 19, 2015*

*Caption:* Members of the Rampura Village gathered around Operation ASHA patient (photographed; striped shirt) to observe his supervised dose.

**Description:** Photographed in the striped shirt, the patient in this photo has his palm facing upwards, waiting for his dose of TB medications. This dynamic scene features multiple members of the community ranging from toddlers to grandparents. In this specific scenario, the fingerprint reader was malfunctioning and that highlighted the complexity about mobile healthcare delivery in such a rural, isolated area. What happens if the technology malfunctions? It goes to show how much consideration, time, and resources need to be put into the NGO’s operations to ensure a successful, scalable intervention. The deep, grassroots, community engagement was inspiring to observe because twenty or so people gathered to watch and learn from this patient’s experience with his own TB regimen. Sunil has become a true role model in the community and amidst the confusion and unknowingness of a disease like TB, comes the real-world solutions that Operation ASHA can provide for people.

**Yichen Zhang ‘17**

*Title: A Colourful Stride Towards Greater Cervical Cancer Awareness in Honduras, El Rosario, Honduras, March 21st, 2015*

*Caption:* Honduran women from nearby villages lining up for a cervical cancer screening clinic.
Description: The photo was taken in a rural mountain village in Honduras. A cervical cancer screening clinic was being hosted that day and nearly 100 women from surrounding villages showed up for testing. Considering the general lack of medical understanding, and the distance some women had to walk to reach the clinic, this was an amazing turn out, and a true testament to the advancements in women’s health in Honduras. Some of the women were even there for follow up screening, which shows the conviction and dedication of both the doctors and the patients.

Marina Pleasons ‘15
Title: Motorcycles to Fight Malaria, Musanze, Rwanda, August 2014
Caption: Dr. Fidele Ngabo (Director of MCH) and Dr. Maurice Gatera (Head of Vaccine Preventable Disease Division) smile in front of 50 motorcycles that were donated by The Global Fund to Fight AIDS

Description: Dr. Fidele Ngabo (Director of MCH) and Dr. Maurice Gatera (Head of Vaccine Preventable Disease Division) smile in front of 50 motorcycles that were donated by The Global Fund to Fight AIDS, Tuberculosis and Malaria to improve malaria surveillance in the northwestern regions of Rwanda. The number of malarial-associated deaths in Rwanda decreased by 85.3% between 2005 and 2011, but these motos will allow health workers to travel to rural communities to improve malaria monitoring even further.

Marina Pleasons ‘15
Title: Rwandan Ambulance, Road from Kigali to Musanze, Rwanda, July 2014
Caption: An ambulance travels the mountainous roads through the "land of a thousand hills" from Kigali to Musanze

Description: An ambulance travels the mountainous roads through the "land of a thousand hills" from Kigali to Musanze. Although traffic-related fatalities have decreased by 30% since 1996 due to improved infrastructure, stricter speeding limits, and increased numbers of vehicle inspections, fatalities from bus accidents are still common due to overcrowding on buses, lack of seat belts, and the high speeds used by drivers traveling from Uganda and Kenya (where national speed limits are >20kph faster).

Lye-Yeng Wong MED ‘18
Caption: Elementary school children learn addition in the concrete square they call their classroom.

Description: Daily survival over the ten weeks in Gambia was a challenge. It was a struggle. It was home. In Gambia, I contained my hunger and thirst throughout the month of Ramadan. I am not a Muslim, but everyone in my village was devout to Islam. I felt the respite of a cool breeze while sitting on branches of a favorite mango
tree. My chores included cooking over a charcoal fire and washing clothes in old buckets each day to prove my place in Banjulinding. The hard work paid off and I recognized the enormity when my neighbor trusted me to tie her baby on my back with a piece of cloth and accompany her to the market. The mutual trust and respect directly translated to my work at the school and health center, where the teachers and nurses became my mentors. I realized that communication is more than simply sharing a common language. The children expressed their genuine trust of me with hugs and shared their daydreams through chalk drawings. I felt humbled to be a small part of their admirable struggle to improve their condition. The value of the strength of the human bond is a lesson I will take with me in my future practice of medicine.

Spencer James MED ’16
Title: Child Health Week in Lusaka, Zambia, Lusaka, Zambia, June 24, 2011
Caption: In a barren warehouse converted into a temporary clinic on the outskirts of Lusaka, Zambia, a child receives immunizations and vitamin A supplementation.

Description: In a barren warehouse converted into a temporary clinic on the outskirts of Lusaka, Zambia, a child receives immunizations and vitamin A supplementation. This photo was taken during Zambia’s Child Health Week, a biannual campaign intervention targeting vitamin A supplementation, immunization, malaria control, growth monitoring and promotion, and deworming. Insecticide-treated bednets (ITNs) are also provided to families who need them. As I learned on my MPH practicum in Zambia, these interventions are largely volunteer-driven and aim to reach over 2 million children throughout Zambia. The impact of such interventions was manifest in the Global Burden of Disease 2010 study, which showed a steady decline in malaria deaths in Zambia from 2000 onward [1]. Other research has shown that over 80% of children in Zambia are fully immunized and that over 85% have received vitamin A supplementation [2]. The continuation of such successful programs will hopefully continue to improve child health in Zambia for years to come, and the measurement of this progress will continue to rely on the dedicated efforts of the health workers who provide the services shown in this photograph.


Spencer James MED ’16
Title: Rapid Diagnostic Tests for Malaria in Rural Zambia, Kazungula, rural Zambia, July 13, 2011
Caption: In a rural health clinic in eastern Zambia, a rapid diagnostic test for malaria shows a negative result.

Description: In a rural health clinic in eastern Zambia, a rapid diagnostic test for malaria shows a negative result. While malaria remains a major health issue in Zambia, the Global Burden of Disease 2010 study showed a steady decline in malaria deaths in Zambia from 2000 onward. The advent of RDTs has allowed for faster diagnosis of malaria to be made so that treatment can begin without delay in such clinical settings, where microscopy and trained technicians may be unavailable. Despite the significant challenges in treating and reducing malaria, this technology, which relies on an antigen assay, has improved our ability not only to treat malaria but also to more accurately characterize malaria epidemiology. The relatively low cost of RDTs has also helped make them available to low resource areas where endemicity is often the highest. In this clinic in rural Zambia, the community health workers use RDTs on a daily basis to diagnose and treat cases of malaria, and many of them are seeing profound benefits in their communities.

Spencer James MED ’16
Title: Community Health Worker in Rural Zambia, Southern Province, rural Zambia, July 14, 2011
Caption: In a small health facility deep in rural Zambia, a volunteer community health worker (CHW) stands over his medical supplies as he discusses work

Description: In a small health facility deep in rural Zambia, a volunteer community health worker (CHW) stands over his medical supplies as he discusses work. Working as a subsistence farmer most of the day, he also treats the local community for illnesses such as malaria and diarrhea and maintains health records for the area. I visited this clinic while on my master’s practicum focused on malaria epidemiology in Zambia. To me, this photograph illustrates how the complexity and difficulty of global health ultimately precipitate into the efforts of CHWs such as this man working on the frontlines of disease epidemics with a few basic tools, often in rudimentary facilities. The details in this scene further invoke a sense of austerity: the water stains on the walls, the simple, lone table, and the single malaria test kit box on the table. Reflecting on this more as a medical student, I further appreciate how incredible it is that these health care workers are able to diagnose and treat such serious diseases with such limited resources. This is a unique and powerful achievement in my eyes; yet, there is also a sense of universality in how providing service to our communities truly is at the core of medicine around the world.

William Boyce III MED ’17
Title: Colleagues and Teachers, Port-au-Prince, Haiti, March 20, 2014

Description: These two Haitian physicians worked at St. Luke hospital and graciously and skillfully educated our group of Geisel medical students during the 10 days of our visit
William Boyce III MED ’17  
*Title: Lost in Grief, Hmon Tine Lay, Bogale, Myanmar (Burma), 2008*  
Caption: UN visit to devastated community following a cyclone that killed 140,000 people.  

**Description:** I organized a meeting of high-level UN representatives that were also Burmese to visit one of the most impacted regions. This woman attended a meeting of the delegates and community members.

William Boyce III MED ’17  
*Title: Lineage of Survivors, Hmon Tine Lay, Bogale, Myanmar (Burma), 2008*  

**Description:** UN visit to devastated community following a cyclone that killed 140,000 people. This village lost 2/3 of its members. These women represent three generations of the community.

Michaela Staley MED ’17  
*Title: Without Wikipedia, Las Auyamas, Dominican Republic, July 2014*  
Caption: Undergraduate Dickey intern Delia O’Shea finds internet access from a hilltop perch over a remote village in the Dominican Republic  

**Description:** While working on a community development project in the Dominican Republic, interns Delia O’Shea and Michaela Staley found the only place in the village from which they could reach a strong enough signal for internet access: the top of a hill in a neighboring cattle field. As a consequence of poverty and isolation, internet is scarce here, making it difficult for the people of the community to access accurate information about their health. As such, knowledge is never taken for granted, a noticeable contrast from the society in which we operate, where millions of sources of information are readily at our fingertips in 0.71 seconds. Our project was to assess the health needs of the community and find ways to share information that will be passed on through formal and informal community health promoters.

Michaela Staley MED ’17  
*Title: Whose Story is it to Share?, Las Auyamas, Dominican Republic, July 2014*  
Caption: A young photographer in the making  

**Description:** I love this photo for many reasons. It reminds me of the joy to be found in photography, something that the ‘Selfie’ generation has rendered completely unimaginative. It reminds of the wonder and excitement with which children see things we adults forget are magical. But perhaps the most significant is that it reminds me to be more thoughtful about sharing the story of the people in this community and the communities in which I’ll someday work. This is their story, not mine – often I feel a bit uncomfortable to see their photos and experiences used for things like competitions, publicity or self-aggrandizement, and I wrestle with the uneasy feeling that something is not right until I remind myself that it was a photo
and a story that first inspired me. May these borrowed stories motivate us to work harder for justice and equality, ground us in our principles and soften our hearts.