Global Mental Health: the Case of Cambodia

Starting in 1991 Daniel Savin, M.D., Associate Professor in the School of Medicine at the University of Colorado Anschutz Medical Campus and affiliated faculty at the Center for Global Health, Colorado School of Public Health has been involved in psychiatric care in Cambodia. As a psychiatrist, Savin has studied the cultural and historical context of mental health in this country. In collaboration with Cambodian physicians, Savin has established a telepsychiatry program that can help people on both sides of the Pacific better understand the nuances of mental health in a post-conflict setting.

Although many violent struggles have beset Cambodians in the latter half of the 20th century, the genocide of 1974-1979 was the most horrifying.

The Khmer Rouge, a communist guerrilla organization, attempted to return the country to an entirely agrarian economy through social engineering. To this end, they organized mass executions and instituted labor camps that led to starvation and disease.

Almost one quarter of the Cambodian population died during this savage era. Thousands of survivors fled the pogrom into neighboring Thailand.

In response to this migration, the Site II refugee camp was created in the mid-1980s by joining seven separate camps along the Thai-Cambodian border.

Dr. Savin began working at the Site II camp after finishing his psychiatry residency at the University of Colorado in 1991.

At this time, Site II afforded a marginal existence to its population of 220,000 people. Lack of security, scarcity of water, and inadequate supplies of food were additional stressors that compounded war-related trauma.

Savin, whose own grandparents experienced persecution as Jews in Eastern Europe, describes how he became involved in Cambodia, “I saw an advertisement in Psychiatric Times for a psychiatrist at the Site II camp. I applied and was accepted at the Catholic Office for Emergency Relief and Refugees. I spent a year and a half providing psychiatric care before the camp closed in 1993. After the camp closed, I spent an additional year working as a general medical officer with Doctors Without Borders in Western Cambodia.”

While at Site II, Savin observed and treated severe depression, post-traumatic stress disorder (PTSD), anxiety disorders, and suicidal ideation. Some patients experienced social and economic impairment as a result of their conditions, which had a serious impact on the wellbeing of their families and futures.

(Continued on page 3)
The Centers for Disease Control (CDC) defines child maltreatment as, “all types of abuse and neglect of a child under the age of 18 by a parent, caregiver, or another person in a custodial role (e.g., clergy, coach, teacher).” It is further defined by four main types of abuse: physical, sexual, emotional, and neglect.

Dr. Fluke’s work in child maltreatment epidemiology began when he started working on a study at the American Human Association, which was funded by the U.S. Children’s Bureau back in the late 70s. Over time, his work expanded internationally and focused on epidemiologic research methods for child maltreatment worldwide.

John has consulted on projects in the Balkan Peninsula, Canada, France, and Saudi Arabia. He was worked for agencies like USAID, and UNICEF, even while continuing work in the US. His current international project focuses on Canada and Saudi Arabia.

**Saudi Arabia: Identifying and Understanding Child Maltreatment**

“When I first started working in Saudi Arabia, I expected more cultural barriers than I encountered. I found my initial beliefs and prejudices were commonly unfounded. We are frequently shaped by media reports that lead us to conclusions about a specific culture that can be erroneous. The barriers I observed were related to the fact that you are putting concepts forward in a religiously conservative culture. After all, Saudi Arabia, as a kingdom, is responsible for the most sacred religious site in the Muslim world. It is a religious state so you always have to keep that in the back of your mind,” said John.

Even though the political climate in Saudi Arabia is conservative, John found that concerns and values concerning families are similar to that in the United States—there is a common desire for children to grow up safely and reach their potential.

Recently, the National Family Safety Program (NFSP) in Saudi Arabia conducted the first nationally representative study of child maltreatment in the world (US included).

The study utilized the Adverse Childhood Experience (ACEs) framework originally developed in the late 1990s. ACEs is now supported the CDC and the World Health Organization (WHO).

ACEs assessed Saudi Arabian adults ages 18 and older and evaluated their childhood maltreatment and other adverse experiences in relation to their health as adults.

Results of this retrospective study have shown that like similar studies elsewhere, adults who experience these events are at greater risk of poor health and behavioral health problems.

In another recent NFSP study found that the most common form of child maltreatment for Saudi children 14-18 years old was psychological neglect followed by physical abuse. Interestingly, the incidence for sexual abuse in Saudi Arabia is greater for males than females—a result opposite to what one would encounter in most other countries.

**Public Awareness of Maltreatment**

Although there is general awareness of child maltreatment in Saudi Arabia, John believes discussion could be improved.

He shares, “The environment (in respect to social problems of all kinds) in Saudi Arabia is cautious. While I think professionals in Saudi Arabia are generally aware of these issues, there is a range of concerns that might not necessarily be acknowledged in the conservative mindset—like alcohol or drug dependence, child maltreatment, and interpersonal violence—these are not the average topic of conversation.”

(Continued on page 6)
Globally, mental health is gaining recognition as an important component of personal and community health.

Across cultures, neglect for mental health care may result from stigma toward the mentally ill, lack of awareness about psychiatric illness, or the absence of trained professionals.

All three causes are present in Cambodia. Countries experiencing violent conflict may have a burden of mental illness that is increased by associated periods of poverty, political upheaval, and lack of human resources.

These challenges lead to delayed or absent diagnosis and treatment of mental health conditions, which worsen symptoms and outcomes. Though mental health services in conflict countries tend to focus on PTSD, there is a broader range of common mental and neurological disorders that would benefit from focused research and service delivery.¹

Stigma

Stigmatization of mental illness occurs in all parts of the world. In Cambodia, the stigma of mental illness is high, and patients may be ostracized by family, friends, and community.²

Sometimes patients are humiliated for unusual behavior; other times families of patients are shamed for “allowing” certain behaviors to transpire.

In yet other instances, psychiatrists are stigmatized because of the type of work they do. Savin explains, “The definition of mental illness is important because stigma will vary accordingly. For example, in Cambodian lore, diseases such as schizophrenia and epilepsy, are placed in a similar illness category, rather than into separate categories for mental and physical/neurological illness…”

Daniel Savin, M.D., Associate Professor of Psychiatry in the School of Medicine, University of Colorado Anschutz Medical Campus

Understanding the cultural belief system and stigma around mental and neurological disorders is valuable to understanding help-seeking behavior. In Cambodia, most people with illnesses such as schizophrenia or epilepsy seek help from traditional healers or Buddhist monks before reaching a hospital. Patients have often seen multiple practitioners before seeing a psychiatrist.

Increasing Awareness

When faced with a health crisis, Cambodians often seek guidance from Buddhist monks, or from traditional healers called Kru Khmer.

These folk practitioners treat afflictions of the mind, body, and spirit. In Cambodia, illness and injury are sometimes attributed to offending an ancestral spirit, or behaving badly in a past life.

Similarly, hallucinations are believed to result from the presence of evil spirits or ghosts. Savin offers further explanation, “In Cambodian folk healing, there is no separation between biologically, psychosocially, or spiritually based illnesses. In traditional Cambodian culture, spiritual illness is ‘real,’ and may be perceived as repercussive.

“City-dwellers, who have had more exposure to western medicine, are more likely to seek medical care sooner than those in rural areas, where people usually see folk healers first, then pursue medical treatment.”

(Continued on page 4)
In one case observed by Dr. Savin, Mr. C returned home from a clerical job in another province. His family noticed that he was very thin and had a meager appetite.

Although tired, he had difficulty sleeping. He had episodes resembling seizures and ran a high fever. Being well-off, his family took him to Vietnam for treatment.

Blood tests, malaria smears, a lumbar puncture and CT scan all came back within normal limits. Mr. C’s symptoms persisted to the point that he required a nasogastric tube for feeding.

After finally reaching psychiatric care, it became apparent that Mr. C had experienced a romantic loss while in the neighboring province.

In his heartbreak, he had resolved to starve himself to death rather than choosing a form of suicide that would shame his family. He had not relayed this history prior to receiving psychiatric care.

His diagnosis was major depression with severe anorexia.

After six weeks of inpatient treatment, Mr. C returned home and continued with outpatient care until he was fully recovered.

Though not related to the conflicts and traumas of Cambodia’s history, Mr. C’s case points to misunderstandings that characterize mental illness within the healthcare system. His delayed treatment allowed his symptoms to escalate to become near-fatal.

Dr. Savin believes that even basic training in mental health will allow primary care physicians to recognize conditions like those experienced by Mr. C earlier.

Interestingly, patients do not usually talk at length with their doctors. In fact, doctors who ask too many questions before diagnosing may be seen as less skilled.

Establishing a new kind of interaction in doctor-patient encounters takes time and encouragement. Dr. Savin would like to see Cambodia keep pace with the global push for expanded psychiatric training for primary care doctors. His current efforts, however, focus on increasing the quality of care that doctors with psychiatric specialization can offer.

Training New Professionals

The Khmer Rouge took a devastating toll on the healthcare system in Cambodia. By 1979, only 43 of the country’s 450 physicians remained, none of whom was a psychiatrist.

Like many developing countries, the concept of psychiatric care is nascent in Cambodia. In the years since the Khmer Rouge regime, many Western doctors like Savin have worked together with Cambodian colleagues to improve health care and training in the region. “The Cambodian Mental Health Training Program started in 1994-1995 with the help of the Norwegian government. It was the first training program for psychiatrists in Cambodia. In clinic, psychiatrists see high numbers of patients and visits are short. They have to prioritize serious mental illness like schizophrenia or severe bipolar disorder,” he explains.

Establishing new psychiatric services was especially challenging in a setting where all health facilities and related professionals were being restored.

Savin has been building relationships with psychiatrists working in the Cambodian mental health system since he first started traveling to the region more than 20 years ago.

In 2006, Savin along with Cambodian colleagues developed a 2-week elective rotation in Cambodia for University of Colorado psychiatry residents.

Soon after, Dr. Savin also piloted a telepsychiatry case conference. The purpose of these bimonthly teleconferences is to increase trainees’ knowledge, to provide an opportunity to connect with American colleagues, and to stimulate critical thinking by residents on both sides of the call. Trainees have benefitted from discussing diagnosis and treatment with emphasis on cultural issues.

Although Savin’s recent visits have been brief, they are strategic in fostering collaboration and identifying new areas of need. “I went to Cambodia about 8 months ago with Kim Kelsay, M.D., Training Director of Child and Adolescent Psychiatry at Children’s Hospital Colorado and Associate Professor of Psychiatry in the School of Medicine, University of Colorado.”
“We are interested in helping them improve their child psychiatry programming as there is only one child psychiatrist in the country presently. In our telepsych sessions we are now focusing more on adolescents in preparation to move in this direction.”

With Cambodia’s tumultuous past, there is a distinct need for psychiatric care. However, many countries with less traumatic histories, and even industrialized nations are still struggling to develop effective strategies for mental health care and research.

“Programs are being built up for the first time in different parts of the world like Ethiopia. In countries like Syria and Iraq it is a little different because they had effective health systems, and even had psychiatrists before recent wars began,” Savin states.

Approaches to mental health in post-conflict reconstruction settings are unique to each situation. It is clear that addressing mental health throughout the reconciliation process is critical, as the effects of these traumas are not short-lived.

According to the World Bank, some researchers postulate that the ‘invisible wounds’ of conflict can leave a society vulnerable to a recurrence of violence. Studies on Nazi Holocaust and Cambodian Khmer Rouge survivors show that their children and their children's children are also affected by the psychosocial impact of conflict.

Without addressing mental health, certain milestones in global health and development will never be achieved.


Learn more about Dr. Savin’s work with refugees in Colorado: http://www.ucdenver.edu/academics/colleges/medicalschool/departments/psychiatry/Faculty/Pages/Savin,%20Dan.aspx

Or to learn more about Dr. Savin and his work in Cambodia, contact him at daniel.savin@ucdenver.edu.

♦By Molly Terhune
As an emerging issue, John advocates more disclosure to the public, "you will see the odd and occasional media stories about child maltreatment. These issues are being introduced, but in a very controlled way. There is a consistent effort to keep the public informed but they are still monitored.

"Nevertheless, improved awareness through studies like the ones mentioned above and other efforts like the Child Help-Line recently implemented in Saudi Arabia encourages children and families to seek help and in turn improves well-being of children in the country.”

It is critical to bring childhood maltreatment to the public’s attention because ACEs demonstrates that adverse experiences in childhood (in any country) have significant impacts on children’s health later in life, including depression, tobacco consumption, and obesity.

For example, when adjusted for other factors, Saudi adults who have experienced four or more adverse experiences as children are almost one and half times more likely to experience hypertension, obesity, and diabetes, and twice as likely to experience depression and smoke tobacco. “Because broader public health problems are intertwined with child maltreatment, it is really important to focus on child maltreatment for the future health of our communities,” said John.

Improvement Lies in Training and Awareness

John believes that Saudi Arabia, like United States, could benefit from significant training programs for behavioral health providers and social work providers.

More broadly, prevention programs that are designed to work and offer supports within families are most likely to work best within the Saudi Arabian context because of the strong traditional support systems provided by immediate and extended family members.

In an effort to strengthen collaboration on research projects and improve child maltreatment epidemiology, John co-founded the Working Group on Child Maltreatment Data Collection as a part of the work of the International Society for Prevention of Child Abuse and Neglect (ISPCAN).

ISPCAN, an independent non-governmental organization housed at the Kempe Center, sponsors regular international conferences to foster discussion regarding child maltreatment progress and research.

John reflects, “The primary goal for me is to understand, develop, and promote ways of improving how we organize our systems of child protection so that they demonstrably improve the lives of children.”

_to learn more about Dr. Fluke and his work, contact him at John.Fluke@ucdenver.edu._

---

**The Kempe Center: A Tradition of Providing a More Promising Future for Children**

In 1962, C. Henry Kempe, M.D. and colleagues released the paper, *The Battered Child Syndrome*, which exposed the reality behind child abuse and neglect. Inspired by these findings, Kempe opened The Kempe Center for the Prevention and Treatment of Child Abuse and Neglect in 1972 to further address this rising social issue.

The Kempe Center was the first crisis center for abused and neglected children. In 2014 alone, the Kempe Center clinically treated over 1,300 children and assisted over 640 parents and caregivers.

The Center is active in the child protection movement through

- evaluating suspected victims of abuse,
- providing treatment for children and families,
- developing new programs to assist children,
- training healthcare professionals to better serve abuse victims,
- and conducting studies to further understand abuse and neglect.
Kelly McConnell: from Round-offs to Rounding

After completing her pediatric residency at the Children’s Hospital Colorado, Kelly McConnell, M.D., began her Pediatric Global Health Fellowship at the Center for Global Health, Colorado School of Public Health. Dr. McConnell shares her journey from competitive gymnast to global health advocate.

Kelly McConnell, M.D., our new fellow at the Center for Global Health and pediatrician at Children’s Hospital Colorado, traces the origins of her interest in medicine, “Although I didn’t have exposure to medicine through family members, I became interested in medicine when I was a little kid. An example of my interest from early childhood is that I used to build Lego hospitals and ambulances. In high school that interest developed further with science classes.”

Between school and sports, Kelly had little time to relax on the beaches of her home town, Wilmington, North Carolina.

She started gymnastics at a young age, “My mom took me to Mom-and-Tot classes at Gymboree [a chain of play centers for children], where she was teaching. It [gymnastics] was something I did before I could walk or talk, but I made a decision to continue and advance as I got older.”

Throughout her grade school years she was a dedicated gymnast and cheerleader.

Both activities became fiercely competitive. “I was on an all-star cheerleading team. We won the National High School Cheerleading Competition several times. Our team practiced more than any other team at my school; we competed and practiced with illnesses and injuries,” she recalls.

By the time she got to college, Kelly had transitioned into more of a coaching role with gymnastics.

After thousands of hours of tumbling routines on mats that had been compressed to a thickness less than 1/8 inch, Kelly’s body was showing signs of wear-and-tear unusual in someone so young. She has experienced torn ligaments in her knees, has had her hip socket reshaped twice, and had surgery on her left wrist to correct injuries from impact and hyperextension.

Despite experiencing negative consequences from gymnastics and cheerleading, or perhaps because of them, Kelly’s love of physical activity nourished her interest in health, wellness, and medicine.

Kelly completed her undergraduate degree at the University of Miami, where she majored in exercise physiology, a brand new major that she pioneered along with four other students. “My senior project in college was ‘Changes in Gymnastics for Safety and Wellbeing.’ It was essentially a literature review of studies that were coming out at the time. The studies helped develop guidelines to prevent chronic and acute injuries in young gymnasts.” In addition to the exercise physiology major, Kelly completed her pre-med requirements.

While already on track to become a doctor, a mission trip to Peru with Christian Emergency Relief Team International before her senior year of college sealed her decision to pursue global health. “When I traveled to Peru I knew I was curious about international health, but while I was there, my heart really came alive and I knew this was what I wanted to do. The great reward of working with these populations is having a positive impact in a broader community. The hard part is trying to focus on one thing. There are so many areas where you want to help and make a sustainable difference.”

Kelly continued at the University of Miami, attaining her medical degree in 2012.

While already inclined towards pediatrics as her area of specialization, it was a moment during a surgery rotation when she fully recognized it was a good fit. “I came in wearing double-layered hot pink and neon orange Converse All-Stars. It was suggested that maybe pediatrics was the right choice for me,” she laughs.

“When I traveled to Peru I knew I was curious about international health, but while I was there, my heart really came alive and I knew this was what I wanted to do. The great reward of working with these populations is having a positive impact in a broader community. The hard part is trying to focus on one thing. There are so many areas where you want to help and make a sustainable difference.”

Kelly McConnell, M.D., Global Health Fellow, Center for Global Health at the Colorado School of Public Health

“What I like most about pediatrics is that kids recover quickly and when they are well again, they are happy and return to regular life. The frustrating part is that I love kids; I get emotionally involved, and there are so many outside factors affecting their health that I have no control over.”

This is one reason she is excited to contribute to the Center for Global Health’s Guatemala Trifinio project.

“Part of what we are trying to do in Guatemala is educate parents to help have the best impact on their kids’ health,” she explains. Kelly will be working on a grant to secure water

(Continued on page 8)
Kelly McConnell: from Round-offs to Rounding

(Continued from page 7)

purification products from Procter and Gamble to be used in the Trifinio. She will also provide lectures for the community nurses on topics related to child growth and development.

Another main priority during her fellowship will be to collaborate with faculty at the School of Medicine, CU Anschutz Medical Campus to further develop the curriculum for the global health track residents in the Department of Pediatrics.

This curriculum will address the particularities of practicing medicine at the Guatemala Trifinio Clinic. She is well suited to these tasks, since she is passionate about providing context-appropriate care.

“One of my interests is examining the quality of global health pursuits. So often people go into the field with nothing more than their good intentions, and this can actually have a negative impact on the community in general and the local medical community specifically. Assuring that you are having a positive impact is a challenge – there are a few people writing about this, but I am interested in understanding more.”

When she’s not working, Kelly enjoys all things offered by the great outdoors of Colorado. “I like to do lots of active stuff like hiking, cycling, swimming, and snowboarding. Now that I am done with residency, I am excited to read for pleasure; I enjoy memoirs and biographies, and I love magazines.”

The Center for Global Health looks forward to the contributions Kelly will make in medical education, program design and clinical systems development during her time as a fellow.

The excitement is mutual, “Of the countries I have traveled to and worked in, I have felt most connected in Latin America; I speak Spanish and have taken multiple trips to the area, so I plan to focus on that region.”

Please join us in welcoming Kelly to the Global Health Fellowship!

Global Health & Disasters Course
November 9 -19, 2015

Registration is open!
Learn more, click here!

This international health course is a two week training offered once a year as part of the University of Colorado School of Medicine Global Health Track and Colorado School of Public Health. The first week of the course is the Global Health section of the course and the second week of the course is the Children in Disasters section.

This course prepares its participants for international experiences and future global health work. The interactive training incorporates readings, lectures, small group problem based learning exercises, technical skill sessions, and a disaster simulation exercise.
The Center for Global Health at the Colorado School of Public Health and Global Health Initiatives at Centura Health are sponsoring a training session for Essential Care for Every Baby Master Trainers on October 1 and 2, 2015.

Logically and chronologically, *Essential Care for Every Baby (ECEB)* is a natural evolution from the content taught in the *Helping Babies Breathe®* program (HBB). Currently, 2.9 million babies die within the first month of life, accounting for 44 percent of all under-five mortality. These statistics reveal the urgent need for action and education around newborn survival, a need to which ECEB is prepared to respond. The concepts taught in HBB and ECEB are chronologically progressive. HBB training focuses on keeping babies alive through the first five minutes of life. ECEB picks up at minute six, and emphasizes the care that babies need throughout the first 24 hours.

Join us and Susan Niermeyer, M.D., F.A.A.P., an architect of the Helping Babies Breathe® neonatal resuscitation program and a designer (along with the American Academy of Pediatrics), of Essential Care for Every Baby. Essential Care for Every Baby (ECEB) uses newly released guidelines from the World Health Organization to teach health care workers and parents around the world how to respond to some of the early dangers faced by babies in resource-constrained settings.

Space is limited for this special training session. If you are interested in attending, please submit your completed registration form, along with payment ($250) to Molly Long, Centura at mollylong@centura.org.

Registration is open. To obtain a registration form and learn more about the course, click here.

Additional information about the curriculum and future trainings can be found at: www.helpingbabiesbreathe.org
Physicians for Human Rights: Keeping the Fire of Advocacy Alive

Jaleh Akhavan is a third year student in the School of Medicine, University of Colorado Anschutz Medical Campus. After growing up in Castle Rock, Colorado, Jaleh pursued an in-state medical education to be close to her family. Her medical interests lie in women’s health and she will likely specialize in obstetrics and gynecology or family medicine in the future. She has been involved with the student group, Physicians for Human Rights club for almost two years now as it was the first organization she became involved with upon starting medical school.

"Physicians for Human Rights has given me a smaller group of peers who are passionate about a variety of advocacy and human rights movements. To meet with this group each month keeps me motivated on my initial goal of working with underserved people as a physician. It’s also been inspiring to see all the amazing feats my peers have accomplished. Also, when I’m feeling overrun with studying, grades, and fulfilling obligations, it is so refreshing to have a conversation with a fellow member who will easily remind me ‘why’ we are working so hard,” said Jaleh.

Physicians for Human Rights (PHR) is a student-run chapter of a larger, nonprofit organization hosted by medical and pharmacy students at the University of Colorado Anschutz Medical Campus.

While primarily composed of medical and pharmacy students, the club’s composition is constantly expanding to include individuals from the University of Denver, Colorado College, as well as the Colorado School of Public Health.

The mission of Physicians for Human Rights is to promote health by protecting human rights: (1) Raise awareness and understanding of the fundamental connections between health and human rights, (2) Educate current and future health professionals about their roles as advocates for human rights, and (3) Increase the involvement of students, doctors, nurses, and other health professionals in the work of Physicians for Human Rights.

PHR first started in the 2011-2012 academic year when medical students Michael Frank and David Murphy began hosting events under the name that exists today. The following year, medical student Robbie Flick, along with other committed classmates in the graduating class of 2016, propelled PHR into the well-known club it is today.

“Our biggest desire and goal is to keep the fire of advocacy and passion of working for the rights of the underserved alive in students,” reflected Jaleh. To do so, the club hosts monthly journal club meetings to discuss current topics with a community leader, expert, advocate, or mentor who is comfortable guiding the conversation.

Additionally, PHR hosts a larger event each semester that includes the entire CU Anschutz Medical Campus. This past semester, the larger event was one of advocacy called, “Why I am, and always will be, an advocate.” Past campus-wide events include screenings of movies such as, “Fire in the Blood”, lectures from faculty at Harvard Medical School and collaborators with Partners in Health.

Jaleh believes the success of the club is in part due to its development over time, “I believe we’ve become more confident in our mission over the years. We’ve found that monthly journal club keeps our group linked while the bigger events each semester allow us the opportunity to share our passion with others. Often, it’s through the larger campus-wide events that we find new members who want to participate in the closer-knit community. Recently, we’ve become more integrated with pharmacy and public health students. We hope to see some nursing, physician assistant, physical therapist, and dental students during the fall journal clubs as well!”

Even though the club has coordinated many great events, Jaleh reflects that the club as a whole wants to be cognizant of larger social issues and not limit itself to only “global health” topics.

She stated, “A lot of human rights conversations focus on the international scene. But we believe there is a lot we can discuss and learn about here in Denver. That’s why many of our journal club topics cover important ideas like harm reduction and the rights of the developmentally disabled.”

Jaleh mentioned that as a medical student developing her own career, PHR has made two important impacts on her life, “The first impact is the friendships I’ve built with my colleagues. Most of us will hit the professional field around the same time, and I truly believe we will help one another lead careers focused on advocacy. The second is the wide range of topics that have been discussed by our group. Each member has different interests, and they host a journal club centered on that interest. This structure has broadened my understanding of the many entry points to advocacy.”

After Physicians for Human Rights meetings, Jaleh finds herself inspired and anticipates the same for others, “I hope everyone who attends our journal clubs and campus-wide events leave with their internal fire burning a little stronger.”
September 30, 2015, 12 — 1 p.m.
Education Building 2 South, Room 2305, Anschutz Medical Campus
Pam Hanes, Ph.D., M.S.W., Adjunct Associate Professor of Health Systems, Management and Policy, Colorado School of Public Health, Fulbright Senior Scholar to South Africa in 2014-15
Topic: Influencing Health Systems Reform in South Africa through Health Professions’ curriculum and research transformation

October 20, 2015, 12 — 1 p.m.
Education Building 2 North, Room 1103, Anschutz Medical Campus
Gretchen Domek, M.D., M.Phil., Assistant Professor of Pediatrics, University of Colorado Anschutz Medical Campus
Gretchen Heinrichs M.D., D.T.M.H., Assistant Professor of Obstetrics and Gynecology, University of Colorado Anschutz Medical Campus and Denver Health
Topic: Updates from the field: Conducting Maternal and Child Health Programs in Guatemala

November 4, 2015, 12 — 1 p.m.
Education Building 2 South, Room 2201, Anschutz Medical Campus
Jamie Van Leeuwen, Ph.D., M.A., M.P.H., C.A.C. III, Founder and Executive Director, Global Livingston Institute
Topic: Innovative Solutions to Poverty: Thinking Differently and Thinking Big

December 2, 2015, 12 — 1 p.m.
Education Building 2 South, Room 2201, Anschutz Medical Campus
Deborah Thomas, Ph.D., Associate Professor and Chair of Geography and Environmental Sciences at the University of Colorado Denver
Sheana Bull, Ph.D., M.P.H., Professor and Chair of Community and Behavioral Health, Colorado School of Public Health
Topic: Implementation of the THIT mHealth Project in Tanzania using Best Practices

Want to watch a lecture you missed? Click here.