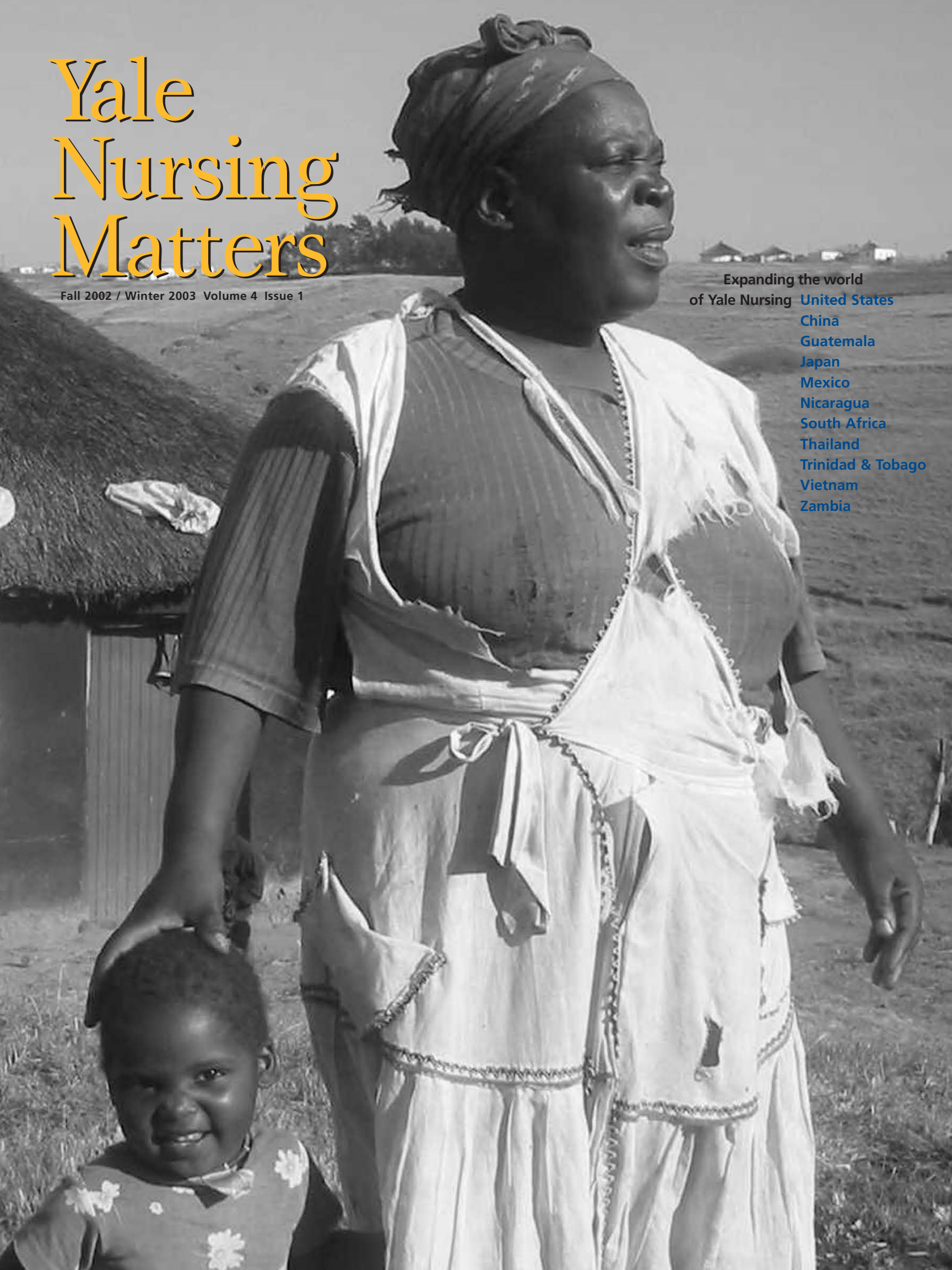


# Yale Nursing Matters

Fall 2002 / Winter 2003 Volume 4 Issue 1

Expanding the world  
of Yale Nursing

- United States
- China
- Guatemala
- Japan
- Mexico
- Nicaragua
- South Africa
- Thailand
- Trinidad & Tobago
- Vietnam
- Zambia







# Yale Nursing Matters

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Cover: This photo was taken by Erin Shawn, RN near Portshepstone, Kwa-Zulu-Natal, South Africa. It features a Zulu woman and her granddaughter. Erin, a 2002 Wilbur Downs Fellow, spent part of the summer 2002 in South Africa to measure HIV symptom distress in a rural Zulu community. Erin is one of three YSN students who were awarded the Wilbur Downs Fellowship in 2002.

See article on page 16.

**mat·ter** *n.* Something that occupies space and can be perceived by one or more senses; a physical body, a physical substance, or the universe as a whole. A subject of concern, feeling, or action. Something printed or otherwise set down in writing.  
*v.* To be of importance or value. Signify.

Fall 2002 / Winter 2003





# Yale Nursing Matters

Nursing science transcends boundaries. Nurses look across geographic landscapes to identify and to care for people in need. They embrace all scientific disciplines in eliminating suffering and improving the human condition. They break through economic, racial and ethnic barriers to provide quality health care for the underserved and to give voice to the most vulnerable. Yale Nurses have never allowed themselves to be constrained by boundaries and this is precisely why their impact on the quality of human life has always been so profound.

Florence Nightingale exemplifies the unique spirit of nursing. In 1854, she took 38 women to Turkey to nurse wounded and sick British soldiers in the Crimean War. It was the first time a woman had been allowed to lead such a mission. Florence Nightingale's determination to overstep boundaries enabled her to change how the world views women and how the scientific community views the nursing profession. Virginia Henderson has often been called "the 20th Century Florence Nightingale." Her farsighted reforms influenced the nature of modern health care and her writings continue to be touchstones for nurses. She, too, transcended the boundaries of her time, helping to bridge the art and science of caring.

Henderson was the first true international nurse. Her work paved the road to the global arena for a new generation of nursing leaders at Yale. Her core values continue to inspire Yale Nurses to be curious throughout their life, to gather and organize knowledge, and to adapt practice to meet the emerging health care needs of patients and families.

Henderson's legacy has been a particularly precious commodity for Yale Nurses during the present social, economic and political unrest in the world. The events of the past two years have demonstrated a dire need for nursing leadership in addressing such issues as bio-terrorism and emergency preparedness, human rights, international health reforms, global disparities in health care, and the emergence of world-wide health epidemics. Blessed by a rich history that includes many eminent figures in nursing over the past century, YSN continues to launch leaders who become front line nurse researchers, educators and practitioners throughout the world.

Today Yale Nurses are health consultants to the world and the architects of new models of health care delivery. Their work has enhanced lives around the world. This issue of Yale Nursing Matters highlights their accomplishments. The commitment of Yale Nurses to eliminate boundaries and to improve the human condition has never faltered. Their devotion to their craft transcends time and preserves the true spirit of nursing.

Catherine Lynch Gilliss, DNSc, RN, FAAN  
*Dean and Professor*

# Expanding Yale Nursing



USA



Guatemala



Nicaragua



Trinidad & Tobago





# the world of

The Global University

“As Yale enters its fourth century, our goal is to become a truly global university—educating leaders and advancing the frontiers of knowledge not simply for the United States, but for the entire world.”

From a speech  
by Yale University President  
Richard C. Levin  
delivered at Peking University  
on May 7, 2001.



Japan



China



Thailand



Vietnam



Zambia



South Africa

YSN:  
Improving health care in our local communities  
and communities around the world





Colleen Senterfitt, CNM with patient at Yale School of Nursing Women's Health and Midwifery in Derby, Connecticut

**YSN: EXCELLENCE AND  
INNOVATION IN THE DELIVERY  
OF HEALTH CARE**

Luis Sadler, RN, PH.D, CS, PNP with patient







# Reinvesting in the health of our local community

For the past 80 years, YSN has had a tremendous impact on the health of individuals and families in our local community. YSN faculty have spearheaded the development of new strategies to minimize the spread diabetes and the HIV/AIDS epidemic. They have created new models to care for the chronically ill; put in place new technology to bring cardiac care into the home setting; and developed new programs to reduce disparities in health. These and other groundbreaking initiatives continue to meet the emerging needs of patients.

*Continued on page 8*



Beth Timpe, CNM with patient at YSN Women's Health and Midwifery in Derby, CT



**Left:** M. Tish Knopf, RN, PH.D, FAAN, AOCN with patient  
**Right:** Linda Pellico, RN, MSN with patient



*Continued from page 21*

In an ongoing effort to expand the delivery of quality health care, in 2002 YSN launched the Office of Clinical Affairs. The new office will support the existing clinical practice activities of YSN faculty, and will use the existing network of services as a foundation for an innovative model of health care delivery that will meet the diverse needs of the community.

Betty Nelson, PH.D, RN, who joined YSN in the fall of 2002 as the inaugural Associate Dean of Clinical Affairs, will direct the new office. According to Dr. Nelson, the social and economic environments are ripe for considering alternative models of providing health care, and there is a readiness on Yale campus and among the community leadership to partner with YSN in this initiative. “The YSN community is dedicated to addressing the health care needs of New Haven area residents,” said Nelson. “Nurses have a critical role in developing strategies that will meet those residents’ needs.”

Nelson explained that significant changes in managed care over the last several years have also created an interest within the insurance industry for this initiative. “The economic landscape of the insurance industry has shifted,” she said. “There is a greater emphasis on cost, quality, and efficiency, which should encourage the insurance industry to be receptive to alternative models of health care delivery.”

About Betty Nelson, PH.D, RN



In the fall of 2002, Betty Nelson, PH.D, RN, joined Yale School of Nursing as the inaugural Associate Dean of Clinical Affairs. Prior to joining Yale, Dr. Nelson was the founding director of the Research Center of the American College of Physicians where she was responsible for a broad scope of primary, secondary and policy research, as well as the conduct of an annual assessment of the health care environment. Her career has

spanned clinical practice (pediatrics), education, administration, policy and research. She has held a number of leadership positions including Director, Medical-Surgical Nursing, Children’s Hospital of Philadelphia; Director, Medical Nursing, LeBonheur Children’s Medical Center, Memphis, Tennessee; Secretary, Tennessee State Nurses Association; and Coordinator (founding), In-Patient Pediatric Nursing Services, Medical Center Rehabilitation Hospital,

Grand Forks, North Dakota. She was elected into membership of Sigma Theta Tau International in 1978 and Phi Kappa Phi in 1983. She is a 2002 graduate of the Philadelphia Chamber of Commerce’s Business-on-Board program, which trains community business leaders to serve on non-profit boards, and is currently serving on two non-profit boards in Philadelphia. She is a Robert Wood Johnson Executive Nurse Fellow (2001–2004).

THE BEATRICE RENFIELD—  
YALE SCHOOL OF NURSING  
CLINICAL RESEARCH  
INITIATIVES FUND



Through a generous gift from philanthropist Beatrice Renfield, YSN established The Beatrice Renfield—Yale School of Nursing Clinical Research Initiatives Fund. The main goal of the Fund is two-fold, to support research that examines the impact of clinical nursing interventions on patient care, and to disseminate those findings to all relevant audiences. This program directly aligns with the School's mission to improve health care for all people by preparing advanced practice nurses through a vigorous program of scholarship, research and clinical practice.

The Clinical Initiatives Fund is interested in supporting projects that focus on the effectiveness of nursing interventions within direct patient care scenarios, as well as projects that demonstrate and examine patient care delivery models. Mrs. Renfield's gift will help seasoned clinicians and scholars to systematically demonstrate and evaluate nursing interventions that hold serious promise to improve the care of patients, build and test models of nursing care delivery that result in effective patient-centered care, and support the translation and demonstration of these findings using the most effective dissemination strategies available.


Mrs. Renfield, who died in September 2002, believed that excellence in nursing is the foundation of quality healthcare. Her philanthropy has supported a number of initiatives to advance this cause, most notably at Beth Israel Hospital in New York City, and to the Visiting Nurse Service of New York. The innovations she supported have created new visions and models of nursing care.

YSN is renowned for its clinical expertise and emphasis on providing direct health care services to the community. Approximately 42 percent of current YSN faculty have a joint appointment and many more YSN faculty spend a considerable amount of their time in clinical settings. "Such high numbers of faculty who provide direct patient care are not the norm among nursing education institutions," said Nelson, "especially among institutions that have developed as extensive and productive a research base as Yale."

The Office of Clinical Affairs will build on the tradition and expertise already in place at YSN in a way that will both expand the involvement of YSN faculty in clinical practice, and strengthen the links between the faculty's clinical practice activities, advanced practice education, and their scholarship. "The overall objective is to create mechanisms to support faculty who are providing direct patient care in addition to their teaching responsibilities, and to leverage their extensive experiences into the development of new knowledge," said Nelson.

A number of faculty practice initiatives are already in place, including the Yale School of Nursing Women's Health and Midwifery practice in Derby, Connecticut that provides comprehensive health services for women in Greater New Haven and the Lower Naugatuck Valley. A unique initiative, Yale Women's Health and Midwifery is a partner with Valley Women's Health Access Program which was recognized by the U.S. Department of Health and Human Services in October of this year as one of twelve National Centers of Excellence in Women's Health. The second midwifery practice staffed by YSN faculty provides women's health services to patients in the Greater New Haven area. "In turning our current clinical practice initiatives into successful ventures, we have accumulated a vast pool of knowledge," said Nelson. "This knowledge is invaluable in developing further models of health care delivery that will address patients' needs."

Nelson's plan is ambitious. She envisions the development of a variety of training models that support faculty scholarship, provide hands-on training for YSN students, and improve the health of individuals and families in our community. She sees the expansion of the School's clinical practice activities as a means to streamline education, practice and scholarship, and to focus the school's extensive resources on the emerging needs of the community. She describes this process as the "development of a continuous loop" where field data gathered by YSN faculty and students will inform faculty scholarship. This scholarship, in turn, will be used to educate tomorrow's nursing leaders to meet the diverse and changing needs of patients.

"The creation of the YSN Office of Clinical Affairs is very much mission-driven," said Nelson. "In expanding the opportunities for YSN faculty to provide direct patient care, we are furthering the YSN mission to improve health care for all people." 

**"YSN's strong network of relationships with community leaders—our partners in the effort to improve patient health—is also providing support to this initiative in helping us to identify emerging needs in the community."**





## Setting national standards in women's health services

Since opening its doors in Spring 2002, Yale School of Nursing Women's Health and Midwifery has provided full-scope primary health care services to women of all ages in the Greater Naugatuck Valley. The practice is unique in that care providers in this setting are experienced Certified Nurse-Midwives and a Family Nurse Practitioner. It is the only midwifery practice in the region. "There is a significant population of women in the Valley who are in need of health services our practice provides," said Maggie Solsbury, a staff coordinator at the practice. "We are able to offer these women a holistic approach to healthcare by integrating the physiological, spiritual and psychological needs of birthing women and their families."

Maggie has lived her entire life in the lower Naugatuck Valley, and is passionate about the need to improve the health and well being of women in the community. "The Valley is a close knit community where the women are the pillars of their families," she said. "Often these women work more than one job, care for their children and their aging parents, and have a number of other responsibilities at home and in the community that put demands on their time. In a region where the economic downturn has forced cuts in many health and social services, especially for the underserved, our practice offers women one stop health care, making it easier for them to maintain good health."

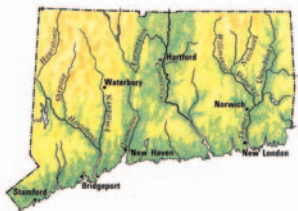
On October 9, 2002, Secretary Tommy G. Thompson of the U.S. Department of Health and Human Services (HHS), recognized Yale School of Nursing Women's Health and Midwifery and its partner, Valley Women's Health Access Program, for excellence in providing integrated health and social services to women in their community. As a new HHS-designated National Community Center of Excellence in Women's Health (CCOE), the Center

will receive \$150,000 from HHS. The funds will be used over the next five years to support a program that addresses cultural and socioeconomic challenges to quality health care for underserved women. Yale School of Nursing Women's Health and Midwifery and Valley Women's Health Access Program are among only 12 centers nationwide to receive this distinction.

The CCOE program provides recognition and resources to community-based initiatives that unite promising approaches in women's health across six components: health services delivery including preventive services; training for health care professionals and other staff; community-based research; public education and outreach; leadership development for women; and technical assistance to other communities that want to replicate the program. Under the CCOE program, Yale School of Nursing Women's Health and Midwifery and Valley Women's Health Access Program will promote comprehensive women's health services for women in the lower Naugatuck Valley while providing state-of-the-art care. The program will target underserved women in particular and will focus on better integration and expansion of women's programming in the area. "This program will help to ensure culturally appropriate care for the region's most underserved citizens through integrated community-based care," Secretary Thompson said.

"We are extremely honored to have received this recognition," said Dr. Lynette Ament, Associate Professor and Director of the Nurse-Midwifery Specialty at YSN. "With the support of HHS, we will continue to offer all women of the Valley increased access to a wide range of quality health care services, and the personalized approach to care that certified nurse-midwives and nurse practitioners provide."

### CONNECTICUT



**Left:** Dr. Margaret Grey with Maryanne Davidson, MSN '90, a second year doctoral student whose work focuses on family management of adolescent obesity.

**Right:** Dr. Margaret Grey with Allison Amend, MSN '02, a first year doctoral student studying how socioeconomic status, self-efficacy, and social support impact dietary intake and metabolic control in black women with type 2 diabetes.



## Developing Nurse Scientists in Self and Family Management of Chronic Illness

### Charting the future course of nursing research

Virginia Henderson, who had spent the last four decades of her career and life at Yale School of Nursing, was passionate about the role of research in advancing nursing practice. Through her writing, she had touched the hearts and minds of thousands of nurses. “No profession, occupation, or industry in this age can evaluate adequately or improve its practice without research,” she wrote. Henderson’s dedication to bridging the art and the science of nursing is being carried forward by a new generation of nurse scholars at Yale. “ySN’s tradition of excellence in research provides a foundation for launching new research activities and increasing the number of nurse researchers who will advance the practice of care,” said Dr. Margaret Grey, Independence Professor of Nursing and Associate Dean for Research Affairs at ySN.

In March 2003, ySN launched a Pre and Postdoctoral Research Training Program in Self and Family Management. The Training Program is funded by the National Institutes of Health (NIH)/National Institute of Nursing Research (NINR). The program will promote excellence in self and family management of chronic illness by preparing nurses to contribute to the science of self and family management of cancer, cardiovascular disease, and diabetes. Pre and postdoctoral trainees will work with faculty from ySN and across Yale University who are making significant contributions to the study of self and family management. “The Training Program will educate researchers of the future, provide opportunities to collaborate with other disciplines, and support the delivery of research results into clinical practice,” said Dr. Ruth McCorkle, Florence Schorske Wald Professor of Nursing and Chair of the ySN doctoral program.

Dr. Margaret Grey and Dr. Ruth McCorkle will direct the program. Core faculty will include ySN Dean Catherine Gilliss, and Professors Marjorie Funk, Kathleen Knafl, Gail Melkus, Lois Sadler, Ann Williams, and Walter Zawalich. Affiliate

faculty will be comprised of researchers from the Yale School of Nursing, Yale School of Medicine, and Yale School of Epidemiology and Public Health.

The predoctoral program will prepare beginning nurse researchers with the knowledge and skills necessary to understand self-management of chronic illness and to develop and test interventions. The program builds on the current ySN doctoral program and on the work of the Exploratory Research Center on Self-Management and the Center for Excellence in Chronic Illness Care. Postdoctoral training builds on the predoctoral program and will prepare investigators to conduct more complex studies that involve an interdisciplinary perspective on self and family management and the need for sophisticated analytic techniques. Postdoctoral trainees will work with experienced faculty researchers on ongoing studies, participate in interdisciplinary training programs in specified centers within Yale University, and develop a proposal for extramural funding. By July 2003, two predoctoral and two postdoctoral trainees will enroll in the program, and the enrollment is expected to rise to four predoctoral and four postdoctoral trainees in 2004–05.

The \$1,807,163 in NIH/NINR funding will support the program trainees over the next five years. “This award demonstrates how far we have come in developing the research base that supports our doctoral program,” said Dean Gilliss. “It is truly remarkable for a doctoral program that is only 9 years old to achieve this level of success, and it speaks to ySN’s extraordinary accomplishment in nursing research and education.”

“In the past decade, NIH/NINR funding for ySN’s research activities has increased significantly, from \$200,000 to approximately \$3 million. This is a testament to NIH’s recognition of the School’s vital role in cultivating scholars who will chart the future course of nursing research,” said Dr. Grey.



Photo taken by Dylan Barnes-Lotfi, MSN, MPH '04 of a woman in a rural community in Zambia

# Expanding Yale Nursing





Yale School of Nursing is expanding its international presence with the launching of the YSN Office of International Affairs. The new initiative will support YSN's historic and contemporary international partnerships and strengthen the School's leadership in international health care and education, with particular emphasis on collaboration in the translation of knowledge into practice. The office will build on a solid tradition of leadership in clinical practice, education, and clinical nursing research.

*Continued on page 14*

# the world of

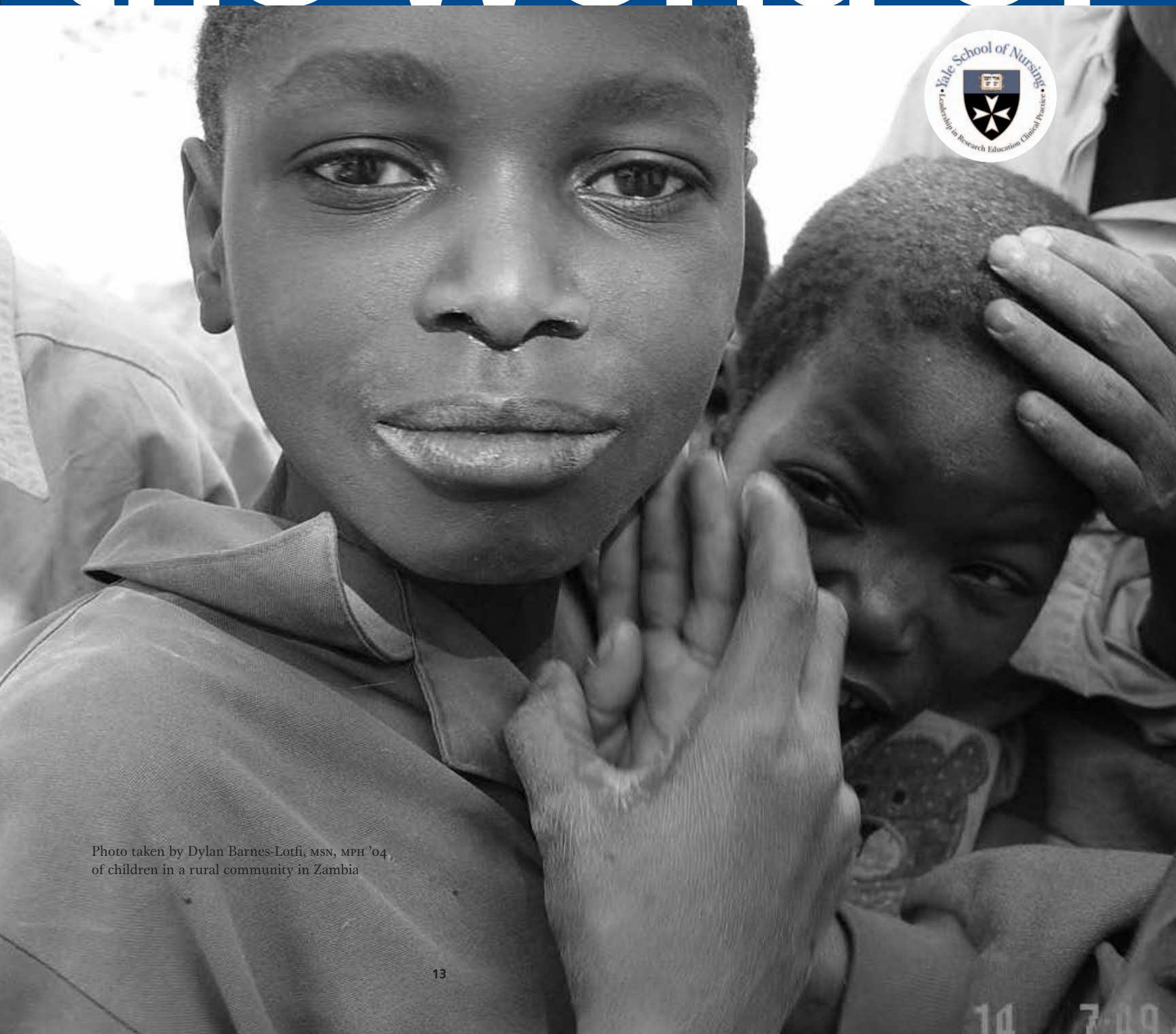


Photo taken by Dylan Barnes-Lotfi, MSN, MPH '04, of children in a rural community in Zambia



Alicia Huentel (second from left in photo), or “Mama Licha” as she is known in the community, lives in Estell, a town in the northern highlands of Nicaragua. Currently, she runs a clinic out of her home, open 24 hours a day to everyone in her community. She is a health and human rights activist and sees all patients regardless of their ability to pay (her monthly income is less than \$40). She offers full scope women’s health care services including annual exams, treatment of sexually transmitted infections, contraception counseling and pre-natal care. She also provides vaccinations to area children and couples parenting classes.

Her vision is dear and her resolve is unshakable. She is beloved by the community and has worked as a nurse and a midwife for 34 years. On her reputation alone, she has acquired the bare essentials to be able to offer services from her home.

There is a great need for reproductive health services in Nicaragua. The country has the highest fertility rate in Central America, as well as one of the highest rates of maternal mortality and cervical cancer. In 2002, YSN’s Bethany Golden, and Angela Rogers created a non-profit organization for human rights projects and women’s health initiatives in Nicaragua, and adopted Mama Licha’s Clinic as their first project. Initially, the two YSN students acquired over \$40,000 worth of medical equipment and supplies, generously donated by Yale-New Haven Hospital and the Remedy Project.

By January 1, 2003, Bethany and Angela raised an additional \$10,000 donated mostly by members of the Yale community. The funds will allow Mama Licha to begin construction of a new facility on her property, cover transportation costs to ship medical equipment to Estell, and provide the operating budget for the first year of the clinic. In the future, Bethany and Angela plan to support Mama Licha’s effort to expand the new clinic to include outreach to youth on reproductive health, train rural midwives, and create a new birth center.

For more information about the Mama Licha Nicaragua Project or to make a donation, please contact Bethany and Angela at [bethany.golden@yale.edu](mailto:bethany.golden@yale.edu) or [angela.rogers@yale.edu](mailto:angela.rogers@yale.edu).

*Continued from page 13*


The YSN Office of International Affairs will be directed by Pamela Minarik, professor of nursing at Yale with experience in developing partnerships with nursing institutions abroad. Professor Minarik explains that the launching of the YSN Office of International Affairs is particularly timely and consistent with Yale University’s effort to expand its international activities. “With increasing frequency, health care professionals acknowledge that in order to address the diverse needs of their communities they need to look at health care from a global perspective,” she says. “Cultural and ethnic diversity is increasing in the United States and in other countries, and there is a growing need for competent health care professionals who can care for culturally diverse populations. YSN is committed to meeting this need and to developing new opportunities for nursing scholars and students in this country and abroad to participate in international education, scholarship, and practice.”

Professor Minarik explains that YSN has a long history of collaboration with colleagues abroad. “Through these partnerships YSN faculty have contributed significantly to improvements in global health,” she says. “The new international programs we develop will benefit from this existing network of relationships.”

Professor Minarik points to one such partnership—the century-old Yale-China nursing program. Through the Yale-China Association YSN has maintained an active relationship with the Faculty of Nursing at Hunan Medical University in Changsha, China. The collaborative activities include the HIV/AIDS Train-the-Trainer Program that consists of a weeklong workshop conducted once each in Yunnan, Guangdong, Xinjiang, and Henan provinces. Each workshop provides training to Chinese nursing leaders and educators from local hospitals and health education institutions. Headed by Professor Ann Williams, a Trustee of the Yale-China Association, the program has been extremely successful in reaching a large number of health care professionals throughout China, and continues to help curb the spread of the HIV epidemic in the region.

Over the next several years professor Minarik plans to create a number of new opportunities for YSN students and faculty to engage in international research and education, and to develop more opportunities for foreign scholars to study and to conduct research at YSN. New programs are already being developed in Nicaragua, Mexico, Ireland and Russia, are being modeled on YSN’s current partnerships in China, Trinidad & Tobago, South Africa, Japan, Thailand and Vietnam. “The success of our current international partnerships has demonstrated a growing need for similar initiatives in other parts of the world,” explains professor Minarik. “The YSN Office of International Affairs will help meet that need by pooling existing resources at YSN and utilizing additional resources available throughout Yale University.”

In addition to specific programs of the school, a number of YSN faculty have been involved individually in the development of advanced practice nursing in other countries through consultation, practice, scholarship and curriculum development. “Leveraging the extensive expertise of these faculty will also help us to form new partnerships that meet the needs of communities around the world, especially among populations whose health care needs are not currently being met,” professor Minarik said.

The new office will also work to expand YSN’s relationship with other institutions at Yale, such as the Yale Center for the Study of Globalization and the World Fellows Program. According to Dean Catherine Gilliss, “The creation of the Office of International Affairs strengthens YSN’s commitment to the Yale community. By partnering with other institutions on campus to better understand the needs of communities around the world, and by training leaders who will address those needs, YSN will play an important role in helping Yale to become a truly global university.” 



“There is a growing need for competent health care professionals who can care for culturally diverse populations, and a wider range of opportunities for nursing scholars and students in this country and abroad to participate in international education, scholarship, and practice.”

**Left:** Alicia Huentel, (or “Mama Licha” as she is known in the community) with patient at the midwifery clinic in her home in Estell, Nicaragua



**Right:** photo by Angela Rogers, MSN '03 titled “A haircut in Lost City” of children in Cape Town, South Africa

**Left:** Susanna Westbrook, MSN '03 during a training session in San Juan del Sur, Nicaragua



**Right:** Looking at the Woolsey Hall memorial to Yale affiliates who died in Vietnam are YSN research scientist Linda Schwartz and Dr. Vo Quy, founder of the Center for Natural Resources and Environmental Studies at Vietnam National University

**Left:** nursing faculty and students at Mahidol University’s Ramathibodi Department of Nursing in Bangkok, Thailand



**Right:** Professor Pamela Minarik (bottom, center) and Paula Milone-Nuzzo (top, second from right) with YSN students and alumni who conducted research abroad in 2002

About Pamela Minarik, MS, RN, CS, FAAN



In fall of 2002, Pamela Minarik became the inaugural Director of International Affairs at YSN. Minarik is a professor of nursing with experience in developing partnerships with nursing institutions abroad. From May 2001 to August 2002 she lived in Japan where she was a professor at Aomori University of Health and Welfare in Aomori City, Aomori Prefecture, Japan. During that time, she was invited to speak at organizations in Japan, at an international psychiatry meeting in Spain, and at an advanced practice nursing conference in Thailand. Beginning in 2003, she will hold a

part-time appointment as a professor at Aomori University of Health & Welfare in the master’s program. While living in Japan in 2002, she also was a professor at Tokyo Women’s Medical University, teaching in the graduate psychiatric nursing and administrative nursing programs. In addition, she consulted and supervised advanced practice psychiatric nurses in Tokyo under the auspices of the Japanese Nursing Association. She will continue this work in 2003.

Professor Minarik has over 20 years experience as a psychiatric consultation liaison clinical nurse specialist in tertiary settings. She has

a long-standing interest in improving the care of people of diverse cultures in the health care system and she was a co-editor of the award-winning Culture and Nursing Care: A Pocket Guide. She has lectured and consulted nationally and internationally, and published on the topic of advanced practice nurses, legislative and regulatory issues for advanced practice nursing, and psychiatric consultation liaison nursing. She currently holds a joint appointment as a psychiatric consultation liaison clinical nurse specialist at Yale New Haven Hospital in New Haven, Connecticut.





## Measuring HIV Symptom Distress in a Rural Zulu Community

SOUTH AFRICA



# KwaZulu-Natal

Human suffering from the HIV/AIDS epidemic in South Africa has reached unprecedented proportions. In 1998, an estimated 50 percent of all new infections in Sub-Saharan Africa occurred in South Africa. The HIV prevalence rate in the impoverished area of KwaZulu-Natal, where Wilbur Downs Fellow Erin Shawn, RN conducted her research in the summer of 2002 is conservatively estimated at 36 percent. According to Erin, the vast majority of people infected have no access to antiretroviral treatment, making palliative care the only treatment available.

Palliative care is the combination of active and compassionate therapies to comfort and support individuals and families living with a life threatening illness. The crucial element is the relief of all pain—physical, psychological, spiritual, and social. In order to evaluate the effectiveness of a palliative program, it is necessary to be able to measure the range and severity of patient symptoms. Erin's project was titled "Measuring HIV Symptom Distress in a Rural Zulu Community." She conducted a cross sectional descriptive study of the range and severity of symptoms experienced by 64 KwaZulu-Natal AIDS patients receiving palliative care services from South Coast Hospice, a non-profit organization that cares for AIDS patients in the region.

Symptom distress in HIV-positive Africans has not yet been studied. Erin's study is the first of its kind to evaluate the Zulu community using the HIV Symptom List (HIV-SL) and the HIV Symptom Profile (HIV-SP), two survey instruments that were developed to assess and monitor symptom distress of people living with HIV. Erin's study will be able to provide insight into the frequency and severity of symptoms, and the range of distress experienced by the subjects. "This study will offer patients and caregivers the opportunity

to collaborate in assessment and treatment of symptom distress, subsequently improving palliative care services for this population," explained Erin.

Erin conducted her interviews in participants' homes, travelling to small townships, squatters' camps, and rural communities with one of four local South Coast Hospice caregivers who provided her with linguistic translation and familiarized her with the Zulu culture. "South Africa is a country of contrasts," said Erin. "It is so beautiful and yet there is so much suffering from poverty and the AIDS epidemic. The disparities are appalling; fancy shopping malls in Durban with squatter camps 20 km away. There are so many people dying of AIDS, yet people of privilege who are not involved in health care do not want to see or accept how serious the epidemic is."

After data collection was completed, Erin prepared a preliminary report for the South Coast Hospice. She is currently conducting further statistical analysis with assistance from YSN Professors Ann Williams and Marjorie Funk.

Recalling her summer experience in a story titled, "Sanibonani," Erin wrote: "I have seen young women dying, leaving their children to their mother who is already caring for grandchildren left behind by another daughter. Horrific opportunistic infections, frail bodies, young people with no hope. As a doctor I met here shared, 'I come with two ears and one mouth. I listen more than I speak.' That is what this study has been for me. However, it is so hard to listen and not be able to do much in return. All I can hope is that my findings will help hospice and help people who are suffering from HIV."



## Assessing knowledge and attitudes about HIV/AIDS among rural health educators in Zambia

With approximately 35 different ethnic groups or tribes living within its borders, all with their own languages and traditions, Zambia is among the many culturally diverse nations in Africa. It is also among the many African nations where the spread of HIV/AIDS has risen catastrophically over the past decade. Zambia's rural regions are especially vulnerable to the epidemic, with over 20 percent of the rural population being HIV positive.

Local health educators in Zambia play a key role in curbing the spread of HIV/AIDS by bringing health education to the rural areas where health infrastructure is particularly poor. Recognizing rural health workers' integral role in educating local communities about HIV/AIDS, Dylan Barnes-Lotfi, MSN & MPH '04, traveled to Zambia in the summer of 2002 to assess knowledge and attitudes about HIV/AIDS among rural health educators.

Dylan's research supports the efforts of the William Mmutle Masetlha Foundation, a non-profit organization that promotes health, literacy and education in Zambia. "The responsibility for educating families and communities about the spread of HIV, and the care for those with AIDS has fallen on rural health workers in Zambia," said Dylan. "The William Mmutle Masetlha Foundation provides these health workers with the knowledge and skills they will need to battle the AIDS epidemic."

Working with her YSN faculty mentor, Professor Ann Williams, Dylan designed a survey to be distributed at five different training courses attended by 5-20 local participants in Zambia's Central, Southern, Eastern and Northwestern provinces. With the help of the Masetlha Foundation, the survey was translated into three local languages, pilot-tested, and reviewed for cultural appropriateness and language facility. A total of 79 community health

workers and other family health educators participated in Dylan's project, and data is currently being analyzed to determine frequencies and comparisons of knowledge and attitudes by gender, education level, socio-economic status and geographical region.

According to Dylan, initial analysis of the data suggests a high level of knowledge about HIV transmission among rural health workers, but also reveals a stigma towards those infected with AIDS. "HIV/AIDS still carries a stigma," said Dylan. "As the AIDS epidemic continues to spread, health educators in Zambia will be instrumental in helping local communities reassess their attitudes toward people with AIDS." Once data analysis is complete, Dylan's findings will help the William Mmutle Masetlha Foundation identify how to best support the education and clinical work of rural health workers in Zambia, and to help improve the lives of people living with AIDS.

SOUTHERN AFRICA





## Assessing Adolescent Sexual Health Risks in Nicaragua

Local health care providers in San Juan del Sur, a small town in southwestern Nicaragua, have been struggling with high rates of adolescent pregnancy and sexually transmitted infection (STI) in their community for many years. These providers had previously attempted to put together an effective STI and pregnancy prevention program in their community, but found that they lacked sufficient information regarding the sexual risk behaviors and knowledge of the adolescent population.

2002 Wilbur Downs Fellow Susanna Westbrook, a second year student in the YSN Nurse-Midwifery Specialty, spent nine weeks in San Juan del Sur this summer to conduct a study titled, "Pregnancy Prevention: An Assessment of Adolescent Sexual Risk Behaviors, Knowledge, and Attitudes in Southwestern Nicaragua." The objective of Susanna's study was to supply data to health care providers in southwestern Nicaragua regarding the sexual risk behaviors, attitudes, and knowledge of adolescents in San Juan del Sur and in the surrounding rural areas. Susanna studied a group of 203 adolescents who were 13–21 years old, attended school in urban and rural settings or lived in rural areas, and were no longer attending school. Susanna collected data on their sexual activities, sexual orientation, family childbearing history, history of abuse, attitudes and knowledge of contraceptive use, STI history, and knowledge of STI and pregnancy prevention.

The population of San Juan del Sur and its surrounding communities is 18,000, of which approximately 4,000 are teens, with 40 percent in town and 60 percent in the surrounding rural areas. San Juan del Sur is becoming a popular tourist destination. The influx of tourists contributes to increasing rates of STI, and bolsters the prostitution trade among adolescents. Health care providers in the area report

increasing incidences of gonorrhea, trichomonas, chlamydia, human papilloma virus, cervical dysplasia, and pregnancy in adolescents.

"Poor, rural adolescents are at high risk for contracting sexually transmitted infections," explains Susanna. "Rural adolescents with STIs have little chance to receive treatment because of the expense, difficulty of transportation, lack of telephones, and frequent lack of available treatment."

Susanna's study is the first project to attempt to assess adolescent sexual health in southwestern Nicaragua. "Preliminary data analysis suggests that many adolescents from rural areas of southwestern Nicaragua have a very low level of knowledge about prevention of sexually transmitted infections and pregnancy," says Susanna. "This demonstrates a strong need for a community-based STI and pregnancy prevention program that targets both adolescents and parents."

Susanna plans to build on her experience in Nicaragua by conducting further community-based research. "Prior to coming to Yale, I never thought that clinical research would interest me," she said. "My experience in San Juan del Sur certainly changed that. It made me realize that my work has made a difference in this community and that my findings will be used to change the lives of young people."

Susanna was an invited presenter at the International Symposium on Adolescent Health held in Havana, Cuba from October 28 to November 1, 2002. She presented (in Spanish) research findings from her summer fellowship in Nicaragua to researchers and health care professionals from Latin America, the United States, and Southeast Asia.

CENTRAL AMERICA







## Promoting and Preserving Midwives in Guatemala

According to local legend, Ixmucané is a Mayan Goddess who is the “midwife of all midwives.” In Antigua, Guatemala, Ixmucané is also the name of a beautiful birth center, founded and staffed by an American organization called Midwives for Midwives & Women’s Health International (MFM). The center offers the midwives of Guatemala a chance to become familiar with the professional midwifery model, and to incorporate appropriate elements into their traditional practice.

Amy Romano, now in the final year of the Nurse-Midwifery Specialty at YSN, has had close ties with MFM and Ixmucané during her three years at Yale. Volunteering as MFM’s Development Director, Amy has spent the past three summers in Antigua. She also volunteers during the school year to raise project funds, assist with curriculum design, and help manage MFM’s training programs.

Amy’s research praxis is based on her work at MFM. She is gathering data about the application of a professional nurse-midwifery model in Guatemala, and about the obstacles to integrating professional and traditional midwifery into the formal health care system in that country. Amy is using a research tool called the Optimality Index to look at maternal and child health outcomes, measuring not only maternal and infant mortality, but also looking at how to achieve optimum outcomes with minimal intervention. “The adaptation of the Optimality Index for use in a developing country is a new concept,” explains Amy. “However, it offers a real opportunity to improve outcomes in a way that is cost effective, without putting a significant strain on a developing nation’s limited health care resources.”

Amy’s research is desperately needed to improve health care in Guatemala. It creates linkages between community-based midwives and hospital personnel, and complements that country’s effort to address maternal and child health care needs without over-reliance on costly technologies. Her work is also creating the standard for professional midwifery practice in Antigua—a model that MFM hopes to replicate in other parts of the country.

Amy will spend the remainder of the academic year analyzing her data, and hopes to publish her findings later in 2003. “While the information I have gathered will be of interest to nurse-midwives,” says Amy, “it can also be of great use to health care administrators who are thinking about improving health systems and programming in developing countries.”

CENTRAL AMERICA





## Caring for Children Living with HIV/AIDS in Trinidad and Tobago



# Trinidad and Tobago

The HIV/AIDS epidemic has become a serious worldwide health concern, particularly in the nations of the Caribbean, where the epidemic is the worst in the Western Hemisphere and second in magnitude only to that in Sub-Saharan Africa. In an address to the 27th Special Session of the United Nations General Assembly on Children on May 10, 2002, the Honorable Penelope Beckles, Minister of Social Development of the Republic of Trinidad and Tobago, stated: "In the past decade, HIV/AIDS has emerged as a burning issue in Trinidad and Tobago, and across the Caribbean region." Beckles emphasized that the threat to her nation's children, resulting from increasing mother-to-child transmission of HIV, was particularly significant. "Without a doubt, HIV/AIDS is a major development challenge of the coming decade," she said.

Three YSN students, Suzanne Moser, Janna Stephan and Shobhna Shukla, spent July 2002 assisting the staff of The Cyril Ross Nursery (CRN) in Tunapuna, Trinidad and Tobago, in caring for children infected with HIV.

CRN is operated by St. Vincent dePaul, a Catholic charity. It is a 25-bed facility that houses 32 children, many of whom are HIV-positive. They range in age from 18 months to 17 years. CRN was established in response to the growing need for care of orphaned children dying from AIDS, and is the only facility in the region to care for HIV-infected children. While physicians and nurses volunteer at CRN, the dozen or so staff who provide basic round-the-clock care, called "Mommies" by the children, are not nursing-trained.

YSN students observed the work of CRN staff, assisted the staff with their daily routine, and helped provide much-needed care and affection for the children. "The children at CRN are starved for human

affection," said Suzanne Moser, one of the YSN students. "That need is often even more urgent than their need for health services."

Suzanne, Janna and Shobhna drafted a report about their experience at CRN and presented it to the Yale community during the Second Annual International Student Symposium, which took place at YSN in the fall of 2002. The report revealed a strong need for more services similar to those provided at CRN and more resources allocated to these programs. "The number of HIV-infected children on the waiting list to get into CRN is long and continues to increase," said Suzanne. "Without an accompanying increase in financial resources and staff, CRN will not be able to accommodate the health care needs of its community."

According to the students' report, widespread poverty, lack of access to health care for some populations, and the lack of education about sexually transmitted infections all contribute to the alarming growth rate of HIV-infected children in Trinidad and Tobago. "We must continue to focus the attention of the international health care community on this part of the world," said Janna Stephan.

"HIV-infected children in Trinidad & Tobago have a great need. They need to be loved, they need to be educated, they need to be cared for, and they need to be healthy," Janna said.

**Left:** Photo by Dr. Marjorie Funk of hospital staff caring for a patient at the Second Hospital in Chengsha, China; **Middle and Right:** In November, 2002 ysn Associate Dean Paula Milone-Nuzzo (center) accompanied Dr. Ann Williams (right) to the First Annual Chia Fellows Workshop in Chengsha, China, where they presented on the role of research and evaluation in community health.



## Curbing the spread of an epidemic in China

Ann Bartley Williams, RNC, ED.D, the Helen Porter Jayne and Martha Prosser Jayne Professor at ysn and a Trustee at the Yale-China Association, has long been acknowledged as a pioneer in HIV/AIDS research, both in the United States and abroad. For over 20 years in the Yale community she has worked as a nurse practitioner caring for persons with AIDS in New Haven, San Francisco, and in countries around the world. Her program of research is a direct outgrowth of that clinical work. She designed and conducted some of the earliest studies of AIDS among drug users. Her work in China, South Africa, Vietnam, Thailand, and Poland supports ysn's international effort to limit the spread of HIV and to improve the care of those already infected.

Professor Williams's current work in the People's Republic of China (PRC) addresses the growing HIV/AIDS epidemic in that country. Recent social and economic changes have significantly increased the number of sexually transmitted disease cases in the PRC. As of June 2001, only 26,036 cases of HIV/AIDS were officially reported. That number, a gross under estimate, nevertheless reflected a 30 percent annual increase since 1985. Chinese authorities recently acknowledged that actual HIV cases may exceed one million; while experts warn that this number could rise to twenty million by the year 2010 in the absence of an effective response.

Professor Williams and her colleagues at the Yale-China Association have recently been awarded \$100,000 by the World AIDS Foundation to implement the "HIV/AIDS Train-the-Trainer Program for Chinese Nurses" in the PRC. The objective of this program is to strengthen the ability of the Chinese health care system to respond to the growing HIV epidemic by providing training for Chinese nurses in HIV/AIDS

prevention and care. The program will be offered in partnership with the National Nursing Center of China, which is affiliated with the Ministry of Health. The "Train-the-Trainer" program will consist of a weeklong workshop conducted once each for nurses in Yunnan, Guandong, Xinjiang, and Henan provinces. Each workshop will provide training to fifty Chinese nursing leaders and educators from local hospitals and health education institutions. Participants will receive didactic HIV/AIDS information and will learn teaching strategies to train others. In addition, the program will support the continuing development of holistic HIV/AIDS nursing practices in China by conducting two workshops on HIV counseling and psychological interventions for a total of fifty nurses currently caring for AIDS patients in major Beijing hospitals. The training program will use a culturally specific curriculum and extensive materials developed in pilot programs in Hunan Province by Dr. Williams and colleagues from the Yale-China Association and Xiangya School of Medicine. It is anticipated that training nursing leaders to train their colleagues will exponentially increase the knowledge and skills of nurses throughout the PRC, and will greatly improve the ability of the Chinese health care system to respond to the growing epidemic.

"China stands on the precipice of an HIV epidemic of enormous consequence," said Professor Williams. "Although it is certain that a multifaceted and complex epidemic is already well underway in the PRC, it is not too late to forestall many of the most catastrophic social consequences. The actions taken, or not taken, over the next eighteen months will be crucial in determining the ultimate course of the Chinese epidemic."

EAST ASIA



# People's Republic of China



# Advancing the Knowledge of Vietnam's Toxic Legacy



SOUTHEAST ASIA



An estimated 20 million gallons of Agent Orange were used by U.S. troops during the Vietnam War to clear dense vegetation to better track North Vietnamese troops, as well as destroy their crops. The use of Agent Orange as a defoliant and herbicide in Vietnam was the largest chemical warfare operation in history, producing considerable ecological as well as public health damage. Research conducted by Dr. Linda Schwartz, research scientist at YSN, revealed that exposure to Agent Orange has increased rates of cancer and miscarriage in women who served during the war and high rates of birth defects in their children. Today, there are an estimated one million Vietnamese suffering from cancers or birth deformities, allegedly as a result of exposure to Agent Orange/dioxin, as well as other U.S. defoliants and chemicals.

Three decades after the Vietnam War ended, scientists from the United States and Vietnam gathered at Yale to share information about the continuing ecological and health effects from herbicides used by American forces during the conflict. Titled “Yale Vietnam Conference 2002: The Ecological and Health Effects of the Vietnam War,” the three day event took place at Yale in September 2002. It was the first conference of its kind to be held on American soil and was a significant step forward in addressing the needs of war veterans both in the United States and Vietnam. YSN sponsored the event in association with the Vietnam Veterans of America (VVA) and the Yale School of Forestry & Environmental Studies, with a grant from the National Institute of Environmental Health Science.

In her welcoming address to scholars, students, health care professionals, war veterans and public officials from over a dozen countries, Dean Catherine Gilliss explained that the sponsorship of the Yale Vietnam Conference furthers YSN’s mission to improve the health of all people. “As nurses, we have a special interest in seeing that veterans and their families have their health concerns addressed,” said Dean Gilliss. “By bringing the international scientific community together at Yale, we are advancing the science that will help improve the health of the people of Vietnam and the health of the veterans who served there.”

Dr. Schwartz, who was the conference coordinator, has had a long history of research and advocacy that has had an impact on national policy affecting the health of Vietnam War veterans. For the past 12 years she has served as consultant to the U.S. Secretary of Veterans Affairs, advising the Secretary on the results of Agent Orange-related research, and regulatory, administrative and legislative initiatives. She has also served as Chairperson of the Health Committee at VVA, and has presented testimony on the health and welfare concerns of veterans, especially women veterans, to both Houses of Congress, the Environmental Protection Agency and the National Academy of Science. “The YSN community has always been supportive of my work,” says Dr. Schwartz. “When I first approached Dean Gilliss with my findings, she encouraged me to continue pursuing answers to questions that still plague my friends and fellow veterans.” In 2000, Dr. Schwartz led YSN’s effort to become the first private institution to gain access to the U.S. Air Force’s Ranch Hand data. The Ranch Hand study examined the health of children fathered by “Ranch Handers,” men who between 1962 and 1971 sprayed approximately 11 million gallons of Agent Orange in Vietnam.

While the main focus of the conference was on Agent Orange, the participants looked at the entire range of toxic legacies of the Vietnam War, including the long-term health consequences of chronic stress among veterans, and the problems of cancer, HIV, hepatitis C and auto-immune diseases associated with exposure to chemicals in Vietnam. The conference also set the stage for future U.S.-Vietnam research initiatives. “Scientists from Vietnam and the United States realize that in order to help the people

**Top:** Dr. Linda Schwartz with Dr. Tuong, Vice Minister of Health of Vietnam; **Bottom:** conference participants from the United States and Vietnam during a lecture on the long term health consequences of exposure to Agent Orange



**Top:** Dean Catherine L. Gilliss and Dr. Linda Schwartz with colleagues from Vietnam and Yale at a meeting with Yale University President Richard C. Levin; **Bottom:** YSN Associate Professor Heather Reynolds with Dr. Phi Phi, immunologist from the Medical University of Hanoi



of Vietnam and the veterans who served there, collaboration between the two countries must continue,” said Do Van Minh, first secretary of the Vietnamese Embassy in Washington, D.C. “Veterans and scientists have an important role in bringing our two countries together.”

Participants also noted that the problems resulting from the Vietnam conflict have particular resonance today. Some 200,000 of the 690,000 Gulf War veterans are reportedly suffering from a variety of illnesses, including cancer, heart, and neurological diseases. Studies suggest that the symptoms from those illnesses are consistent with exposures to nerve gases, pesticides, fumes from oil well fires, and dust from explosions of depleted uranium ammunition that service members encountered during the Gulf War.

“The timing of this conference is particularly important as we stand on the precipice of a new war with Iraq,” said Steve Robinson, a 20-year U.S. Army veteran who served in the U.S. Special Forces, and who now heads the National Gulf War Resource Center, a veterans’ advocacy group. “Veterans of the war in Vietnam are still trying to understand the impact of the war almost 30 years later. This demonstrates that no war should be entered into lightly.”

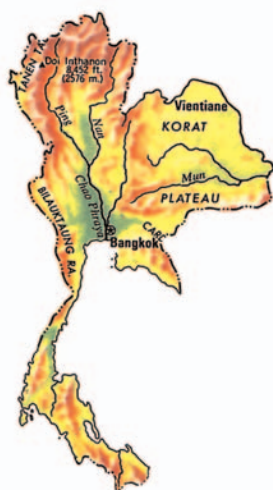
A large number of students from Yale and other universities, with disciplines ranging from nursing, public health, and environmental science to management and law participated in the Yale Vietnam Conference. “I was especially glad to see such a broad spectrum of students share in the discussions,” said Dean Gilliss. “It is particularly important to impress upon the younger scholars how significantly these issues continue to impact people’s lives.”

Dr. Linda Schwartz added, “The Yale Vietnam Conference has helped to inform a new generation of scholars about the need to address the unsolved questions that linger from a war now three decades in the past.”

# Helping to improve the health of communities in Thailand



SOUTHEAST ASIA



*Klaiban, Klaiyai*, an outreach program developed by the faculty of Mahidol University's Ramathibodi Department of Nursing in Bangkok, Thailand, has provided one of the most effective models for the care of underserved populations in various regions of Thailand. Translated into English as "Close to their Homes, Close to their Hearts," the program provides comprehensive community health care services to individuals and families in Thailand's rural and urban areas who would otherwise not have access to adequate health care. *Klaiban, Klaiyai* is one of a number of model programs developed at the Ramathibodi Department of Nursing that has contributed the Department's reputation as one of the premier centers for nursing research and education in Thailand and in Southeast Asia.

Thailand



Situated in Bangkok's central district, Ramathibodi Department of Nursing manages over 1600 staff nurses at Ramathibodi Hospital, who serve over 3,500 patients each day, and provide services that include home care for terminally ill patients, and community health care in urban and rural areas of Thailand. For over 800 students currently pursuing bachelor's, master's, and doctoral degrees in nursing science at Mahidol University, the Ramathibodi Department of Nursing offers a chance to work alongside some of Southeast Asia's top nursing scholars. Among the Department's faculty are pioneers like Somchit Hanucharurnkul, RN, PH.D, one of the first nurses in Thailand to receive a doctoral degree. Dr. Somchit spearheaded the development of the Doctor of Philosophy in Nursing Program at Mahidol University and is currently that program's director. Also among the Department's faculty is Wantana Maneesriwongul, MPH, DNSC, the first scholar from Mahidol University to receive her Doctor of Nursing Science degree from Yale University in 1998. Dr. Wantana is currently Chair of the Master's in Community Health Nursing Program at Mahidol University.

As part of a Mahidol University fellowship, in the fall of 2002 Dr. Wantana came back to ysn to work with her friend and mentor, Professor Ann Williams, to develop a home care model for HIV/AIDS patients in Thailand. The project involved the integration of Dr. Williams' scholarship at Yale in the area of HIV/AIDS into the Thai health care model.

Both Dr. Wantana and Dr. Somchit are partners in the collaborative program between ysn and Mahidol University. "The doctoral program in nursing science at Mahidol University has a strong international component and relies heavily on collaboration with other institutions of higher learning like ysn," said Dr. Somchit. "We believe that the sharing of knowledge between the students and faculty of our university and our colleagues abroad benefits health care in Thailand and internationally." Dr. Somchit cites as an example the close relationship that exists between graduate students and faculty at Ramathibodi Department of Nursing and the faculty who are part of ysn's Center for Excellence in Chronic Illness Care and the Center for Self-Management Interventions for Populations at Risk. "Partnering with ysn faculty who are part of these Centers has allowed us to increase our knowledge in areas of chronic illness care and health promotion, and to apply that knowledge in caring for communities in Thailand," said Dr. Somchit. She also credits Dean Catherine Gilliss, Associate Dean Paula Milone-Nuzzo, and Professor Pamela Minarik for their ongoing effort to strengthen collaboration between the two universities.

Yale's relationship with Mahidol University dates back to the 1970's, when Dr. Poolsook Sriyaporn enrolled in the Pediatric Nurse Practitioner program at ysn. After completing her degree in 1973 and returning to Thailand, Dr. Poolsook joined the faculty of Ramathibodi Department of Nursing, but never lost contact with her colleagues at Yale. Dr. Poolsook's experience at ysn created the foundation for a fruitful partnership between Yale and Mahidol Universities that continues to support the scholarship of nursing students and faculty in both countries.

According to Dr. Somchit, it is not surprising that the two universities have maintained close ties. "Mahidol University's

Professors Marjorie Funk (left) and Deb Chyun (not in photo) support the doctoral research of Kusuma Khuwatsamrit (right) on self management interventions for patients with coronary artery disease in Thailand



Professors Gail Melkus (left) and Margaret Grey (not in photo) support the doctoral research of Pawana Keeratiyutawong (right) on self-management interventions for patients with type 2 diabetes in Thailand



mission can be concisely summarized by His Royal Highness Prince Mahidol of Songkla's statement: "True success is not in learning but in its application for the benefit of mankind," she said. "In this, our ultimate goal is like that of the Yale School of Nursing, whose mission is to improve the health of all people. Both institutions have benefited greatly from working together to accomplish this shared goal."

During the 2002-03 academic year, two new scholars from Mahidol University are conducting their doctoral work at ysn. The first scholar, Kusuma Khuwatsamrit, is working on a research project titled Modeling Quality of Life in Patients with Coronary Artery Disease (CAD). According to Kusuma, CAD is among the leading causes of death in Thai populations. With help from Dr. Somchit in Thailand, and from Professors Marjorie Funk and Deborah Chyun at ysn, Kusuma is analyzing data on the needs of CAD patients in Thailand, and evaluating the relationship between self-management ability and quality of life among these patients. The second scholar, Pawana Keeratiyutawong, is working on a project that is looking at self-management and quality of life of patients with type 2 diabetes mellitus. According to Pawana, in the 1990's Thailand's shift from an agricultural to an industrial economy caused major changes in lifestyle among children and adults in Thailand's urban communities. Lack of exercise, living with stress, and unhealthy diets have contributed to a higher risk for type 2 diabetes. Her study will test the effect of a self-management program designed to help at risk individuals and their families to modify their lifestyle and behaviors in order to make them less vulnerable to type 2 diabetes. Pawana's project draws on the work of ysn Professors Gail Melkus and Margaret Grey. The two Mahidol University scholars will remain at ysn throughout the 2002-03 academic year, attending classes and continuing their doctoral research.

According to Professor Pamela Minarik, ysn plans to continue its collaboration with Mahidol University. Partnership activities over the next several years will include further student exchanges, as well as faculty collaboration on research projects. The two institutions are also planning an international symposium on chronic illness, scheduled for 2005 in Bangkok, sponsored by Mahidol University, and co-sponsored by ysn and the University of North Carolina.

Professor Minarik places great value on ysn's international partnerships. "Through our relationship with Mahidol University and other institutions abroad, ysn students and faculty have a unique opportunity to assess health care needs in various parts of the world, and to help local health care providers improve the lives of individuals and families in their communities," she said.



## Portraits of Health and Human Rights

by Angela Rogers, MSN '04

I am pleased to share some of my favorite images from my travels around the globe. My goal was to select photographs that not only were interesting visually, but also told stories and helped to illustrate the relationship between health and human rights. When you really start to think about it, nearly every health issue has human rights implications and nearly every human rights issue has health implications. Combining the health and human rights frameworks creates a powerful tool for developing policies and practices that will result in achieving optimal health and well-being for all people.

With each photo I included a relevant article from one of the major international human rights documents. In 1948 the countries of the world signed the Universal Declaration of Human Rights (UDHR), a powerful document affirming the fundamental, inherent rights of all human beings by virtue of being human. The right to health was included in the UDHR. The link between health and human rights goes beyond access to health care. It includes the right to food and freedom from hunger, the right to work, the right to be free of torture or slavery, the right to freedom of discrimination based on gender, age, or ethnicity. To meet the specific needs of children, the United Nations Convention of the Rights of the Child (CRC) was entered into force in 1990, and is the most widely ratified human rights document in the world. The only two countries in the world who have not yet ratified the CRC are the United States and Somalia. The CRC recognizes the special rights of children and outlines the State's responsibility in meeting needs to protect children and promote optimal growth and development.

I am continuously in wonder and awe of the world when I travel, especially in the resiliency and determination of the human spirit. I have been inspired by the people in these photographs and hope that you will be as well.

### Mi Sapa, Vietnam, 2000

I met Mi in the highlands of Northern Vietnam in January, 2000. She was 14 years old at the time and split her time between working in the fields, going to school, and walking the few miles from her village to the town to befriend tourists and offer her services as a local guide. Mi belongs to the Black Hmong Tribe, one of the numerous ethnic minority groups in Vietnam. Her father had died two years prior to our meeting, and since his death she was helping her mother to support the family. Her 13 year-old younger sister was already married and 7 months pregnant, not unusual for the Hmong culture. Mi was expected to marry soon, as she already had the work and domestic skills of an adult woman (she sewed by hand the outfit she is wearing). Mi expressed her reluctance to marry soon and give up some of the freedom and independence she currently enjoyed.

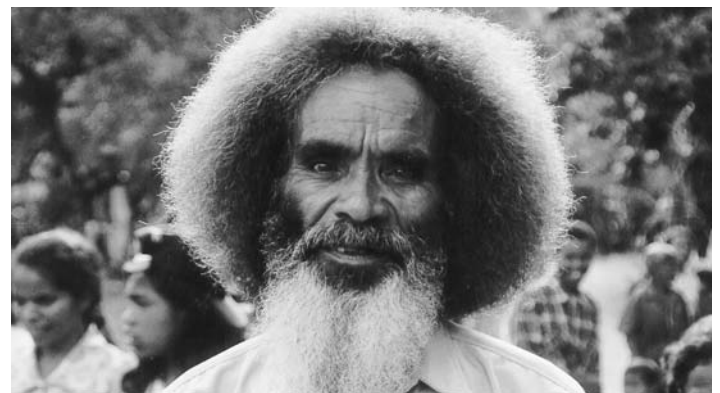
In Vietnam I researched the question of gender differences in the health and nutrition of children. Malnutrition in Vietnam has received significant attention. Despite remarkable economic growth since the late 1980s, malnutrition still burdens 39% of children under 5 years old. Upon closer examination, many studies in Vietnam have shown



that girls have poorer health and nutrition than do boys. To place the problem of malnutrition in Vietnam in a larger social context, one must also look at contributing factors such as history, religion, economics, culture, son preference, and the socialization of children in Vietnam. Studies have also shown that in general, the ethnic minority groups of Vietnam have a lower standard of health, less access to health services, and poorer health outcomes.

#### Article 2 of the United Nations Convention on the Rights of the Child

States Parties shall respect and ensure the rights set forth in the present Convention to each child within their jurisdiction without discrimination of any kind, irrespective of the child's or his or her parent's or legal guardian's race, color, sex, language, religion, political or other opinion, national, ethnic or social origin, property, disability, birth or other status.



### Timorese Pride East Timor, 2001

East Timor is the newest recognized independent country in the world, officially granted independence this past May after 400 years of Portuguese colonization, 24 years of genocide under Indonesian occupation (during which 25% of the population was killed or died from famine), and 2 years of transitional rule by the

United Nations. The country is currently in a transitional reconstruction phase, recovering from a total collapse of its health infrastructure which was virtually demolished following the August 1999 referendum for independence from Indonesia. During the rampage of violence and destruction, the Indonesian militia damaged 77% of the health facilities, and looted or destroyed 67% of the medical equipment.



Indonesian doctors and health workers left East Timor just prior to the elections, leaving only 35 East Timorese doctors in the entire country. In addition to a severe shortage of trained health workers, the country faced the aftermath of massive displacement of the majority of the population (75%), which occurred after the independence referendum. Conflict, displacement, and gross human rights violations exacerbated the already poor health status of the East Timorese. The encouraging news is that the new Timorese government has chosen health and education as two of its main priori-

ties, both of which will receive a significant portion of the country's budget. In this photo an East Timorese man and his small village proudly welcomes and celebrates the visit of Nobel Peace Prize Winner (and fellow Timorese) Jose Ramos Horta. The visit was an honor to the village, and many villagers dressed in their best traditional clothing, performed traditional singing and dancing, and prepared special foods for the event.

**Article 1 of the United Nations Universal Declaration of Human Rights**  
All human beings are born free and equal in dignity and rights. They are endowed with reason and conscience and should act towards one another in a spirit of brotherhood.



**Cleared landmines Landmine Museum, Siem Reap, Cambodia, 2000**

Cambodia is one of the most heavily mined countries in the world. Aki Ra, the man who demined the landmines in this picture, has an intimate knowledge of landmines and their effects. At age five both of his parents were killed by the Khmer Rouge, who then raised him. He writes, "As a child, I knew more than anything else what it was like to be hungry. Everybody was living in a state of virtual starvation. Sometimes my friends and I would sneak out at night to find small animals and insects to eat. My friend went to the pig trough and stole some scraps and quickly ate them. The next morning when the Khmer Rouge were carrying out their usual feces check, they noticed that one lot was different than the others and asked who it belonged to. My friend said that it was the pigs but there were tell tale child's footprints beside it and the Khmer Rouge accused the child of lying and killed him for the small crime of eating pig scraps."

During his childhood Aki Ra was taught to lay mines, make simple bombs, and fire guns and rocket launchers. He was given his first gun, an AK47, at the age of ten. The Khmer Rouge used fear to control the minds of many orphaned children. Aki Ra writes, "They had my innocence in their hands and were able to warp it in any way they chose. I thought the whole world existed like we did and the brutality and hardship, the starvation and all the guns, became my normal world. I came to accept their ways more and more and only knew fear if I strayed too far away from out of the village into unknown territory." In 1990 when the Khmer

Rouge pulled their troops from Cambodia, Aki Ra was conscripted into the Cambodian army to fight the remaining factions of the Khmer Rouge. When the UN Peacekeeping force arrived in the early 1990s, he joined their efforts in clearing some of the millions of mines in the country. He then had the idea of starting a museum with the landmines he had cleared, and other war remnants he found: guns, pistols, rifles, rocket launchers, mortars, grenades, gas masks, bombs, and uniforms. The small museum is in his backyard, and was opened to the public in 1999. Aki Ra's story can be found at [www.landmine-museum.com/mystory.html](http://www.landmine-museum.com/mystory.html)

**Landmine facts:**  
UNICEF estimates that 30-40% of mine victims are children younger than 15 yrs old. The U.S. has yet to sign the International Mine Ban Treaty. It continues to produce landmines, and has the third largest mine arsenal in the world. Mines damage the body by blast or by driving dirt, bacteria, clothing, and metal and plastic fragments into the tissue causing severe secondary infection. Direct health consequences of landmines include: death, injury, disability, depression, and Post Traumatic Stress Disorder. Many victims die before they reach a health facility. Those that do survive rarely receive (or can to afford) the prostheses they need. When mines are present in farm land, water, or canals, farming decreases and often results in food scarcity, malnutrition-related diseases, and contamination of drinking water.

*More information on the campaign to ban landmines can be found at [www.icbl.org](http://www.icbl.org)*



**Fetching water in the Gobi desert, Mongolia, 2002**

The thought of Mongolia conjures up vivid imagery of wild horses and nomadic herders. I was surprised to discover the physical landscape just as dreamy as I thought it would be. What is little known, however, is that Mongolia is undergoing rapid urbanization (nearly 60% of the population now lives in urban areas) and is still trying to recover from the effects of the collapse of the Soviet Union. From the 1920s to 1989, Mongolia was heavily dependent on the Soviet Union for large subsidies and trade. Under a communist government, the state provided health care, education, jobs, pensions, and free fuel in the winter. In addition, remarkable improvements in health, education and the status of women were brought about during the years 1921-1990. Now, with the loss of Soviet support, economic, social and health infrastructures are suffering. Government health and education expenditures were cut by 50%. Rapid urbanization coupled with unemployment has brought about a variety of health and social problems.

There continues to be a divide among rural and urban populations with discrepancies in standard of living, access to water and sanitation, daily nutrition, and access to healthcare. Only 30% of Mongolia's rural population have access to safe drinking water, compared with 77% of the urban population. In this photo children are helping fetch water from the communal well in a small town in the Gobi dessert.

**Article 24 of the United Nations Convention on the Rights of the Child**  
1. States Parties recognize the right of the child to the enjoyment of the highest attainable standard of health and to facilities for the treatment of illness and rehabilitation of health. States Parties shall strive to ensure that no child is deprived of his or her right of access to such health care services.  
2. States Parties shall pursue full implementation of this right and, in particular, shall take appropriate measures:  
(a) To diminish infant and child mortality;  
(b) To ensure the provision of necessary medical assistance and health care to all children with emphasis on the development of primary health care;  
(c) To combat disease and malnutrition, including within the framework of primary health care, the application of readily available technology and through the provision of adequate nutritious foods and clean drinking-water, taking into consideration the dangers and risks of environmental pollution;  
(d) To ensure appropriate pre-natal and post-natal health care for mothers.



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