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As we look at the health care needs of our community as well as a broader world, we see many opportunities for us to bring home what we learn in distant places.

The Global Health Program enables our physicians, residents, medical and nursing students to reconnect to the fundamental reasons they have selected professions to help people in this way. 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 commitments to help people.

No matter where we practice, a health care worker’s most meaningful obligation is to be present for a patient, family, and friends. Here at home, many distractions can divert our attention away from patients as we utilize the latest in technology. When we work overseas, in many types of surroundings, the opportunity to practice without the noise enables us to bring an experience of empathy to every interaction.

On a practical level, our work overseas brings us face-to-face with certain conditions and diseases that, within time, may make their way to our corner of Connecticut. When that occurs, as it does with increasing frequency, we are grateful for what we have learned when we initially confronted the condition in its home environment. As our world constantly changes, our work in global health helps us stay a step ahead.

Let me extend my sincere thanks to all the people who participate in and support this program. Because of you, we strengthen the care we deliver at home, and we reach well beyond traditional borders.

Sincerely,

JOHN M. MURPHY, MD
President & Chief Executive Officer
Western Connecticut Health Network
Dear Friends and Colleagues,

Why should our growing health network care about health of people in other countries? Why should global health matter to those who live in Danbury, Norwalk, or New Milford?

First, we live in a global age, and diseases do not respect boundaries. Infectious diseases like HIV and TB have spread worldwide. The risk of a worldwide epidemic of influenza has shaped much of health research and vaccine preparation. The West Nile Virus comes from Egypt but no longer remains in Egypt. It has become increasingly clear that in a global age health of our community depends on the health of other communities around the world.

Second, the population’s health is linked with socioeconomic development and has a major impact on overall development of other communities. Impaired development in turn can have a devastating effect on global security and freedom right here at home.

Third, the local community that we serve is a multi-ethnic and culturally diverse community. Immigration and migrant labor force in a global age have transformed the traditional urban population and reflect the nature of our global community. The population of Danbury, Connecticut, totals approximately 79,000 residents, with projections indicating population growth of 3.7% by 2012. By race/ethnicity, approximately 35% of Danbury residents report minority status. Approximately 74.6% of residents are Caucasian, 6.9% Hispanic (people of Hispanic ethnicity may be any race). A total of 11.4% report “multiracial” as their racial/ethnic designation.

In less than two years, with tireless efforts of Dr. Sadigh, our Global Health Director, and faculty and students of the UVM College of Medicine and WCHN, the program has expanded to include five international sites and forged a dozen collaborative research and medical education projects. The unprecedented success of our Global Health Program can only be attributed to the hard work and idealism of our staff and the strong bond they have developed with our community and abroad.

Our department is proud of their accomplishments and excited to share them with you.

Sincerely,

RAMIN AHMADI, MD
Director of Medical Education & Research, Western Connecticut Health Network

Dear Friends and Colleagues,

Welcome to the WCHN Global Health Program Annual Report for 2013.

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 under served 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 faculty 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.

Secondarily, the collaboration aims to determine methods of providing essential therapeutic modalities while continuing to bring about general improvements in patient nutrition, nursing care, and diagnostic capacity. These tasks will be accomplished by building a working relationship and designing a training program that concentrates on the expansion of human resources and leadership development. Consequently, the partnership will ensure a rich exchange of faculty and trainees on a continual basis.

Joint research initiatives will become an integral part of these collaborations and will ultimately extend the reach of this partnership beyond direct patient care to encompass the improvement of health in society.

Global collaborations also serve to expose WCHN faculty and house staff to a number of educational and clinical opportunities aimed at strengthening the quality of patient care and training currently in place. Most notably, participants will become exposed to all aspects of tropical medicine, including the challenges of treating HIV/AIDS, tuberculosis, and malaria in sub-Saharan Africa, Russia, Vietnam, and Dominican Republic. Those involved in patient care will undoubtedly enhance their clinical skills and judgment under the constraints of poverty.

Our hope is that WCHN faculty, house staff, and students alike will draw upon the experience not only to expand their medical knowledge, but to highlight the need for cultural competence and humanism in medicine, deepen core values such as love, respect, and empathy toward patients, and develop a more global perspective on health care.

The groundwork has been laid. The opportunity for WCHN community to contribute and collaborate abounds in promise. In the merging of different cultures, similarities soon become apparent, as do vast, undeniable differences. But in the alignment of certain events and intentions, a union is possible that harmonizes and heals.

Sincerely,

MAJID SADIGH, MD
Director of Global Health Program, Western Connecticut Health Network

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I wished I could tell them how beautiful I thought they were, but somehow, I think they knew.

I’ve been in Kampala for twelve days now. I’ve been writing a lot, but it’s hard to gather my thoughts. It smells different here. The robust auburn dust of the roads vacillates between bold and dull, likely depending on my mood. It rises and falls like curry powder on the streets, our skin and in my eyes. It leaves a ring around my ankles, seeping in so naturally I almost don’t notice sometimes.

It’s not hot like I thought it would be. The morning greets me with a gentle, cool calm, and the sun warms the land gracefully toward only a few hours of afternoon heat before it bids adieu and the breeze invites a field of goose bumps on my arms.

The water tastes like earth. It’s not my favorite taste but the felt connection between it and its roots, our roots, is humbling. The birds are loud here. Storks perch ominously on tree branches, still like statues. Their size is overwhelming and their demeanor prehistoric. I try to stare right into their round eyes sometimes, wondering how many worlds they have seen and lived through. They are ugly and distinguished, but when flying overhead, elongated wings outstretched, they look like gods to me.

One unidentified bird cries out like a distressed goat—strong, loud cries that I often hear through the open windows at Mulago Hospital, as if they know that some life is suffering in that building, and they are signaling to some power, somewhere.

One encounter embedded in my mind: lemon yellow, tangerine orange, sky blue, magenta... shapes held in black borders, happy patterns on long dresses with matching head wraps. Two women, one sitting up in the hospital bed, another on a gandam mat spread on the floor by the bedside. I’m not sure what the patient was sick with exactly, but she kept pointing to her stomach and making a pained face. Her companion rose from the floor, her eyes sleek and shapely. I couldn’t stop looking at her. Our conversation danced glances and smiles. I felt silly for looking at her so much but she didn’t seem to be judging. It’s amazing to me that so much can be said only through our eyes, which in this case was the only way to communicate given that they spoke neither English nor Ugandan. Other patients from the ward came and tried their tongue, but words were floating, uninterpretable melodies.

As the white coats crowded around the bed, I was less interested in the details of the diagnosis and more entranced by questions running in my mind. What is your name? What language do you speak? What is your village like? Are you sisters? Friends? What was your trip to the hospital like? What are your concerns? Fears? Dreams? What is God to you? Her big, genuine smile and compassionate, curious eyes are all I will ever know, but somehow, that feels like enough. The doctor told me, the women from their tribe are strong and could manhandle him, no problem. I laughed and felt proud. I took a photo of the two of them together and made a note to myself about bringing a Polaroid camera on my next trip.

I wished I could tell them how beautiful I thought they were, but somehow, I think they knew.

“It’s amazing to me that so much can be said only through our eyes...”

Senses Awake
By Mitra Sadigh

I’ve been in Kampala for twelve days now. I’ve been writing a lot, but it’s hard to gather my thoughts. It smells different here. The robust auburn dust of the roads vacillates between bold and dull, likely depending on my mood. It rises and falls like curry powder on the streets, our skin and in my eyes. It leaves a ring around my ankles, seeping in so naturally I almost don’t notice sometimes.

It’s not hot like I thought it would be. The morning greets me with a gentle, cool calm, and the sun warms the land gracefully toward only a few hours of afternoon heat before it bids adieu and the breeze invites a field of goose bumps on my arms.
ideally, a global health program is a true partnership. Medical professionals from the U.S. work with global counterparts to address health care challenges abroad, sharing practices and returning home with new knowledge learned from overseas colleagues. Meanwhile, physicians from offshore sites visit the U.S. for medical training, ultimately integrating newly gained insight into their work at home. Through these experiences, both American and international doctors gain heightened cultural sensitivity, a broader perspective of global health issues, and a stronger humanitarian drive. The result is better physicians — and better care — on both sides of the world.

Global health is defined by the New England Journal of Medicine as "public health for the world" — thus, the distinction between domestic health and foreign health are dissolved. Ideally, a global health program is a true partnership. Medical professionals from the U.S. work with global counterparts to address health care challenges abroad, sharing practices and returning home with new knowledge learned from overseas colleagues. Meanwhile, physicians from offshore sites visit the U.S. for medical training, ultimately integrating newly gained insight into their work at home. Through these experiences, both American and international doctors gain heightened cultural sensitivity, a broader perspective of global health issues, and a stronger humanitarian drive. The result is better physicians — and better care — on both sides of the world.

SHU & UVMCOM: PARTNERS IN GLOBAL HEALTH
True Partnership

Western Connecticut Health Network's Global Health Program is entering its second year, with plans to add new sites in the coming year. The program was established in conjunction with our institutional affiliate, the University of Vermont College of Medicine (UVMCOM) in 2012, strengthening an already flourishing relationship with the university that sends dozens of medical students to Danbury Hospital each year for clinical rotations. The exchange of knowledge between WCHN and UVMCOM has fostered the rapid growth of the WCHN and UVMCOM Global Health Program and the opportunities offered to their interacting communities. Medical students, residents, fellows, and faculty of UVMCOM and WCHN are already seizing the opportunity to participate in clinical work at our expanding global health sites. Through the Russian Observership program, even students and staff working at Danbury Hospital are able to gain experience with another culture, interacting with offshore visitors and exchanging medical and cultural knowledge on the hospital floors. Moreover, the Global Health Program works ardently to engage and increase awareness among the communities in Burlington and Danbury by organizing global health educational opportunities and presentations at both sites. The breadth of opportunities for UVMCOM and WCHN medical students, residents, and staff to acquire global health experience distinguishes our medical education program from others, strengthens our position as a leading teaching and research institution, and helps us attract the best and brightest health care professionals.

SACRED HEART UNIVERSITY

More recently, WCHN Global Health Department has begun collaborating with the Sacred Heart University (SHU) School of Nursing to increase global awareness on campus and engage students in work abroad at the WCHN partner sites in Uganda and Dominican Republic. In March 2014, SHU nursing faculty will travel to Hospital PAP to assess local health care needs, thus paving the way to establishing a global health elective in nursing in Paraiso.
Since its inception, WCHN has sent 10 internal staff and faculty members to the 5 global health sites with the common goal of creating WCHN global health partnerships. A Memorandum of Understanding, outlining the details of the collaboration, has been established with each of the following institutions:

- Kazan State Medical University (KSMU), Kazan, Russia
- Advanced Medical Technology Education Center, Kazan, Russia
- Makerere University College of Health Sciences (MakCHS), Kampala, Uganda
- Uganda Cancer Institute (UCI), Kampala, Uganda
- Cho Ray Hospital, Ho Chi Minh City, Vietnam
- University of Zimbabwe (UZ) College of Health Sciences, Harare, Zimbabwe
- Hospital Programa de Asistencia a Paraiso (Hospital PAP), Paraiso, Dominican Republic
Building Awareness

In recent years, the growing interconnectivity around the world has resulted in a heightened awareness of global health and welfare. The WCHN Global Health Department responded to this growth in interest by creating a variety of educational and service opportunities for students and professionals alike to become involved in the world of global healthcare. With each experience, participants become more culturally competent and equipped to provide the best care to the incredibly diverse patient populations at home and abroad.

GLOBAL HEALTH COMMITTEE

The Global Health Committee was established in August 2013 to brainstorm future events in global health, modes of marketing, and ways to improve the experiences of offshore visitors in medical education. Each 4th Wednesday of the month, the committee members in Connecticut, meet to discuss current and future happenings in the Global Health Program. UVMCOM Global Health Committee members meet periodically in Burlington to discuss future global health happenings on the Vermont campus.

GLOBAL HEALTH STUDENT INTEREST GROUP

Global Health Student Interest Group is a group of students, residents, and faculty interested in global health who would like to develop their knowledge and skills in the field. Two student interest groups exist — one of the UVMCOM campus and one at Danbury Hospital.

UVMCOM Global Health Student Interest Group is comprised of about 20 first year medical students, along with UVM nursing and undergraduate students. The group, spearheaded by 10 student leaders and faculty mentors, organizes weekly workshops and seminars which discuss topics in global health and brainstorm global health electives and policies.

Danbury Hospital Global Health Student Interest Group meets each Wednesday evening from 5:30 to 7. Residents and rotating medical students meet with a member of Global Health Department to discuss global health and tropical medicine.

GLOBAL HEALTH EVENINGS

Almost each month, a Global Health Evening is held both at UVMCOM and Danbury Hospital. These presentations welcome individuals with global health experience to share their knowledge and perspectives. Global Health Evenings serve as a platform to reach out to a larger audience interested in global health and cultural diversity.

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<tbody>
<tr>
<td>December 2012</td>
<td>William Fabricius, MD</td>
<td>Reflections on a Clinical Elective in Russia</td>
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<td>Bulat Ziganshin, MD PhD</td>
<td>Kazan State Medical University (KSMU) Partnership with WCHN and UVMCOM</td>
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<td>Katrin Sara Sadigh, MD</td>
<td>Peace Corps Kenya: Industry Through Integration</td>
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<td>Karina Haber, MD</td>
<td>An Exploration of the Personal Meaning of Global Citizenship as a Healthcare Provider</td>
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<td>January 2013</td>
<td>Stephen J. Scholand, MD</td>
<td>Rabies Free World</td>
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<td>Robert Jarrett, MD</td>
<td>Hearts Around the World — One World, One Mission</td>
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<td>February 2013</td>
<td>Peter Cooch, UVMCOM</td>
<td>The Microscope Exchange &amp; Service in Guatemala</td>
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<td>Adam Ackerman, UVMCOM</td>
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<td>Jason Bae, MD</td>
<td>Global Health Interest &amp; Health Care in China</td>
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<td>Phan Thanh Lan, MD</td>
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<td>March 2013</td>
<td>Charles Steinberg, MD</td>
<td>Teaching and Practicing HIV Medicine in Africa &amp; Burma</td>
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<td>Torkin Wakefield</td>
<td>BeadForLife</td>
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<td>April 2013</td>
<td>Damanjot Chaubey, MD</td>
<td>Citizens of the World</td>
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<td>Ariana Lecaj</td>
<td>History of Kosovo and life of a refugee in America</td>
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<td>Alec Jacobson</td>
<td>Reflections ofParaiso, Vietnam, &amp; Uganda</td>
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<td>May 2013</td>
<td>Stephen Winter, MD</td>
<td>Modern Refugee Medicine: Looking for Camels in South Darfur</td>
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<td>AnneLise Alima, MD</td>
<td>Reflections and notes of Paraiso; toward capacity building in medical education and patient care</td>
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<td>Karina Haber, MD</td>
<td>A Mission Towards Change: The Experience of Medical Students &amp; Residents in Uganda</td>
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<td>Karl Kristiansen, UVMCOM</td>
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<tr>
<td>October 2013</td>
<td>Donald Sampson, MD</td>
<td>PEPFAR: A Physician Living &amp; Working in Africa</td>
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<td>David Chia, MD, MSc</td>
<td>WCHN &amp; UVMCOM in Uganda, UCI</td>
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<td>November 2013</td>
<td>Cleophace Mukeba, Founder</td>
<td>Breaking Silence: Rape with Extreme Violence in the Eastern Democratic of Congo</td>
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<td>Beyond Medical Tourism, Building Sustainable Collaborations: Challenges &amp; Rewards; Host Perspective</td>
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**UVMCOM Global Health Evenings**

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<td>Allison Anwady, MD</td>
<td>“Collaterals”: A Reflection on Clinical Work in Uganda, published in JAMA</td>
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<td>John Curtis</td>
<td>Kasensero, a Forgotten Village</td>
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<td>Katrin Sara Sadigh, MD</td>
<td>“The Circle of Silence”</td>
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<td>Majid Sadigh, MD</td>
<td>“The Impact of an Exchange Program on Medical Education in Kazan State Medical University”</td>
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<td>Mary Streeter, MS</td>
<td>“Innovation in Uganda for Training Remote Ultrasound Personnel: A 3-Phase Educational Model”</td>
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<td>Bulat Ziganshin, MD PhD</td>
<td>“Opportunities for First Year Medical Students: A Global Health Project Focused Summer Elective in Kazan”</td>
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<td>Majid Sadigh, MD</td>
<td>“History of Lassa Fever”</td>
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<td>Patricia O’Brien, MD</td>
<td>Book Review of The Lassa War: One Man’s Fight Against One of the World’s Deadliest Diseases by Ross I. Donaldd</td>
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RUSSIAN VISITOR MEDICAL EDUCATION (VME)

Danbury Hospital Welcomes Visiting Russian Colleagues

Since September 2012, WCHN has welcomed 14 colleagues from the Tatarstan, Russia, Ministry of Health. During their 4-week stay, these medical professionals are given the opportunity to learn about the United States’ health care system and medical education and gain updated clinical knowledge, which they can bring back to Russia upon their return. VME allows participants to directly engage with the WCHN staff as well as experience American culture beyond the setting of the medical field.

The following physicians and academicians visited Danbury Hospital this year to receive training for future roles as site directors/associate site directors at their home institution:

- Phan Thanh Lan, MD, Cardiologist, Cho Ray Hospital, Vietnam
- Wasswa Wangi Esau, MBChB, MMED, OB/GYN specialist, MakCHS, Uganda
- Maya Golts, MD, Infectious Disease Fellow, KSMU, Russia
- Lilija Yasheva, MD, Senior Resident, Neurology, KSMU, Russia

WCHN’s J1 Scholars

WCHN currently hosts 6 J1 Scholars, each of whom were welcomed as the top standouts at their host institutions abroad. Each scholar is pursuing a research project which will provide them with methodology and knowledge that they will be able to utilize and share with peers upon returning home. In addition to their research, each J1 Scholar has a teaching responsibility—to hold informative seminars with medical students and residents periodically during their stay.

Pictured, top: Majid Sadigh, MD, and Russian colleagues in October 2012.
Bottom left: Maya Golts, Russian Infectious Diseases Fellow, and Rinat Sabrinov, KSMU (Naberezhnye Chelny Campus) Director of Medical Education, in December 2012.
Bottom right: Gina Lacey and Russian colleagues in April 2013.

The Global Health Department has hosted several physicians from our global partner sites with the hope that they will acquire skills necessary for leadership roles at their home institutions. These young faculty members visit Danbury Hospital for 6 months of capacity building — training to become good educators, evaluators, researchers, and lifelong learners. It is believed that this experience will not only make them capable of supervising medical education of US medical students abroad, but also of becoming instruments of change at their own medical institutions.

Pictured, left: Dr. Sung Lee and Wasswa Wangi Esau during his visit from MakCHS.
Pictured, middle: Phan Thanh Lan, MD, back home, working at Cho Ray Hospital.
Pictured, right: Barbara Kalambo is at the Research Institute. She is learning research methodology that will enable her to establish a research lab to serve the Ugandan community in Kampala.
Global Health Electives

Global Health electives allow WCHN and UVMCOM medical students, residents, fellows, and faculty to travel to our 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.

In 2013, two Danbury Hospital residents and one cardiology fellow as well as 6 medical students and a faculty member from UVMCOM completed electives at our global sites in Africa, Dominican Republic, and Vietnam. In 2014, 23 UVMCOM applications were received for 8 student positions; four first year and four fourth year medical students were selected based on displayed cultural competency and academic record, along with 2 faculty mentors. Each rotation is up to 6 weeks and consists of two central components: (1) clinical (2) sociocultural & language. First year students fulfill 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/or the host family program, which has been implemented at our Uganda site.

Global Health Electives as interest in global health skyrockets, Program Directors are faced with the daunting task of selecting a few students out of dozens to participate in global health electives. Recognizing the lack of a comprehensive and standard selection tool, Mary Kate LoPiccolo, WCHN Research Scholar, and Majid Sadigh, MD, set out to create a structured interview tool to identify and assess key competencies in global health. They will present this original scored instrument at the 2014 Consortium of Universities for Global Health Conference in Washington, DC.

Host Family Concept

Global health relies on inter-connectivity between nations, populations, and traditions. Thus, global health medical education should involve total immersion, in order to strengthen clinical understanding through a deeper appreciation of the social and political context. Most global health elective participants stay in accommodations — dormitories, hostels, guest houses — isolated from the local community and from the unique learning opportunities available in global settings.

WCHN has developed an original Host Family Concept for global health programs, by which the host family becomes a model for extending beyond clinical training and promoting the cultural significance underlying global health. The integration of the host family program into our global health collaborations in Uganda — and soon at our other sites — allows US participants to acquire a comprehensive understanding of their host country and patients, while providing a venue by which they can engage and contribute to the local community.

How do we find the perfect match for our global health electives? WCHN’s unique immersion program integrates clinical with sociocultural education, providing a mutually beneficial exchange for participants and their host communities.

Left: Chelsea Harris, fourth year medical student at UVMCOM, and Dr. Anne Dougherty, US Site Director of the MakCHS OB/GYN elective, enjoying the Ugandan landscape during a weekend field trip.

Left: UVMCOM students at the home of Rev. Sam Luboga, and family, hosting near UCI.

Right: Taylor Sollecito, UVMCOM, grinds up some G-Nuts for dinner with his host family near UCI!
“Without the necessary resources or adequate access to health education or any form of primary care, many patients don’t arrive at UCI until their cancers have progressed well beyond anything you would typically see in the United States. These patients and their supportive relatives fill the 24 beds of the Solid Tumor Clinic as the staff tries to best manage their treatment. There is little space or privacy between beds and traveling through the ward is a trip through a maze of cots, medical equipment, and people. It is a place where the realities of mortality are never far away and at times can be difficult to face. After being here a week, I have begun to appreciate the strength of the patients to be able to bear their diseases, especially in such a resource-limited setting, and the strength of the doctors and nurses who deal with the tough realities of disease and treatment every day. This is my first experience on the wards as a medical student and it really feels like I have jumped into the deep end.” — Taylor Goller, UVMCOM

Pictured, upper left to right:
Labor suite at Mulago Hospital. While there are 45 beds, all are occupied, and patients lie on the floor.

Phiona Bukirwa, Pathology Resident, Prof. Charles Bengeka, Dean of School of Biomedical Sciences, and Dr. Lynette Turnwine, Chair of Pathology, MakCHS in July 2013

Taylor Goller, UVMCOM, with UCI staff and one of the microscopes donated through the Microscope Exchange. Uganda Cancer Institute (UCI).

June 24 – July 26
David Chia, MD, MSc, US Site Director, Karl Kristiansen, and Taylor Goller, students at UVMCOM, travel to UCI. Make donations of 3 microscopes, 2 laptops, 3 cell phones, books, and medical supplies. Together they create a database, treatment guide, and participants’ guide for UCI.

July 10 – July 19
Majid Sadigh, MD, visits Uganda. Meets with UCI Director, Jackson Orem, MBChB MMED, and officially appoints Esther Loy Katali as UCI Site Coordinator and Fred Okaku, MBChB MMED, as Site Director. Meets with Pathology Department at MakCHS to start partnership in medical education.

July 10 – Sept. 4
Mitra Sadigh volunteers with WCHN, completing several research projects at UCI.
Western Connecticut Health Network

Global Health Site Development

Feb. 23 – March 3
Anne Lise Almira, Finance and Grants Management Specialist at WCHN, travels to Paraiso to analyze financial infrastructure of Hospital PAP

Feb. 9 – March 3
Allison Arwady, MD MPH, and Katrin Sadigh, MD, conduct research in the Paraiso community to determine funds necessary to expand Hospital PAP. Prepare site report and site directory.

Feb. 23 – March 3
Majid Sadigh, MD, and Liv Vesely travel to Paraiso, Dominican Republic to explore the new global health site.

March 15 – April 29
Peter Cooch and Adam Ackerman, UVMCOM students and co-founders of The Microscope Exchange, travel to Paraiso. Work on site report and prepare report on supplies necessary to upscale the lab.

Pictured, upper left to right:
Majid Sadigh, MD, and Liv Vesely travel to NYC to meet with board members of IDDI

May 2
Majid Sadigh, MD, and Liv Vesely travel to NYC to meet with board members of IDDI.

Nov. 5 – Nov. 10
Ramin Ahmadi, MD, and Liv Vesely travel to Paraiso to meet with board members of IDDI and to make plans to establish the site as an educational institution for medical students and residents.

Hospital PAP was created through a collaboration of volunteer and community efforts, as well as the support of IDDI (Instituto Dominicano De Desarrollo Integral), a foundation focused on health, education, and sustainability in low income Dominican populations. WCHN has spearheaded the movement to improve Hospital PAP with the hopes of it becoming a global health education site. Each visit from WCHN staff and UVMCOM students has benefited Hospital PAP’s progression. The UVM Microscope Exchange brought 3 microscopes in addition to a baby scale, otooscope, opthalmoscope, and x-ray light box, laptop from WCHN. The financial and quality assessment conducted by our staff has prompted a variety of improvements:

- Repair of a hospital generator and electricity, to avoid the frequent blackouts that are common across the country
- Restructured methodology in the Emergency Room, to increase satisfaction and the number of patients seen
- New lab assistant to improve quality and efficiency
- Improve documentation and reporting to receive proper insurance reimbursements — tripling hospital income in the past 3 months!
Hearts Around the World, Inc. was founded in 2008 by Cardiologist Dr. Robert Jarrett and his wife Menoo Afkari-Jarrett to sponsor international cardiac education. Vietnam was identified early on as a nation that would benefit greatly from training, mentoring, and support in the field of cardiology. In 2012, the WCHN Global Health Department teamed up with Hearts Around the World, Inc., to establish a global health education partnership with Cho Ray Hospital in Vietnam. A WCHN cardiology fellow as well as a UVMCOM medical student have already traveled to the Cho Ray site—accompanied by Hearts Around the World physicians—to learn from and work with their hosts, providing superior cardiac care in Vietnam.
In 2012, WCHN joined the long-standing partnership between Yale University and KSMU with the goal of building the capacity of the Russian medical school faculty. Through US electives, students and faculty become familiar with modern medical education and ultimately become instruments of change at their home institution, as faculty and directors.

In the past four years, this modern capacity building has extended to global health. With the support of the US partners, courses in tropical medicine and HIV/AIDS have been added to the curriculum, and students are given the opportunity to participate in global health electives. Since 2010, 14 KSMU members have traveled to Makerere University in Uganda, thus becoming one of the first Russian institutions to establish a successful collaborative program in global health education.
Dr. Majid Sadigh, Director of Global Health, and several members of the WCHN and UVMCOM Global Health Department have attended a variety of conferences and events, given several presentations, and produced publications pertaining to global health. Thus, the Department has actively engaged in the global health academic field and strengthened existing knowledge and partnerships.

**PRESENTATIONS AT NATIONAL AND LOCAL SCIENTIFIC MEETINGS**

**2012**

- **Poster Presentation at the CT Infectious Disease Society Annual Conference**
  Adherence to Standard of Care in the Diagnosis and Treatment of Bacterial Meningitis at Waterbury & St. Mary’s Hospitals. Chia D, Krsanov E, Aronin S, & Sadigh M.
  Orange, CT

- **Poster Presentation at IDWeek: A Joint Meeting of IDSA, SHEA, HIVMA, & PIDS**
  Adherence to Standard of Care in the Diagnosis and Treatment of Bacterial Meningitis at Waterbury & St. Mary’s Hospitals. Chia D, Krsanov E, Aronin S, & Sadigh M.
  San Diego, CA

- **Poster Presentation at ACP CT Chapter Annual Scientific & Annual Meeting**
  Adherence to standard of Care in the Diagnosis and Treatment of Bacterial Meningitis at Waterbury & St. Mary’s Hospitals. Yavar Y, Krsanov E, Chia D, Aronin S, & Sadigh M.
  Southington, CT

- **Oral Presentation at American Public Health Association National Meeting**
  "Impact of a Sustainable Model of Global Health Partnership on Medical Education of KISU." Sadigh M.
  San Francisco, CA

- **Poster Presentation at SGIIM New England Regional Meeting**
  HiV in the Elderly: A Case Series of the Newly Diagnosed. Chia D, Tung M, Aronin S, & Sadigh M.
  New Haven, CT

**2013**

- **Oral Presentation at Research Day at WCHN (Received First Award)**
  Adherence to Standard Care in the Diagnosis and Treatment of Bacterial Meningitis at Waterbury, St. Mary’s, & Danbury Hospitals. Chia D, Aronin S, & Sadigh M.
  Danbury, CT

- **Poster Presentation at SGIM New England Regional Meeting**
  HiV in the Elderly: A Case Series of the Newly Diagnosed. Chia D, Tung M, Aronin S, & Sadigh M.
  New Haven, CT

- **Poster Presentation at IDWeek: A Joint Meeting of IDSA, SHEA, HIVMA, & PIDS**
  Imported Malaria: Barriers to Prompt Diagnosis and Treatment from Four Hospitals in Connecticut. Suarez R, Igwe C, Khan N, Chia D, Aronin S, Virata V, & Sadigh M.
  San Francisco, CA

- **Poster Presentation at ACP CT Chapter Annual Scientific & Annual Meeting**
  "Imported Malaria: Barriers to Prompt Diagnosis and Treatment from Four Hospitals in Connecticut." Suarez R, Igwe C, Khan N, Chia D, Aronin S, Virata V, & Sadigh M.
  Southington, CT

- **Poster Presentation at Unite for Site Conference, Yale University**
  "Surgical Capacity Building in Ob-Gyn at Mulago Hospital." Haber K.
  New Haven, CT

**2014**

- **Oral Presentation at Unite for Site Conference, Yale University**
  "Surgical Capacity Building in Ob-Gyn at Mulago Hospital." Haber K.
  New Haven, CT

In February 2013, Dr. Sadigh briefly visited the University of Zimbabwe (UZ) College of Health Sciences to arrange an educational collaboration with WCHN. The Memorandum of Understanding has been signed, and the first two students from UVMCOM are set to travel to UZ for a 6 week elective in January 2014.
Events, Presentations, & Publications

SUBMISSIONS TO CONSORTIUM OF UNIVERSITIES FOR GLOBAL HEALTH 2014

Abstracts

African Community Center for Social Sustainability ACCESS. Sadigh M, Kalyesubula E, Kalyesubula R, & Sadigh M.

Building Capacity in Medical Education in Russia: 17 Years of Experience. Ziganshin B, Sozinov A, Ziganshin A, & Sadigh M.

Finding the Perfect Match: Creating a Structured Interview Tool to Choose Candidates for Global Health Training Programs. LoPiccolo M & Sadigh M.

Host Family: A Novel Conception for Collaborations in Global Health and Medical Education. Sadigh M, Kristiansen K, Goller T, Harris C, Dougherty A, Luboga S, Luboga C, Okuku F, Chia D, & Sadigh M.

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. Dougherty A, Harris C, & Sadigh M.

Obstacles to Cancer Detection and Treatment at the Uganda Cancer Institute. Sadigh M, Kayongo A, Okuku F, & Sadigh M.


Panel Proposal

Global Health & Medical Education: Beyond Medical Tourism, Building Sustainable Collaborations: Challenges and Rewards

Co Moderators

Nelson Sewankambo Principal of Makerere University College of Health Sciences

Majid Sadigh Associate Professor UVM College of Medicine and Director of Global Health Western CT Health Network, Former Site Director of Makerere University-Yale Department of Medicine Exchange Program

Speakers

Nelson Sewankambo Principal of Makerere University College of Health Sciences

Majid Sadigh Associate Professor UVM College of Medicine and Director of Global Health Western CT Health Network, Former Site Director of Makerere University-Yale Department of Medicine Exchange Program

David Chia Clinical Instructor Yale Internal Medicine Primary Care Program, Site Director of Makerere University/WCHN UVMCOM Exchange Program

Karin Sara Sadigh Resident Physician, Yale Internal Medicine Primary Care Program, Former Peace Corps Volunteer

Kari Kristiansen MS-2 UVM College of Medicine, UVM Global Health Student Interest Group

CFHI Trainee Essay Contest

An Excerpt from Dr. Karina Haber’s Essay Submission...

“I didn’t expect to witness such severe consequences of poverty when I walked into the labor and delivery unit at the largest national referral hospital in Uganda. The sound that echoed from that room was one that I had never heard before. There was no beeping of fetal heart rate monitors or the whirl of epidural pumps. The only sound was of 35 women moaning and groaning to the pains of childbirth. In that unit, empty space did not exist. Laboring women covered the ground, their amniotic juices and bright red blood saturating the plastic tarps that attempted to protect the floor. The suffering was profound and could not be muted inside me. Midwives were hard at work but without a smile, and seemed defeated by the number of patients and the lack of access to necessary life saving resources. Desperation radiated from every laboring woman’s face, each a silent plea to allow her and her unborn child to survive the journey. On my first day working in the labor and delivery ward, I patiently coached a first time mom in the birth to her daughter. After her perfect little being was born, she asked me my name. “Karina”, I responded. She looked down at her precious newborn and said “So is hers.” I was not prepared for this, was moved by this mother’s choice and by the beauty of healthy birth, and at the same time, I was also aware that we were surrounded by serious complications, limited resources, preventable tragedies, and overwhelming desperation. It was hard to take in all I was experiencing.”
Publications 2013

How to Mount a Global Health Program in a College of Medicine. W. Jeffries & K. Huggett (Eds.)

An Introduction to Medical Teaching. New York: Springer. Sadigh KS, Chia D, & Sadigh M.

Modules in Tropical Medicine for Distance Learning; 101. Chia D, Sadigh KS, Golts M, Anwadi A, & Sadigh M.


UCI Treatment Guidelines. Uganda Cancer Institute. Chia D, Golter T, Kristiansen K, Okuku F, & Sadigh M.


A Depiction of Imported Malaria in Connecticut. Chia D, Moreno J, Suarez R, Chinedu I, Virata L, Aronin S, & Sadigh M. (Submitted)

Adherence to Standard of Care in the Diagnosis and Treatment of Suspected Bacterial Meningitis. Chia D, Yiane F, Kisharoe E, Aronin S, & Sadigh M. (Submitted)

Emerging Pathogen: A Case and Review of Raoultella Planticola. Enshad M, Weiss E, Venturino E, Chia D, & Sadigh M.

Diagnostic Methods of Lyme Disease. Enshad A & Sadigh M. (Submitted)


Non Typhoidal Salmonella Infection: Disease Characteristics and Association with Compromised Immune System. Zefirova J, Enshad A, Bhooshan P, & Sadigh M. (Data analysis phase)


The Value of Autopsy in Modern Medicine, Evaluating Discrepancies Between Pre-mortem Clinical Diagnosis and Post-mortem Autopsy. Enshad A, Chia D, Aronin S, & Sadigh M. (Abstract submitted to local and national SGIM)

Pictured, above and lower left: Katrin Sara Sadigh presenting the Module on Leprosy in the video component of the Tropical Medicine Modules.
WCHN Faculty Mentors

Rajesh Tota-Maharaj, MD
Cardiology Fellow

Jan Milchman, MD
Neurology

Marta Moroldo, MD
Pediatrics

Veronica Ron-Priola, MD
Pediatrics

Donald Sampson, MD
Pediatrics

Robert Samuelson, MD
OB/GYN

Rajadevi Satchi, MD
Pediatrics

Michael Schiffman, MD
Gastroenterology

Shohreh Shahabi, MD
OB/GYN

Syed Shahid, MD
Neurosurgery

Athanasios Smyrlis, MD
Cardiology Fellow

Robert Soltis, MD
Emergency Medicine

John Stratidis, MD
Infectious Disease

Patricia Tietjen, MD
Internal Medicine

Mark Warshofsky, MD
Cardiology

Hal Wasserman, MD
Cardiology

Robert Winslow, MD
Cardiology

Global Health Committee

AnneLise Almira
Finance & Grants Management Specialist

Christina Gunther
Director of Global Programs & Assessment, Sacred Heart University College of Health Professions

Pat Gioia
AP Manager, Danbury Health Systems

Barbara Kakande MBChB MMED, J1 Scholar

Gina Lacey
Coordinator of Medical Education, Research, & Global Health

Evelyn Jenkinson
Director of Communications

Majid Sadigh, MD
Director of Global Health Program, WCHN/UVMCOM

Mary Shah
Health Sciences Librarian

Emma Vick
Preventive Medicine Program Coordinator

UVMCOM

Tania Bertsch, MD
Associate Professor of Medicine, Primary Care Internal Medicine, Department of Medicine

Anne Dougherty, MD
Assistant Professor, Department of OB/GYN

Kari Kristiansen
MS2 UVMCOM

Mariah McNamara, MD MPH
Assistant Professor Division of Emergency Medicine, Department of Surgery

Molly J Moore, MD
Assistant Professor, Department of Pediatrics

Kelsey Preston
MS2 UVMCOM

Majid Sadigh, MD
Director of Global Health Program, WCHN/UVMCOM

Reiko Sakai
MS2 UVMCOM

Christa H Zehle, MD
Associate Dean for Students

Pictured, left to right: Gina Lacey, Evelyn Jenkinson, Barbara Kakande, MS ChB MMED, Majid Sadigh, MD, Mary Shah, Christina Gunther, and AnneLise Almira of the WCHN GH Committee.

Reiko Sakai, Kari Kristiansen, Tania Bertsch, MD, Majid Sadigh, MD, Molly Moore, MD, & Kelsey Preston of the UVMCOM GH Committee.
A SPECIAL THANKS...

To Our Participants & Donors

DH GH Participants
Anne Lise Almira, MPH Peraiso
Allison Awady, MD Peraiso Uganda
Adarsh Bhardwaj, MD MSc Vietnam
David Chia, MD Uganda
Karina Haber, MD Uganda
Katrin Sara Sadigh, MD Peraiso, Uganda
Tine Vindenes, MD South Africa

UVMCOM GH Participants
Hany Abdoualhait Vietnam
Adam Ackerman Peraiso
Peter Cooch Peraiso
Anne Dougherty, MD Uganda
Taylor Goller Uganda
Chelsea Harris Uganda
Kari Kristiansen Uganda

Off-Shore Visitors
Kazan, Russia:
Teregoulov Andrey, MD
Shamil E. Bogdanov, MD
lev A. Chekalin, MD
Mayya Golts, MD
Irsh Gumero, MD
Margarita Kalina, MD
Zulfiya Kim, MD
Gelma Kletenkova, MD
Mikhail V. Larionov, MD
Vladimir Linkov, MD
Dmitry Osipov, MD
Alexey Rascheskov, MD
Rinat Sabirov, MD
Rinat Simashov, MD
Lilija Vakhtitova, MD
Lilija Yausheva, MD
Alexander Zaytsev, MD

Ho Chi Minh City, Vietnam
Phan Thanh Lan, MD

Participants & Donors (Continued)

J1 Scholars
Barbara Kalkanda, MBChB MMED Uganda
Leila Kasraian Iran
Nima Namdari Iran
Rong Yu China
Sepideh Kalfahasabadi Iran
Alexander Karmov Russia

GH Evening Presenters
Anne Lise Almira
Allison Awady, MD MPH
Jason Bae
Damanjeet Chauhey, MD
David Chia, MD, MSc
Peter Cooch
John Curtis
William Fabricius, MD
Taylor Goller
Karina Haber, MD
Alex Jacobson
Robert Jarrett, MD
Kari Kristiansen
Phan Thanh Lan, MD
Ariana Leccio, MHA
Sam Luboga, MD
Christine Luboga, MD
Cleophasse Mukeba
Katrin Sara Sadigh, MD
Donald Sampson, MD
Steve Scholand, MD
Charles Steinberg, MD
Torkin Wakefield
Stephen Winter, MD
Bulat Ziganshin, MD PhD

Donors
Karina Haber, MD
Shahrzad Hojjat
Kari Kristiansan
The Microscope exchange
The WCHN Foundation

This report was compiled by Majid Sadigh, MD, WCHN Director of Global Health, and Mary Kate LoPiccolo, Research Scholar.