Congratulations to Professor Thomas Robins, Environmental Health Sciences, School of Public Health, whose international research training grant was recently renewed for a third cycle by the Fogarty International Center of NIH.

The overarching goal of this program is capacity building to provide greater self-sufficiency in environmental and occupational health (EOH) in the 14-nation Southern Africa Development Community (SADC) region.

Professor Robins’ UM-Fogarty Southern African program in environmental and occupation health is featured in a recent SPH video posted on the Global Health Council’s web site. PI Robins and colleagues describe their efforts to provide scientific data on air quality to community advocates in industrialized Durban, South Africa.

The Global Health Research and Training Initiative (UM-GHRT), directed by Siobán Harlow (Epid), receives funding from the Fogarty International Center of the National Institutes of Health, grant TW007496, to develop an institutional framework for global health at U-M.
SAVE THE DATE! Friday November 2, 2007 4-8pm. All are cordially invited to attend the Second Annual Global Health Symposium and Poster Session. Among the featured posters will be the 2007 award recipients' summer research and internship experiences from the Minority Health International Research Training program & UM-GHRT initiative. The event will be held in the Great Lakes room at the Palmer Commons.

NEW Global Partnerships

The Center for Global Opportunities in Kinesiology recently finalized reciprocal student exchange agreements with two universities in Barcelona, Spain, that were negotiated by Movement Science faculty member and Barcelona native, Dr. Rosa Angulo Barroso. U-M Kinesiology students with proficiency in Spanish will now have the opportunity to study at the Universitat Internacional de Catalunya in Barcelona and the Institut Nacional d'Educacio Fisica de Catalunya in Lleida and Barcelona.

In addition to sending U-M undergraduates abroad, they are equally excited about welcoming international students in the coming years. They anticipate that these exchanges will not only enrich the students directly involved but also the faculty and staff who interact with them, expanding knowledge and awareness of the global community.

Additional agreements are being explored with the Faculty of Human Movement Sciences, Free University Amsterdam, the Netherlands; the School of Human Movement Studies, University of Queensland, Australia; and, the School of Sport & Exercise Sciences, Loughborough University, United Kingdom.

For more information on Kinesiology's global programs, contact Sandra Wiley, International Program Coordinator Center for Global Opportunities in Kinesiology, www.kines.umich.edu/goglobal

NOTE: Faculty research posters on global health research are welcome. Please contact ghrt@umich.edu

Nicholas Rademacher, who volunteered for a month over the summer in a research lab at the Free University Amsterdam. The lab, led by Dr. Geert Savelbergh, focuses on pediatric neuromotor control.
U-M Med Student featured in FIC’s GLOBAL HEALTH MATTERS July/August 2007 - full essay here


Going back to Thailand and being involved in medical care, advocacy, and activism there has been one of the highlights of my short medical career. As a fourth year Thai-American medical student, I have spent over two years in Thailand since graduating from college, including one this last year as a Fogarty Ellison Fellow. Being abroad taught me to be flexible and adaptable, which is reflected in the different roles I have had during my time there. Some of these roles include health educator, English teacher, HIV testing counselor, medical interpreter, clinical researcher, advocate, activist, and most importantly, friend.

In medical school, I’ve had a couple lectures on professionalism and I know that there are boundaries that govern a proper patient-physician relationship. My medical socialization in a large academic institution has also taught me that there are clearly defined roles in the medical hierarchy. Being a medical student does mean that you’re low on the totem pole—that of the medical student/intern/resident/attending team but it separates you from others, including other health care professionals and ancillary staff that work to make sure the hospital runs smoothly and patients get the care they need. In the era of residency work hour reform, it also means that much of the patient education falls on other staff including social workers, physician assistants, nurses, and of course – medical students.

Needless to say, there is no residency work hour reform going on in Thailand and many clinics are short-staffed. At some of the ID clinics I attended, two or three physicians (one attending, one fellow, and one resident) would see around seventy patients in a three hour period. I usually attended clinic with the fellow, who triaged more complicated patients, and she would average around twenty patients per clinic. Her job was not to educate patients or address their concerns, but to review the medical record, make sure they were medically stable and receiving the right doses of meds, do a quick physical exam, and decide when their next ID clinic appointment should be. She would spend less than ten minutes with each patient, and then send them to the nurses, who doubled as social workers.

As an interested medical student and bystander, I would often ask patients questions about their social and medical histories, how they contracted HIV (if they were positive), and what their understanding of their disease and treatment was. I found this most important when I knew that they didn’t understand anything that was going on but were just deferring to the doctor out of respect. Medical care in Thailand is still very patriarchal and there is a definite line between patient and provider. Time constraints make it difficult to address all of a patient’s concerns. However, I would do my part to educate as many patients as I could while the fellow was entering medication orders or finding out what medications were covered by a patient’s insurance plan. I was also very impressed at the ...
EXHIBIT
9/11-17 10am-10pm, Alumni Center, 200 Fletcher St.
Step into Africa, Sponsored by World Vision, UM Alumni Association, Huron Hills Baptist Church

LECTURES
September 21, 12-1:30pm, 1636 SSWB/International Institute
Paisan Suwannawong, Executive Director Thai AIDS Treatment Action Group, Karyn Kaplan, Policy and Development Director, Sponsored by Center for Southeast Asian Studies (CSEAS). Co-sponsored by UM-GHRT.

October 18, 3:30-4:30 pm, Rackham Amphitheatre
Pamela Barnes, CEO of the Elizabeth Glaser Pediatric AIDS Foundation, The Vivian R. Shaw lecture, Sponsored by IRWG. Co-sponsored by Women's Studies Program, LGBT, SSW, SPH

Date and Location TBA
Mechai Viravaidya, Population and Community Development Association (PDA) and Gates Global Public Health award winner for 2007. Sponsored by CSEAS. Co-sponsored by UM-GHRT. Location and time TBA.

November 14, 3:00-4:30 pm. 2239 Lane Hall
Michelle Lopez, Activist
Sponsored by IRWG (Global Conversations Series). Co-sponsored by SPH, SSW, LGBT.

December 06, 12:00-1:30 pm. 2239 Lane Hall
Kane Race, University of Sydney, IRWG visiting Scholar
Sponsored by IRWG (Global Conversations Series). Co-sponsored by SPH, LGBT, SSW.

CONFERENCE
Sponsored by the International Institute, Center for International and Comparative Studies (CICS)
Gender & Global Health Speaker Series
Jennifer Langhinrichsen-Rohling, PhD
Professor of Psychology
University of South Alabama

She tries and he dies: Global conversations about the gender paradox and adolescent suicidal behavior

Dr. Jennifer Langhinrichsen-Rohling (Dr. L-R) will describe the gender paradox in adolescent suicidal behavior. She will consider definitional and methodological issues relevant to determining rates of suicidal behavior in the United States and around the world. The latest cross-cultural information delineating sex differences in rates of adolescent and young adult suicide will be presented. Gender differences in the prevalence and associative strength of risk factors for male versus female adolescent suicidal behavior will also be considered. Dr. L-R will then delineate the theoretical model underlying the Life Attitudes Schedule, a measure of suicide proneness. Recent empirical findings obtained with this instrument will be described and recommendations for prevention and intervention programs targeting adolescent males and females will be offered.

IRWG’s Global Conversations
Friday October 12
12:00–1:30 PM
2239 Lane Hall

Upcoming Talk in the Series:
11/26 PSC Brown Bag Seminar 12-1:00, Room 6050, 6th floor ISR conference room, 426 Thompson
Sara Arber, Professor of Sociology,
Centre for Research on Ageing and Gender (CRAG)
University of Surrey, UK
...education and counseling that the nurses gave with each individual patient following the physician visit.

Medical education in Thailand does not include modules on how to educate patients or address bedside manner. That being said, health care in Thailand remains universal for Thai citizens and people often get the care they need, regardless of ability to pay. Rotating through the VA these past few months in the US, I’ve seen countless vets who do not receive the health care they deserve because of their lack of service coverage, the distance they have to travel to go to a hospital, or their low levels of health literacy. However, they do receive a lot of extra teaching with social workers, nurses, pharmacists, and occasionally, physicians.

In Thailand, a lot of friends and colleagues would pose the question, “Which do you like (or think) is better, here or the US?” As a Thai-American, I found the question one of the most difficult to answer, and would often defer with the answer, “They are different, and I like them both.” The same answer would hold true for me if I was asked to compare the Thai and American health systems. Although neither of them is perfect, each of them has highlighted ways in which I can make a difference – as a physician, an educator, and an advocate.

-Tanyaporn Wansom
4th Year Medical Student

...Con’t from page 3

Tanyaporn Wansom
Global Public Health Preparedness: Is it Possible?

Organized by the Office of Public Health Practice, this symposium examined the issue of public health preparedness six years after the Sept. 11 terrorist attack. Speakers included Keynote Dr. Helene Gayle, president and CEO of CARE, Ronald Davis, president, American Medical Association, Dr. Julio Frenk, U-M SPH alum and former Mexico Minister of Health, now the Senior Fellow of the Global Health Program, and counsel to the Bill and Melinda Gates Foundation. The event also included leaders in the China, India, and Ghana public health systems, as well as the deputy director for global health at the U.S. Centers for Disease Control and Prevention. Other sponsors included the Center for Global Health, Global REACH, School of Public Health, Global Health Research and Training Initiative and the Michigan Center for Public Health Preparedness.

Human Rights in the Post September 11 World

Larry Cox, Executive Director of Amnesty International USA, delivered a Josh Rosenthal Education Fund Lecture, co-sponsored by the Gerald R. Ford School of Public Policy and the International Policy Center. Interviews with and articles by Larry Cox are available via the Amnesty International website. The Josh Rosenthal Education Fund was created in memory of Josh Rosenthal, a 1979 U-M graduate who died at the World Trade Center on Sept 11, 2001.

To watch the video, go to http://fordschool.umich.edu/news/past_events/index.php

Sueños y salud (Dreams and Health): A Global Perspective

Photography exhibit at the Power Center on September 11 displayed medical students humanitarian work around the globe. The images were taken by first- and second-year medical students from Student Alliance for Global REACH (SAGR), a group of students committed to expanding opportunities for students to participate in international health-related activities during their training, while at the same time addressing core issues surrounding global health disparities and inequality. The photography represented eight different humanitarian projects in Guatemala, Ecuador, Cuba, the Dominican Republic, Belize, Costa Rica, Jamaica and Peru.

http://www.med.umich.edu/medschool/global/stuorgs.htm
Pics from UM-GHRT Trainees’ Summer Travels

Epiedmiology masters student Katherine Connors collecting mosquito larvae from a tire. Project title: Environmental change and infectious disease: how new roads affect the transmission of Dengue in rural Ecuador.

UM Med student Adam Castaño was a Global Health Fellow with Duke University’s Sanford Institute of Public policy. He interned at the WHO studying antimicrobial resistance.

Anthropology doctoral student Jack Tocco’s project title: HIV/AIDS and Islam, in Kano, Nigeria and maternal mortality.

Kenya Medical Research Institute (KEMRI) in Kisumu, Kenya. Health Behavior Health Education masters student Michael Guterbock’s internship focused on travel behavior and Malaria risk in urban Kisumu.