

# Global Health Program

at Western Connecticut Health Network and  
The University of Vermont College of Medicine



2014-2015  
ANNUAL REPORT





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Dear Friends & Colleagues,

Welcome to the 2014-15 Annual Report of the Western Connecticut Health Network/University of Vermont Global Health Program. This past year has seen substantial growth of our Global Health Program, including the establishment of new partnerships and satellite sites, expansion of existing programs, and the opportunity to respond directly to the Ebola outbreak in West Africa.

Our faculty, residents, medical students, health professions students and staff have participated in global health initiatives in multiple programs around the world, and we are pleased to have hosted so many of our international colleagues here in the U.S. This exchange offers insight into global health issues and provides training and capacity building for our partners. Through these close connections, we are able to increase our impact with each institution, at home and abroad.



A new partnership initiative has been launched in China, with a memorandum of understanding and program initiatives that will be developed this upcoming year. Meanwhile, our well-established partnership sites have grown in capacity and breadth. In Uganda, where this past year alone more than 25 individuals have participated, a comprehensive curriculum has been formulated surrounding the cultural and social aspects of global health in the homestay model. Clinical observation training and research centers have been initiated at Pakwach Schistosomiasis Center, a 160-bed facility with electronic medical records and vast research potential in Pakwach village. This was also the case with Nakaseke Hospital, a 120-bed facility in Nakaseke village that partners with the African Community Center for Social Sustainability (ACCESS), an organization that Western Connecticut Health Network (WCHN) has other involvements with as well. WCHN volunteers conducted a survey of ACCESS nursing assistant graduates this past summer in order to help advocate for an upgrade to a nursing school.

In the Dominican Republic, we are focusing on community health and engagement. After conducting a health needs assessment of the Paraiso community in the Dominican Republic, Sacred Heart University has extended its involvement with WCHN, sending the first wave of nursing students to Hospital PAP for training in March 2015. We are now in search of a medical school partner near Paraiso to build a sustainable medical education program in the Dominican. Sacred Heart University has also agreed to partner with ACCESS Nursing School in Uganda once it upgrades to help with the transition and to send nursing students for training with the ultimate goal of a bilateral exchange program.

The program here at home has also expanded our impact on campuses and in hospitals we serve. The annual Global Health Day at the University of Vermont (UVM) was held with guest speakers including Professor Nelson Sewankambo, the provost of Makerere College of Health Sciences in Uganda, in 2014, and Professor Celestino Obua, Vice Chancellor of Mbarara University of Science and Technology, in 2015. We look forward to hosting Professor Aleksey Sozinov, Rector of Kazan State Medical University, in 2016.

The second wave of Scholars in Global Health was selected to train in the United States at Danbury Hospital and some of them already have returned home, including our new site director of the Dominican Republic satellite program. Interest in global health has grown at WCHN and at UVM at the student, resident, nurse and faculty level. This has propelled UVM to become an official member of the Consortium of Universities for Global Health, where five posters were presented at the 2015 annual conference in Boston.

Finally, WCHN and UVM readily responded to the Ebola outbreak in West Africa by fully supporting my deployment for 9 weeks. I travelled with my UVM colleague, Dr. Margaret Tandoh, and was a part of a team of expatriates that helped plan, construct, and operate one of the first American built Ebola Treatment Units (ETU) in Liberia.

For the last three years, our original focus on enhancement of patient care through improvement of medical education has become highly successful, with the establishment of numerous comprehensive exchange programs around the world. We look forward to expanding our impact further by focusing on clinical research to further enrich our objectives.

Sincerely,

A handwritten signature in black ink, appearing to read 'Majid Sadigh'.

MAJID SADIGH, M.D.

*Director of WCHN Global Health Program*



“The Global Health Program enables our physicians, residents, medical and nursing students to reconnect to the fundamental reasons they have selected these professions. Working so closely with patients — without the trappings or technology that can define our hospital environment — can reconnect health care professionals to the skills, insight, and passion that defines their commitment to help people. My sincere thanks go to all the people who participate in and support this program. Because of you, we strengthen the care we deliver at home, as we reach well beyond traditional borders.”



JOHN M. MURPHY, M.D.  
*President & Chief Executive Officer  
Western Connecticut Health Network*

“There is no better way to gain an understanding for the global issues of health care delivery and access than by experiencing firsthand the challenges faced by physicians and providers, patients and communities, and advocates and relief organizations. Our collaboration has enriched the education of our students and expanded the perspective of all who have had the chance to participate.”



FREDERICK C. MORIN, III, M.D.  
*Dean  
University of Vermont College of Medicine*

“We live in a global age, and diseases do not respect boundaries. Infectious diseases like HIV and TB have spread worldwide, and the risk of worldwide epidemics has shaped much of health research and vaccine preparation. Medical students and physicians in training need to develop cultural competency if they are to deliver high quality patient-centered care to their home communities. This is the driving force behind our Global Health program. Our trainees have the opportunity to experience other health care systems and develop a better understanding of public health issues, cost-constrained care, and the impact of globalization on vulnerable populations.”



RAMIN AHMADI, M.D.  
*Vice President for Research and Innovation  
Western Connecticut Health Network*

# A River Called Ebola

Western Connecticut Health Network and the University of Vermont both responded to the international global health crisis in West Africa by sending two faculty members to assist in the implementation of an international clinical response team. Global Health Director Majid Sadigh, M.D., and Margaret Tandoh, M.D., UVM Assistant Professor of Surgery, joined Americares, an international organization that was at the frontlines of responding to the Ebola outbreak crisis in West Africa. The following are reflection excerpts and photographs from Dr. Sadigh during his experience in West Africa. See more at [uvmmedicineglobalhealth.wordpress.com](http://uvmmedicineglobalhealth.wordpress.com)



NOVEMBER 11, 2014

## A Girl Waters Flowers

In between the rain showers, I sometimes see a young girl walk out of her home across from my hotel to water a large plant growing out of a felled tree. She scoops the water gently out of a bowl into her hands, dropping the water onto the plant's leaves with an indulgence as though she has all the time in the world. Even though this region lies at the outskirts of Monrovia, Liberia, a spot now known on the map for the Ebola epidemic, there is little to suggest the catastrophe claimed by American media. Ebola has become something known to these communities, rather than something to fear. So life continues in spite of close losses and quieter streets—people have moved forward with their tasks and relationships in spite of no longer being at liberty to touch one another.



NOVEMBER 13, 2014

## The Landscape of Medicine

Though clinical medicine, global health ventures, even life in Africa, are not new experiences for us, we find ourselves in an entirely new clinical landscape. With the backing of decades' worth of medical knowledge crafted by scientists and health care workers internationally on the subject of Ebola, we are all of us still in training, trying to grasp the totality of our roles. For one, we are not only physicians and health care workers charged with the task of providing care to the sick, but we are public health officers who must preserve the health of the community. Protection of the community exists on multiple levels, setting limits on a tradition of healing that has always been about the human touch, now done infrequently, and through layers of fabricated plastics and vinyls.



DECEMBER 2, 2014

## A Garden of Flowers at the Season of Ebola

A wooden tablet in an Ebola graveyard reads “Esther”. She was only 24 when Ebola claimed her life alongside her husband and child. Three remaining children, all younger than ten, were forgiven by Ebola but expelled from home by their neighbors. We had three more human losses overnight and two more since early morning. The more stable patients or those in the recovery phase sit outside, under the shade of tents or lying silently in their beds. You can tell who the recent survivors are from the motionless of their faces, as though still cast away in the throes of sickness. In the background, smoke rises from incinerators filled daily with material from the hot zone.



DECEMBER 9, 2014

## Ebola in Liberia: Clinical Observations

Since the beginning of this epidemic, we have dealt with more than 10,000 confirmed cases of Ebola with no sincere attempt to uncover the pathophysiology of this disease. No progress has been made in even the most basic of clinical questions. No alteration can be made in the natural history of this enigmatic disease without knowledge of its depth. An effective vaccine or treatment may ameliorate the fear of acquiring the disease, which stands as the major barrier to clinical observation and research. It is a sad fact that we are more equipped to use this virus as a weapon, a fatal biological agent, than to prevent and treat it.

FALL 2014

## Excerpt from *Heartburns*

~ Mitra Sadigh

James was slumped in a white plastic lawn chair set in the Ebola Treatment Unit (ETU) in a pair of light blue scrubs as he began recollecting his story, with a heavy sigh and a faraway stare. It was August, he told me, and he had spent his summer working full days and nights in one of the ETUs at the peak of the epidemic. Time had lulled in loss. Tragedy had missed no one. Ebola had already taken a few of his friends and colleagues. All the beds were occupied, the floor a field of mattresses snuck in every corner and crevice and even in between the beds. Every inch of space was used. Many patients had been released to die at home or on Monrovia's crowded streets. There was no space for newcomers.



# Who We Are

## Western Connecticut Health Network

Western Connecticut Health Network (WCHN) and several medical teaching institutions around the world have created international partnerships with the vision of improving patient care and medical education through cooperation and the exchange of ideas. It is hoped that exposure to vastly different health care systems and socioeconomic structures will foster a deeper understanding of the challenges faced by partner countries in providing high quality care to their underserved populations. The fundamental goal of this partnership is the improvement of patient care. To that end, we work towards a more solid understanding of the relative strengths and weaknesses. The objectives for all players will be the enhancement of medical education and training of future physicians. The program assists the fac-

ulty at offshore sites in assessing their educational and clinical needs, designing strategies to meet those needs, and evaluating the impact of the interventions on the faculty and staff as well as on patient care.

As WCHN grows, with new practices added and the merger of WCHN and Norwalk Hospital, the global health program was fortunate enough to add global health experts to our faculty and grow our own community right here in Connecticut. Over the year we have reached out to our colleagues at Norwalk Hospital and we are delighted to report that there is great enthusiasm and an energetic response from many faculty and residents to provide global health opportunities and to work on shaping the global health program at WCHN.



**Dr. Stephen Winter**, a veteran of global health and humanitarian missions traveled to our partner site in Uganda, where he was accompanied by a respiratory therapist and a nurse to provide capacity building to the ICU and pulmonary departments at Mulago Hospital in Kampala. Here is an excerpt of his report of the trip:

“A multidisciplinary team from the Western Connecticut Health Network traveled to Uganda to engage in a capacity building project in the Mulago Hospital intensive care unit as part of our ongoing relationship. The group included Dr. Stephen Winter, a specialist in pulmonary and critical care medicine, Audra Riley-Wade, CCRN, a nurse manager from the Norwalk Hospital intensive care unit and Antonio Buckner, RRT, a respiratory therapy supervisor from Norwalk hospital. The goal was to provide an intensive hands-on capacity building exercise using formal lectures, clinical workshops, bedside rounding and shared patient care to support the enhancement of evidence-based care in the critical care setting. Altogether the team provided a curriculum of 18 didactic lectures, 10 workshops, daily bedside rounding and nearly continuous daily bedside teaching during active patient care. The focus of our teaching sessions was around both basic and advanced critical care topics over a period of two weeks.

Our intervention was unique in several respects. It was our first attempt to use a multidisciplinary team which allowed us to reach out to physician and nursing staff in a fashion that paralleled the structure of care in American ICUs. We were able to demonstrate and role-model the highly collaborative relationship between



physicians and nurses in American intensive care units to allow the Ugandan team to directly experience our team approach. This was accomplished by moving much of our teaching out of the lecture room directly to the bedside during active patient care.

A second focus was to bring new approaches from our current ICU practice model that could easily be adapted in a resource constrained environment. This centered on low tech approaches such as early mobilization of patients, techniques for managing sedation and pain, processes of care to reduce hospital-acquired infections and strategies in fluid and electrolyte management. There was a strong focus on the management of patients undergoing mechanical ventilation which included training nurses and physicians to use strategies that were not dependent on the intense laboratory testing and frequent radiologic examinations typical of Western critical care. We also provided intensive training on noninvasive ventilation which had been introduced on a previous visit to Mulago Hospital and is being used as a substitute for the more expensive and resource intensive modality of invasive mechanical ventilation.



# University of Vermont College of Medicine

University of Vermont (UVM) College of Medicine students have delivered cancer-detecting microscopes to Uganda, treated children with infectious diseases in Zimbabwe and leapt language barriers to discuss patient medical needs in Russia. Global Health students experience both a clinical rotation and cultural and language enhancement through field trips, seminars and a host family.

In December 2014, the WCHN/UVM program was accepted as a member of the Consortium of Universities for Global Health, based in Washington, D.C., a worldwide organization of 130 academic institutions and other groups working to address global health challenges.

Here on campus, the Global Health Student Interest Group includes medical, nursing and undergraduate students and faculty mentors and supports the program through workshops and seminars that cover global health topics and options for study overseas. With mentor Dr. Majid Sadigh, this group also supports the Global Health Lecture Series each month, inviting guests to share their experience and insight with the UVM community. The annual Global Health Day has also been a success. We were honored to have Professor Nelson K. Sewankambo, the Provost of Makerere University and a board member of Washington, D.C.-based Consortium of Universities for Global Health as our keynote speaker for the 2014 Deans Distinguished Lecture on Global Health. In 2015, we hosted Professor Celestino Obua, Vice Chancellor, Mbarara University of Science and Technology, Uganda; Professor Ayrat Ziganshin, Former Vice Rector on International Affairs, Kazan State Medical University, Russia; and Ms. Susan Nassaka



Dr. Sadigh (at right) and UVM medical students prepare for Summer 2015 global health rotations.

Byekwaso, International Programs Coordinator, Makerere University College of Health Sciences, Uganda, for “A Distinguished Panel Discussion: Philosophy, Perspective, Partnership and Lessons Learned,” several workshops, and a poster session with students and program participants sharing their presentations and reflections.



## Sacred Heart University

The Sacred Heart University (SHU) School of Nursing has joined Western CT Health Network in their efforts to engage in global health awareness. Current partnership projects are taking place in the Paraiso, Dominican Republic and with ACCESS in Nakaseke, Uganda. In 2014, Michelle Cole and Christina Gunther, along with Mitra Sadigh,

◀ (From left to right): WCHN/UVM Global Health Program Coordinator Emma Vick and Sacred Heart University's Global Health Director Christina Gunther, Professor Michelle Cole and Dean Patricia Walker.

conducted a health assessment survey for Hospital Programa de Asistencia a Paraíso (Hospital PAP) in Paraiso, Dominican Republic. The objective of the project was to survey members of the community to determine healthcare needs and make recommendations for inpatient readiness at Hospital PAP. A random sample of 105 households was surveyed for their health condition and health related concerns. The data showed a clear need and desire for a fully functioning hospital. Survey respondents expressed frustration with traveling one hour for services, as the trip is not easily affordable. The most acute healthcare needs of the community are hypertension, diabetes, pain, dengue and chikungunya treatment and obstetrics.

SHU's School of Nursing will participate in the collaboration through education and student clinical rotation with additional opportunities for the PA, OT and PT Departments. The first group of Family Nurse Practitioner students and faculty will travel to provide a week long focused clinic for women's health and pediatrics.

A preliminary proposal was sent to ACCESS in Nakaseke, Uganda to establish a partnership based on building nursing curriculum there. Needs include supporting collaborative interdisciplinary research, grant writing and curricula development enlisting faculty efforts with doctoral level student support. A team from SHU will travel to Uganda in the summer to begin the first steps in building this collaborative partnership.

# Global Health Electives



**In 2014, two Danbury Hospital residents and one cardiology fellow, and eight UVM medical students and two faculty members, completed electives at global sites in Africa, Russia, Dominican Republic, and Vietnam. Nineteen applications were received for 14 student positions in 2015, along with two faculty mentors. Eight first-year and six fourth-year medical students were selected based on criteria including cultural competency and academic record.**

Global Health electives allow medical students, residents, fellows, and faculty from the Western Connecticut Health Network and the UVM College of Medicine to travel to established sites abroad and to engage in the cultural and educational exchange that characterizes global health. The electives are entirely subsidized, and participants are chosen through a highly selective interviewing process.

Each rotation is up to 6 weeks and consists of two central components: clinical and sociocultural. First year students complement



their clinical component by carrying out research projects, while senior medical students and residents complete a clinical rotation in addition to optional research. Students are given a rich cultural experience through a variety of historical and language seminars, field trips, and the host family program, which is now in its second year in Uganda.

US-based faculty mentors are now accompanying medical students and residents. Their participation creates continuity and

the medical supervision needed to enrich the student and resident experience. Sending faculty from WCHN, UVM and Sacred Heart University also helps to provide a key element in the global health partnerships at the five sites: capacity building and education. Each faculty member who travels with the global health program teaches classes to the local doctors, nurses and other clinical staff at partner sites, as well as in the community at locations like the Dominican Republic with a strong focus on community health.

# Uganda

This academic year, Uganda continues to be the flagship site of the global health program with sites at Makerere University College of Health Sciences and Mulago Hospital. Altogether, the sites hosted six medical students, two resident physicians in pediatrics and family medicine, seven attending physicians in pulmonary-critical care, infectious disease, pediatrics, and obstetrics and gynecology, and a multi-disciplinary team composed of nursing and respiratory therapy. These participants not only provided direct patient care and medical education in collaboration with their Ugandan counterparts, but also partook in community service projects, cancer outreach and research.



Dr. David Chia  
US Site Director

“We look forward to our continued and strengthened relationship with Dr. Luboga and his generous family as our partnership continues to enrich the experiences of our global health participants.”

Dr. Sam Luboga and his family continue to provide an embedded homestay that is one of the unique hallmarks of the site. Their generous support truly contributes to the richness of the overall experience. In return, a pair of global health scholars from Uganda travelled to the United States, where WCHN and UVM hosts provided extended

clinical and research opportunities to these two promising young faculty, assisting in capacity building with our Ugandan partners.

A major change this year was the shift in the primary base from the Uganda Cancer Institute to Makerere University College of Health Science and Mulago Hospital. This transition allowed participants to take full advantage of the established curriculum and educational structure organized by Makerere University’s international office. Next step will be an expansion in the upcoming year to include two rural sites outside the capital.

## Solidifying the Homestay Model

With over fifteen program participants staying with Dr. Sam Luboga, the homestay model has become a cherished part of the Uganda elective. Students and faculty are given the interpersonal support they need while learning firsthand about the culture and environment they are visiting. This year, dinnertime lectures were formalized into a curriculum covering both cultural and sociopolitical topics as well as Ugandan history.

## STAR International Surgical Teaching Camp, June 2014

Surgical Training and Research International (STAR) was pleased to be able to put on the first successful surgical teaching camp with the Department of Obstetrics and Gynecology at Mulago Hospital. The mission of the camp was to combine delivery of surgical equipment and training for Residents, or Surgical House Officers (SHOs), in order to increase the number of Ugandan women treated for gynecological issues and improve the efficiency and complexity of surgeries performed. These efforts towards capacity building will ultimately give Ugandan health care providers more resources and improved management to care for the women of Uganda.

The preparation for the camp required many hours of labor by all members involved. STAR International raised approximately \$12,500 through an online start-up website, and was extremely pleased to receive an additional \$10,000 from Danbury Hospital and Western Connecticut Health Network. In partnership with organizations like the Afya Foundation, Americares, Cooper Surgical and Medline, we were able to purchase a four hysterectomy sets, a LEEP and suction machine, many disposable goods for the operating theater, medications, and several other supplies.

“When I was in medical school, I knew that my future lay in global health. Since that time, I have focused not only on developing excellent clinical skills, but also on mentoring others through the process of global health exploration, and building capacity in foreign hosts who open their hospitals to us.”

ANNE DOUGHERTY, M.D.  
UVM Assistant Professor of Obstetrics, Gynecology and Reproductive Sciences



Team members personally invested their time and money to come to Mulago Hospital to put on the teaching camp:

- ✦ Dr. Robert Samuelson, Residency Program Director and Vice Chairman of OB/GYN and Director of Minimally Invasive Surgery, Danbury Hospital
- ✦ Dr. Sung Lee, Medical Director of the Women's Health Center, Seifort and Ford Community Health Center, Danbury Hospital
- ✦ Dr. Ellen Brand, Senior Anesthesiologist with Obstetrical Expertise
- ✦ Dalia White, RN, CNM, Expert Certified Surgical Technician
- ✦ Dr. Karina Haber, Chief OB/GYN Resident at Danbury Hospital and Founder of STAR International
- ✦ Dr. Corrie Miller, OB/GYN Resident at Danbury Hospital and Co-Founder of STAR International

Upon arrival at Mulago Hospital, STAR was pleased to have the support and partnership of Dr. Byamguisha and the entire Department of Obstetrics and Gynecology at Mulago. Dr. Esau Wasswa was instrumental in orchestrating the logistics of the camp, and identified priority patients for surgery and gathered SHOs to participate with us in the camp. His efforts were greatly appreciated.

The camp lasted from 8am to 8pm for 7 days. Various types of procedures were performed. All procedures were performed with Senior Consultant from Danbury Hospital, a Mulago SHO and a Danbury Hospital SHO. Approximately 26 procedures were performed over the five days, including six Hysterectomies, eight ovarian cystectomies or salpingoopherectomies, five ectopic pregnancies, and four pelvic abscesses. There was joint effort with General GYN Operating Theater Staff and STAR International Staff to sterilize instruments, transfer patients, turn-over rooms, and recover patients after surgery. STAR International followed patients post-operatively on the wards, doing dressing changes and administering pain medications. Upon completion of the camp, two hysterectomy sets, a LEEP machine, suction, and various other surgical supplies were donated to the Mulago Department of OB/GYN.

Anesthesiology SHOs and students also had the opportunity to learn additional skill during the Surgical Teaching camp. Dr. Ellen Brand enjoyed teaching multiple SHOs throughout the week with Dr. Chintu. Several anesthetic medications and instruments were donated to the department as well.

STAR International was extremely pleased to be able to work with Mulago Hospital in this endeavor. Several lessons can be learned for future collaborations. First, participating SHO's would receive the most benefit if they were selected by administration to participate in the camp consistently throughout the entire week. It would be beneficial for the department to choose 2-3 SHOs who have performed well throughout their training and allow them to opportunity of being able to operate with the visiting senior surgeons. This would also allow these particular SHOs to focus on improving skill over several cases instead of many SHOs seeing a glimpse of 1 or 2 cases.

Another suggestion for future improvement to surgical teaching camps is having a designated operating space, as this would lead to improved patient care. Often scheduled cases were delayed for more emergent surgery, which is a known issue at Mulago Hospital. Yet being able to focus on surgical technique and complex procedures will benefit SHOs in their future practice.

## Photo Gallery



**ABOVE:** Mulago Hospital Nurses attend a lecture on Sepsis prevention provided by visiting faculty from Norwalk Hospital.

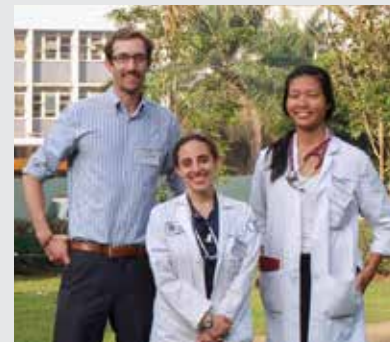


**LEFT:** Amy Schumer, UVM class of 2017, with members of Dr. Luboga's family.



**ABOVE:** Dr. Steve Winter and Dr. Sam Luboga and Christine Luboga.

**RIGHT:** UVM medical students Ian McDaniels '16, Tamar Goldberg '15, Annie Huang, M.D. '14.



## Photo Gallery



**LEFT:** Winnifred Namanya, ACCESS graduate 2011, at New Hope Uganda Children's Center, where she currently works as a Nurse.

**BELOW:** The ACCESS Program at the Uganda School of Nursing & Midwifery.



The goal of the surgical teaching camp was to expose Mula-go SHOs to the various ways OB/GYN physicians perform their trade around the world. We hope that by spending time with STAR International, the next generation of healthcare leaders in Uganda will advocate for their patients, practice what is best for their patients' health, and encourage change in the health care system of Uganda. It was an absolute privilege to be able to care for the patients of Kampala, and work alongside outstanding Ugandan physicians all week long. STAR International is extremely thankful for the opportunity to help serve the women of Uganda and we desire to return to help carry on this good work.

### ACCESS – Uganda School of Nursing & Midwifery

The African Community Center for Social Sustainability (ACCESS) is based in Uganda. The mission of ACCESS is to provide a comprehensive model of health care services, education and economic empowerment to help the community alleviate poverty, diseases, obtain higher education and create sustainable development.

This has been accomplished through establishment of a medical care center, provision of school fees and scholastic materials to over 150 orphans and vulnerable children, and starting up income-generation projects for vulnerable youth and women. In 2006, a program was set up to train community health workers and nursing assistants to fill in the gaps of healthcare within the communities of Nakaseke, a rural district in Uganda. To date, over 280 nursing assistants and 24 community health workers have been trained.

In July 2014, two students from the U.S. came to evaluate former students from the ACCESS training program. They sought to assess the impact of the ACCESS nursing assistant training program and the current role of its graduates in rural health care work. Former students were assessed using a short telephone interview and those within a radius of 10 kilometers from the training center were visited at their areas of work. Of the 109 graduates interviewed, 91.9% still worked within the health field with 76% in rural areas serving close to 6,000 people a year. Up to 78% of the graduates wanted to pursue further studies if the opportunity was available. There is thus a great need for creating opportunities for students to access further studies.

With the current status of Nakaseke having one doctor per 25,000 people (compared to 1 per 390 in the U.S.) and one nurse per 5,000 people; with only 58 percent of healthcare workers being formally trained and 57 percent (28 out of 49) of the parishes having no healthcare facility; innovative ways need to be undertaken to address this healthcare gap.

In order to address this gap, ACCESS initiated a drive to set up a community nursing school to train nurses to work in rural areas. Under the support of WCHN, ACCESS will partner with the Sacred Heart University School of Nursing to establish an accredited curriculum for the Nursing School in Uganda. We plan to set up student collaborative activities between the two schools for cultural development, skills training and other learning opportunities to promote knowledge acquisition for all students.

As the partnership evolves we plan to establish research partnership for faculty scholarship and publication in areas of Global Health, Chronic Disease Management, Best Practices in Nursing and Nursing Education, and Healthcare of Vulnerable Populations, and write joint grant applications to support these activities.

We will share the lessons learned with the rest of the world on the role of partnership in improving access to education and health care services in rural areas of Africa.

# Reflections from Uganda



I arrived in Kampala on July, 1st and left on August, 17th. So I was there only for 48 days, but it left marked changes in my way of thinking and interacting with the world around, in my beliefs, my thoughts and in my medical career. I feel like a completely different person. I should give special gratitude to Dr. Sadigh, not only for organizing this rotation, but for preparing us to it. Our trip started much earlier, at a small office in the international department, where we had our orientation classes. To be open-minded and open for conversation, to understand and not to judge, to help everyone you meet. To absorb like a sponge, to write and analyze constantly, and to act to improve people and the environment. To study, and to study hard, because to become a part of global health you need to be a world-class specialist.

I should especially emphasize days spent with Professor Sadigh: more than 15 splendid evening sessions at professor's flat; 10 bedside rounds in hematology ward; 10 great biostatistics sessions with recommendations about good clinical practice, patient advocacy and discussions about the future of medicine as a science; and the Grand rounds phenomenal lecture on mentoring in medicine and on mistreatment in medical education.

Overall organization was perfect – timing, schedules, transportation. General impression from the country and people is warm and pleasant. I've enjoyed everything, from paradise-like weather and landscapes to local food, dress-code and architecture.

In conclusion, I believe that my knowledge of global health, tropical medicine and even internal medicine has doubled. I'm still story-telling about my good times in Uganda and about the poverty and challenges that I've seen there. I see how people around me are starting to understand and sympathize with Africans. And I am starting to see real ways to help – and I feel like I will contribute to these lands that touch me so much.

And the magic thing about that 6-week rotation – it is still going forward. It started in Uganda and now I'm still exploring every single day, like I did in Africa. New objectives, new methods, and discoveries everywhere.

ALBERT TRONDIN, PGY2 neurosurgery resident  
Kazan State Medical University

During our first week in Kampala we worked with Dr. Fred Okuku at the Uganda Cancer Institute. One day in the outpatient clinic we saw a young woman with nasopharyngeal carcinoma, a common cancer here in Uganda associated with the Epstein-Barr Virus (EBV). This virus is well known in the U.S. because it causes mononucleosis. The patient came in with her older sister and right away we could tell that she was very ill. She looked visibly uncomfortable. Aside from her large neck mass, her left arm was extremely swollen. Her face was puffy; she was struggling to breathe even with a tracheostomy tube, and she couldn't stop coughing. Since we weren't able to provide medical help, we offered what we could: companionship. We talked, and learned about their lives in Kampala. Our patient even smiled as we listened and danced to '90s music in the small patient consult room. When the doctor came back, he was able to prescribe antibiotics so she could get healthy enough to continue her chemotherapy regimen. When we saw her a few days later she seemed bubbly and bright. Clearly the antibiotics had worked, but so had our conversation. She entered the room, smiled, and began talking to us immediately. Since then, she returned to the clinic several times. Each time we were reminded that even though we cannot yet provide medical attention, taking time to show patients we care is just as valuable.



AMY SCHUMER, Class of 2017  
University of Vermont College of Medicine

# Russia

**K**azan State Medical University (KSMU) is one of the oldest and most prestigious universities in Russia, and celebrated its 200th anniversary in 2014. According to ARES-2014 rating, KSMU takes 3rd place among medical schools in Russia. Today, KSMU is a recognized leader in Russia on implementation of innovative technologies in medical education. KSMU is home to more than 5,500 students in nine specialties and 40 postgraduate residency programs; 65 departments employ over 1,500 faculty members and staff. KSMU is well-recognized at the international level as well: a member of the UN Academic Impact Global Initiative, every seventh student is a foreign citizen, and more than 20 scientific schools of KSMU are recognized by the world scientific community.

Since 2012, KSMU has been an active participant in the Global Health program at UVM/WCHN, which is a great honor for us. The importance of this program has been growing year by year, and today's challenges, such as the Ebola outbreak, confirm this fact. Despite the rapid development of technology, many common diseases are still difficult to treat. Joining our efforts, experience and achievements in the framework of the Global Health program may be one of the most effective initiatives in the fight against global problems. As the leader in Russia in international student exchanges, and in cooperation with IFMSA, in the last 10 years more than 500 KSMU students underwent summer clinical and research fellowships in 40 coun-



Aleksey S. Sozinov  
Rector, KSMU



Ayrat Ziganshin  
Vice-Rector, International Affairs  
(2014)

tries worldwide, and more than 200 foreign medical students were trained in KSMU.

Participation in the Global Health program is an important international project for KSMU, and we enjoy a long-term relationship with Professor Majid Sadigh. Since 1997, thanks to a joint initiative of Professor Sadigh and KSMU leadership, more than 40 KSMU residents have completed clinical internships at Yale University that significantly contributed to their professional growth. Since 2010, KSMU is successfully collaborating with the Makerere University College of Health Sciences in Uganda, with a memorandum of understanding signed in 2014. During this time, 17 KSMU representatives completed 6-week Global Health electives in Mulago Hospital at the University of Makerere, which gave them an invaluable clinical experience. Global Health exchange programs with U.S. institutions are also actively developing: young KSMU residents have received clinical training at Danbury Hospital and medical students of the University of Vermont have completed scientific training at KSMU.

We plan to expand the Global Health program in Kazan, developing programs of academic mobility, hosting international symposiums, improving electronic resources and promoting the philosophy of Global Health in Kazan and Russia. We would be happy to host students and residents from abroad who are interested in the Global Health programs in KSMU.

During his annual visit to KSMU in May 2014, Dr. Sadigh taught over 130 students on a wide range of global health topics, biostatistics, and clinical epidemiology, and provided orientation to those who were selected to the global health Ugandan elective during the summer of 2014.

- ✦ 8 Orientation sessions
- ✦ 2 Lectures for KSMU's Global Health interest group
- ✦ 8 sessions of tropical medicine and HIV Medicine Course
- ✦ 8 sessions on Clinical Epidemiology and Biostatistics and How to Read a Scientific Journal

## Key developments at a glance

- ✦ Visits by Dr. Majid Sadigh
- ✦ New MoU's
- ✦ Seminars in Biostatistics
- ✦ Seminars in Tropical Medicine





Dr. Sadigh's seminar on tropical medicine was also led by Dr. Maya Goltz, who earlier visited Danbury for a 6-month clinical clerkship on infectious diseases and tropical medicine. The involvement of Dr. Goltz in teaching tropical medicine at KSMU is one of the major achievements of this year. We hope that she will be able to deliver seminars on tropical medicine when Dr. Sadigh is not available.

During his visit, Dr. Sadigh helped to select candidates for the summer Uganda clinical rotation. This year was very competitive, selecting just three out of seven candidates. A fourth well-qualified candidate was selected under the newly-funded program "WCHN Scholars in Global Health" program, established by Dr. Sadigh in partnership with KSMU. Under this scholarship, each year-one resident or a junior faculty from KSMU with interest in cardiovascular diseases will be selected to spend a 6-week rotation at the Uganda Heart Institute, and 4-6 months at WCHN's Cardiology Department to build capacity around cardiovascular care and medical education at KSMU. The entire expenses for this scholarship will

be covered by WCHN Global Health Program. The first scholar to accompany the three residents who have been selected for a global health elective in Uganda this summer for six weeks was chosen. The clinical rotations of Kazan residents in Uganda were very successful and described several times in the central Russian Medical newspaper *Meditsinskaya Gazeta*.

A highlight of KSMU-WCHN collaboration in 2014 was the launch of an elective clerkship on Global Health for American medical students in Kazan. Two University of Vermont students— Ms. Bryce Bludevich and Mr. Pierre Galea – participated in July-August 2014. The Kazan Global Health office prepared the daily agenda for this elective, which included rotations in Kazan hospitals, lectures on medical topics given by Kazan professors, seminars on Russian language and culture, field trips to historical places, and research projects in the physiology and pharmacology departments. Both American and Russian students participated in social activities and found many common interests.

## Reflections from Russia

This past summer I was lucky enough to be selected as one of the two UVM COM students to spend the summer in Kazan, Russia. While in Kazan, Pierre and I were each paired with a department, either Pharmacology or Physiology to conduct research. I was paired with Dr. Grigoriev in the Physiology department. We were conducting research about vesicle uptake and release at the neuromuscular junction. During my time in Dr. Grigoriev's lab I learned a few new techniques and honed my dissection skills.



Fortunately we also shadowed several doctors in very diverse departments, including: internal medicine, cardiothoracic surgery, neurosurgery, and neurology. While shadowing these doctors we really were able to get a feel for each department and hospital. This really helped us to get a handle on the Russian medical system and how Russian people view their doctors. This experience opened my eyes to another country's and culture's view on health-care and personal wellness. The vast differences between our medical system and the Russian medical system is astonishing, but the similarity between the passion that the doctors' show for their patients was startling.

Aside from our medical and scientific training we also spent time learning about Russian culture and history, two aspects of Russia that are steeped in tradition and highly regarded pieces of Russian daily life. We became immersed in Russian Tatarstan daily life and tried to learn as much as possible. I forged friendships with Russians and other European medical students who were studying in Kazan. I will never forget the summer I spent with all of them in Kazan.

**BRYCE BLUDEVICH, Class of 2017**  
University of Vermont College of Medicine



Being a good specialist in medicine means not only in practice with patients, but also knowing the basic scientific principles and methods. Knowing how to analyze scientific data and how to interpret different phenomena and facts in medicine is a cornerstone of medicine now and in the future. All this knowledge and skills can be easily applied in my home country. The research scholarship program at Danbury Hospital gave me the opportunity to progress as a professional and as a person. Being part of the Department of Medical Education, Research and Global Health at Danbury Hospital is one of the most exciting and unforgettable experiences in my life.



**ALEXANDER KARIMOV, M.D.**  
J-1 Scholar

# Zimbabwe

## From the Directors



UZCHS Dean Prof. Chidzonga (left) and Deputy Dean Dr. Chiratidzo Ndhlovu.

The University of Zimbabwe College of Health Sciences (UZCHS) and University of Vermont have a Global Health Collaboration facilitated via Dr. Majid Sadigh, Global Health Director, at Danbury Hospital, Western Connecticut Healthcare Network. Through this partnership, we look forward to various collaborations which will enable both our UZCHS and UVM students to experience working in environments unlike their primary training sites. UZCHS students take at least a month off between their fourth and fifth or final year to do an “elective visit” wherever they choose to go. The main goals of these elective visits are to allow our students to appreciate healthcare delivery in various settings and hence reflect on their own training. The Global health program with Danbury Hospital, a teaching site for the University of Vermont, hopes to provide cultural competency of students and faculty from both countries as they experience more than just a clinical rotation.

UVM senior medical students, Adam Ackerman and Peter Cooch, visited UZCHS for six weeks in January 2014, attached to

our Orthopaedic and Pediatrics wards respectively. Through their Microscope Exchange Program, they delivered a 5-head teaching microscope to our College.

In May 2014, Prof Chidzonga (Dean) and Dr Chiratidzo Ndhlovu (Deputy Dean) visited UVM and Danbury Hospital to explore new ideas with our partners in this Global Health exchange program.

Although we have always offered a month-long elective visit to our students just before they enter their final year of medical training, arrangements have been left to the individual students and therefore the objectives were not well structured. By having a link with UVM and Danbury, we can formalize the experience for students and faculty from both sides so that both benefit and the visits are not viewed as medical tourism. We hope all participants will reflect on their experience and on the global nature of diseases in general, as well as noting that even when material resources are limited, there are other benefits that a healthcare worker can provide to their patient, even if just empathy and compassion.

Given our partners’ strengths in medical education as evidenced by their clinical skills training laboratory and faculty like Dr. William Jeffries and his book on Medical Education, UZCHS will be able to tap into this strength at a time when we are reviewing our curriculum and improving our quality of training. We also look forward to the debate and cross-fertilization of ideas on the ethics of providing care in such vastly different resource settings. We also note that the University of Vermont is in a “green state” with use of renewable resources highly visible, and this networking could easily be extended beyond medicine. Not only will our collaboration involve exchange at the clinical level setting, there is ample opportunity for research and teaching collaboration.

UVM medical students Adam Ackerman and Peter Cooch deliver a 5-head teaching microscope, as part of the Microscope Exchange Program.



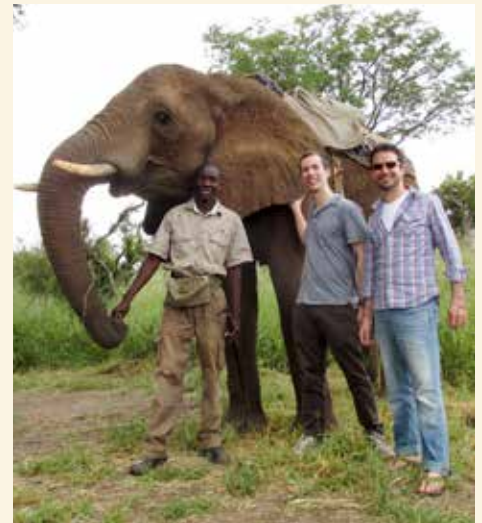
# Reflections from Zimbabwe

It has opened my eyes to an entirely new aspect of global health. From the small, rural outpatient clinics I've spent time at in the past, we've now experienced the pace of major referral and teaching hospital in a developing country. For the first time ever, I have witnessed the toll that HIV, TB, Malaria, and acute malnutrition take on a significant percentage of the world's children. But rather than feeling discouraged or hopeless, I am leaving filled with hope. Zimbabwe has an incredible medical education infrastructure in place, and is actively training hundreds of dedicated and talented future providers. The staff here, from physicians to night guards, has deeply impressed me with their professionalism, knowledge, and compassion. And life-saving therapies are becoming widely available. Every patient I encountered who was eligible was screened for HIV and TB, and treatment was promptly administered, with excellent counseling and decent supportive services.

**PETER COOCH, Class of 2014**  
University of Vermont College of Medicine

We presented the beautiful five-headed Nikon microscope—part of the generous donation of microscope UVM made to The Microscope Exchange (TME)—to the University of Zimbabwe. The scope's new home will be in the Department of Anatomy. It will be used for medical student and resident histology instruction. And with the digital camera capabilities, this scope can be used to teach an entire class at a time. The department members were very excited and anxious to get it up and running. Pete and I couldn't be happier. TME was only an idea a few years ago. With the support of UVM, we literally have scopes all over the world. Donations and requests come in weekly. They have attracted some fantastic, dedicated students to help, and consistently come up with ideas that Pete and I never would have thought about.

**ADAM ACKERMAN, Class of 2014**  
University of Vermont College of Medicine



**ABOVE:** UVM medical students Peter Cooch (center) and Adam Ackerman (right) in Harare, Zimbabwe on a global health elective at the University of Zimbabwe College of Health Sciences.



**RIGHT:** Adam Ackerman in surgery.



Danbury Hospital residents Drs. Corrie Miller and Bethany Brady in Zimbabwe.

Every time I am in this environment, watching babies come into the world in the most unpleasant ways, I have such torn feelings about modern medicine. What a privilege it is to be able to be a birth attendant, ushering in new life while caring for the delicate health of mother. The first time I came back from working in a Tanzanian Maternity Hospital, I told Matt I wanted to labor without an epidural in solidarity of the women who have no access to pain control throughout their labor process. Even more so, these women don't have labor support. There is no doula managing lavender aroma therapy or foot massages or birthing balls for these women. They are left in a room, by themselves, left to navigate this scary and difficult process on their own. Matt's response to my sentiment was a question of whether I would also ditch the electronic fetal monitoring in solidarity of women around the world who do not know if their baby will be alive when it is born?

Yes, midwives do intermittent monitoring with a peanut here. Yes, there are dopplers available. But the nursing staff is 1:6 patients, and regular monitoring is logistically difficult in their setting. Monitoring is so difficult that the obstetricians basically refuse to augment labor or induce patients for premature rupture of membranes. We had a patient this week who was pregnant with her third baby. Her previous two vaginal deliveries were 4 kilogram healthy boys. No problems. This time, she presented with premature rupture of membranes approximately 16 hours prior. The baby's estimated fetal weight is the same as her previous children. Fetal status was fine, mom was having a few contractions, but not in active labor. Their plan? Cesarean Section.

**CORRIE MILLER, O.D.**  
OB/Gyn Resident, Danbury Hospital

*Read more of Dr. Miller's blog at <https://mshukurumungu.wordpress.com/>*

# Vietnam



Phan Thanh Lan, M.D.  
Vietnam Site Director



Robert Jarrett, M.D.  
US Site Co-Director



Menoo Jarrett  
US Site Co-Director

Since October of 2012, the Western Connecticut Health Network (WCHN) and Cho Ray Hospital in Ho Chi Minh City, Vietnam have had a developing partnership. Dr. Majid Sadigh, an infectious disease specialist, and Dr. Robert Jarrett, a cardiologist, first came to Cho Ray and saw an opportunity for physicians and students from both sides to gain valuable experience, and their vision was readily accepted by the director of Cho Ray.

Since then, physicians and medical students from both sides have had interest in developing their global health knowledge. Dr. Lan Phan of Cho Ray Hospital spent 4 months in Connecticut with the cardiology team, as well as interacting with University of Vermont medical students. Hany Abdallah, from the Class of 2014, spent 6 weeks at Cho Ray Hospital in cardiology, cardiovascular surgery, and infectious disease. In August of 2014, Class of 2015 student John Paul Kelada spent 6 weeks there in the ICU department, tropical disease, and cardiology services. All have had great experiences and have been strong advocates for increasing participation among other medical personnel.

Interest has grown from both sides. Many physicians from Cho Ray hospital have expressed interest, and we are planning on bringing two Vietnamese doctors, one cardiologist and one infection disease specialist to the U.S. to take part in our research scholar program. Residents and medical students have also inquired about rotating through Cho Ray Hospital.

## Reflections

At first, the language barrier was frustrating. I cannot learn as much medicine as if I was in the U.S., which from one perspective may mean that I am not making as much use of my time. My view of this quickly changed, however. While I am certainly interested in learning more



medicine, I came to Vietnam to learn about the setting of medicine in this country. I am surprised at how committed and involved family members are to helping deliver healthcare (the 4-hour rotation of family members to bag intubated patients because there is a lack of ventilators, the sleeping on the ground of the hospital because there is not enough money to stay anywhere else) as well as how overwhelmed the healthcare system is here (every single bed in the emergency room filled with a patient and the beds are lined side-by-side, touching each other to the point of almost being stacked upon each other, and severe forms of trauma that lead to serious injuries but the financial limitation to treat in a similar manner in the U.S. For examples, in the ICU, a 17 year old patient with a hepatic trauma from a motorbike fall s/p hepatectomy will likely pass away in the coming days due to inability to afford plasmapheresis or liver transplant. This is something I would never have the opportunity to learn in the U.S. Indeed, I have learned about delivering healthcare in a way I could have never imagined in the U.S.

JOHN PAUL KALEDA, Class of 2015  
University of Vermont College of Medicine



John Paul Kelada '15 studied medicine at Cho Ray Hospital in Vietnam for six weeks through a global health elective from the University of Vermont College of Medicine and clinical affiliate Danbury Hospital/Western Connecticut Health Network.

# Dominican Republic

After five months at Danbury Hospital, I started working at PAP Hospital located in Paraiso, Barahona as the site director. I am looking forward to improving the self-sustainability of the Hospital, implementing new ideas and transforming it to a teaching Hospital with the support of the WCHN Global Health program. We hope North American health care providers and students will have the opportunity to work with patients and with local hospital staff and students, learning about endemic diseases, and other health related problems triggered by the tropical weather, geographical location, poor sanitation system and socio-economic status and without the advances of technology.



Liliana Rocha (left), director of Hospital PAP with Jomar Florenzan, M.D., the site director.

“It was very enriching to get to know a completely different medical and education system with a diverse culture, and have a chance to practice my English and improve my spoken skills. This experience changed my perspective in many different ways.”

DR. JOMAR FLORENZAN  
Site Director, PAP Hospital

## Reflections

We spent the day high in the mountains, surrounded by green, envisioning what it would be like to wake up to the green, the air, the ambiance, every day. One woman told us her son had been attacked by an adult male living in the house next door. We met an elderly woman of 94 who had had 25 pregnancies, only 2 of which had miscarried, and only 10 of which were still living. All her births had taken place in that very house, with only a midwife, and no medical checkups, prenatal vitamins, or any other kind of supplement or health. Mitra was astounded by the number, repeating “25?” incredulously, assuming she must be mixing up her Spanish numbers. The couple was taking care of their granddaughter, a trend we found common in Paraiso when the parents are deceased. Michelle noticed that this particular girl, aged 13 and not attending school, has some kind of mental disability. We were curious as to whether they had ever taken her to a doctor, or if she had ever been diagnosed. We also met a woman who was taking care of her granddaughter who has cerebral palsy- a spunky, determined little girl who constantly escaped the declared confines of a 3-foot radius around the grandmother who was perpetually chasing her and bringing her back into sight. Another woman broke down into tears in the middle of the interview, stressed about receiving the results of a breast exam, fearing cancer. Christina rested her hand on the woman’s knee as she cried, a gesture of comfort and support.

from MICHELLE COLE, CHRISTINA GUNTHER, and MITRA SADIGH during a trip to Paraiso, Dominican Republic



Students and faculty from Sacred Heart University at Hospital PAP during their visit in March 2015.



# Events, Presentations, and Publications

Consortium of Universities for Global Health



A major milestone was the formal acceptance of the WCHN/UVM program into the Consortium of Universities for Global Health (CUGH) in December 2014. This recognition of the strength of our program places

us among the most prestigious institutions engaged in global health worldwide, and this formal membership will bring us more opportunities to play a role on the international stage.

## Consortium of Universities for Global Health Annual Meeting

2014 – WASHINGTON D.C.

ATTENDEES: Faculty and staff Dr. Anne Dougherty, Dr. Molly Moore, and Emma Vick, and students Mary LoPiccolo, Karl Kristiansen, Taylor Goller, Mitra Sadigh, and Bulat Ziganshin

### The group presented five posters:

- Home Stay: A Novel Conception for Collaboration
- Building Capacity for Medical Education in Russia
- Training Young Russian Physicians in Uganda—a Unique Program for Introducing Global Health Education in Russia
- Finding the perfect match: Creating a structured interview tool to choose candidates for global health training programs
- Mitigating the Digital Divide: Access, attitudes, and training in information and communication technologies among staff at Mulago Hospital, Department of Obstetrics and Gynecology, Kampala, Uganda Finding

**KATRIN SADIGH and KARINA HABER were both winners of the CUGH Essay Contest.**

“Many people came up to me and asked questions about our projects and thought that these models can be used by other programs as examples of establishing such exchange opportunities.”

~ BULAT ZIGANSHIN

“The enthusiasm for global health was contagious at the conference and I definitely feel inspired.”

~MOLLY MOORE, M.D.

## Consortium of Universities for Global Health Annual Meeting

2015 – BOSTON, MA

ATTENDEES: Faculty and staff Dr. Anne Dougherty, Dr. Mariah McNamara and Lauri Lennon, J-1 scholars Dr. Ali Ershadi and Dr. Swapnil Parve, resident Dr. Corrie Miller and students MaryKate LoPiccolo, Mitra Sadigh and Jamie Sarfeh



### The group presented five posters:

- Collaborative Resident Education at a Large Teaching Hospital in Kampala, Uganda
- Development of Bidirectional Exchange Between OBGYN Residents at the University of Vermont and Makerere University, Kampala, Uganda
- Evaluating the Impact of a Nursing Assistant Training Program in Rural Uganda
- Mitigating the Digital Divide: Access, Attitudes, and Training in Information and Communication Technologies among Medical Students at University of Zimbabwe College of Health Sciences, Harare, Zimbabwe
- The Economic and Social Impact of Patient Care Attendants at Mulago National Referral Hospital, Kampala, Uganda

## Global Health Day Events

MAY 4-6, 2014

*Dean's Distinguished Lecture in Global Health*

### Building Equitable Medical Education Partnerships

Nelson Sewankambo, MBChB, MSc, M.MED, FRCP, Professor of Medicine and Provost, Makerere University College of Health Sciences, Uganda, and President, Uganda National Academy of Sciences

### Panel discussions, workshops and visits with faculty and students:

- Professor Nelson K. Sewankambo, Provost, Makerere University
- Professor Midion Mapfuno, Dean, University of Zimbabwe College of Health Sciences
- Professor Chiratidzo Ellen Ndhlovu, Deputy Dean, University of Zimbabwe College of Health Sciences

APRIL 6-7, 2015

*Dean's Distinguished Lecture in Global Health*

### A DISTINGUISHED PANEL DISCUSSION: Philosophy, Perspective, Partnership and Lessons Learned



- Professor Celestino Obua, Vice Chancellor, Mbarara University of Science and Technology, Uganda
- Professor Ayrat Ziganshin, Former Vice Rector on International Affairs, Kazan State Medical University, Russia
- Ms. Susan Nassaka Byekwaso, International Programs Coordinator, Makerere University College of Health Sciences, Uganda
- Dr. Patricia Wetherill an infectious disease specialist from Norwalk Hospital

## Global Health Day

### Global Health Grand Rounds:

Dr. Obua, Dr. Ziganshin, and Ms. Byekwaso will join Dr. Majid Sadigh and Ms. Lauri Lennon to talk more about the global health experience and upcoming opportunities.

### Global Health Poster Session and Reception:

Students and faculty showcase posters and reflections



## 2014-15 Global Health Lecture Series: A Mission Towards Change



FEBRUARY 10, 2014

### Developing a Sustainable Global Health Program: Experiences from the School of Nursing at Sacred Heart University

- Michelle Cole, DNP, MSN, RN; Assistant Professor/Guatemala Missions Coordinator
- Shery Watson, PhD(c), MSN, RN; Clinical Assistant Professor/Jamaica Missions Coordinator
- Eileen Yost, PhD(c), MSN, RN-C; Clinical Assistant Professor/Guatemala Missions Coordinator

MARCH 10, 2014

### The Global Health Experience

- Richard Katzman, M.D., Family Medicine Physician and UVM Clinical Assistant Professor of Family Medicine and Board of Directors, American Nepal Medical Foundation
- Hany Abdallah, UVM Medical Student, Class of 2014

MARCH 12 AND APRIL 7, 2014

### Prelude to a Russian Summer

- Zufar Bikbov, Liliya Bikbova and Kadria Bikbova, A family of artists and musicians originally from Kazan, Russia

APRIL 9, 2014

### A Cultural Lens on Medical Missions

- Dr. Jean Hatcherson, medical anthropologist

OCTOBER 13, 2014

### UVM Engagement in Uganda: Notes from the Field

- Anne Dougherty, M.D. and Mitra Sadigh

OCTOBER 14 AND 27, 2014

### Death Called a River: The Story of Ebola

- Majid Sadigh, M.D.

DECEMBER 8, 2014

### Human Trafficking: Context, Signs, and Vermont's Local Response Options

- Edith Klimoski, B.A., M.S., Director, Give Way to Freedom

DECEMBER 10, 2014

### Resisting the Urge to Treat: When Less is More, Even in Kenya

- Susan Herson, M.D.

MARCH 9 AND 11, 2015

### Autumn in Liberia: The American Response to Ebola Outbreak in West Africa

- Majid Sadigh, M.D.

MAY 6, 2015

### Stories from Haiti

- Samuel Antwi-Boasiako, M.D.

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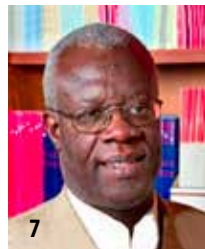
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- 2 ANNE DOUGHERTY, M.D.  
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- 3 DAVID CHIA, M.D.  
*US Site Director*
- 4 ESTHERLOY KATALI  
*Nakaseke Site Director*



### Russia

- 5 DILYARA NURKHAMETOVA  
*KSMU Site Director*



### Vietnam

- 6 ROBERT JARRETT, M.D.  
*US Site Co-Director*
- 7 MENO JARRETT  
*US Site Co-Director*
- 8 PHAN THANH LAN, M.D.  
*Vietnam Site Director*



### Dominican Republic

- 9 JOMAR FLORENZAN, M.D.  
*Site Director*
- 10 CHRISTINA GUNTHER  
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# Directory

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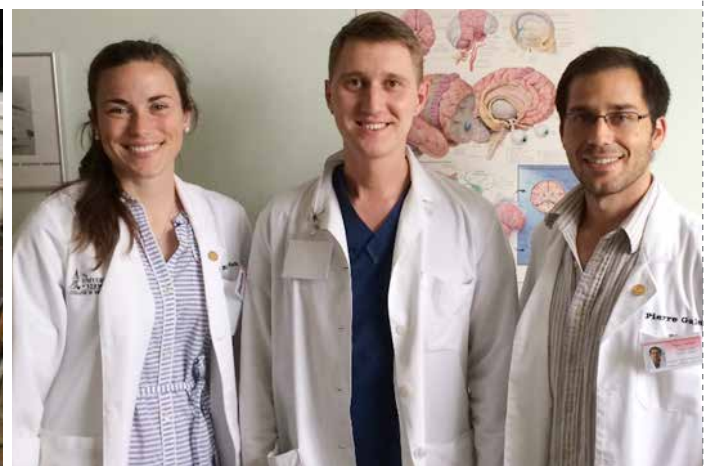
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Produced by  
The University of Vermont College of Medicine  
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The University of Vermont  
COLLEGE OF MEDICINE