Vanquishing the dragon

After afflicting the world’s poorest for centuries, Guinea worm disease soon may be wiped out.
Moira Wood 17MPH took this photo while in Malibeni, Swaziland. She writes: "The fight against teen pregnancy is constant, but when a culture puts a woman’s inherent value on her ability to bear children, it is all the more difficult. In Swaziland, this vestige of archaic sexism can be quantified through a woman’s bride-price. Once a woman reaches a certain age without proving her fertility, she becomes of no use to a potential husband and of little use to a family that can no longer profit. The young mother shown here did not want such a shameful fate, so she opted to have a baby and drop out of school in the hopes of making a better future for her family."
ON THE COVER

Young goat herders in Terekeka County, South Sudan, prepare to drink dam water through pipe filters provided by The Carter Center in its efforts to eradicate Guinea Worm. Photo credit: The Carter Center/L. Gubb.

DEPARTMENTS

FIRST LOOK 1

DEAN’S MESSAGE 4

CLIFTON NOTES 5

ALUMNI CONNECTIONS 32

IN THIS ISSUE

Getting to Zero 12

Redefining the Unacceptable | What it will take to end the AIDS epidemic

Vanquishing the Dragon 18

After afflicting the world’s poorest for centuries, Guinea worm disease soon may be wiped out

Changing of the Guard 24

New leadership at four public health powerhouses

Front Lines: Syrian Crisis 28

An alumnus leads a key refugee program in Turkey

Celebrate Rollins 30

A recap of anniversary festivities

CONTRIBUTIONS 36

LANDRY DONGMO TSAGUE 07MPH

“The most significant impact of the Foege Fellowship has been and continues to be the invaluable professional and personal connections with public health experts from the government, private sector, and academia in the United States and around the world.”

FEATURES

ROLLINS

SPRING 2016

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Jennifer Mulle, assistant professor of epidemiology, organized and chaired the first microbiome symposium at Emory in November.

The goal of this novel symposium was to foster internal collaborations, generate grant proposals, and jump-start microbiome research at Emory.

While they are much smaller than our own cells, bacteria and other microbes in our bodies outnumber human cells by an estimate of 10 to one. The complexity of the diverse microbial communities that live within the human body is being revealed by an explosion of research interest, facilitated by next-generation sequencing technology.

The human microbiome is thought to influence not only digestive health, but also metabolic and autoimmune diseases and possibly psychiatric and neurodevelopmental disorders. Beyond the human body, the microbiome is thought to be so fundamental to health and ecology that an international consortium of scientists has recently called for a global microbiome initiative.

The symposium featured speakers from various schools at Emory as well as from outside institutions. “We were able to attract an amazing lineup of speakers, and more than 260 people attended the event,” says Mulle. “This is an exciting time in microbiome research, and we were thrilled to showcase microbiome research at Emory.”

**Introducing Rollins magazine**

Welcome to the redesigned and rechristened Rollins magazine. With the changes you will find in these pages, we are embracing the distinctive identity of our school with a new name, a fresh layout, and revamped content. We hope to become even more relevant, informative, and inspiring—a “must-read” for the Rollins community that respects your time and priorities while keeping you updated on what’s happening back on Clifton Road as well as with faculty and alumni around the globe.

We are introducing two recurring features. “Redefining the Unacceptable” builds on our belief that we must recast what we can no longer tolerate, taking action based on advances in our understanding to change the situation. In our first “Redefining the Unacceptable” feature, Rollins and Emory experts weigh in on what it will take to end the AIDS epidemic.

Another recurring feature, “Contributions,” will focus on the impact an alum is making in his or her particular area. In this issue, we highlight the work of Landry Dengno Tsague 07MPH. While still a Foege Fellow at Rollins, Landry launched the Pan-African Medical Journal, which is now the second most influential open-access medical journal in Africa. This issue also chronicles the path that has led us to the near eradication of Guinea worm disease. It would be impossible to overstate the enormity of this accomplishment. Spearheaded by former President Jimmy Carter, a close ally of Rollins, and aided by numerous Rollins alumni, The Carter Center’s Guinea worm eradication program is poised to wipe out a disease that has afflicted the world’s poorest populations for centuries.

Through our Certificate of Humanitarian Emergencies program, many of our alumni serve on the front lines of unfolding crises, such as the Haiti earthquake and the Ebola epidemic. The Syrian refugee crisis is no exception. We look at the efforts of one graduate, Ramadan Assi 07MPH, whose work as country director in Turkey places him in the middle of the largest refugee crisis since World War II.

Finally, as we continue to celebrate our 40th year as a program and 25th as a school, we share some photos of the celebration commemorating these milestones.

Enjoy this issue of Rollins magazine.

James W. Curran, MD, MPH
James W. Curran Dean of Public Health

**Emory hosts microbiome symposium**

The symposium featured speakers from various schools at Emory as well as from outside institutions. “We were able to attract an amazing lineup of speakers, and more than 260 people attended the event,” says Mulle. “This is an exciting time in microbiome research, and we were thrilled to showcase microbiome research at Emory.”
Arriola joins Dean’s office
Kimberly Jacob Arriola 01MPH, professor of behavioral sciences and health education (BSHE), was appointed associate dean for academic affairs. Arriola is best known for her work developing and evaluating interventions that improve access to transplantation and improve public commitment to organ and tissue donations among African Americans. In addition to her research, she will focus on activities in faculty development and advancement and administration of the school’s doctoral programs. Arriola is a 2010 alumnus of the Woodruff Leadership Academy and a 2012 graduate of the American Psychological Association Leadership Institute for Women in Psychology. In 2014, she received the Emory Williams Distinguished Teaching Award. She will maintain her commitment to teaching courses and mentoring MPH and doctoral students in BSHE and to her funded program of research. Her appointment will broaden the engagement of faculty in school administration.

Rollins researcher co-authors AHA’s first-ever statement on female heart attacks
A woman’s heart attack may have different underlying causes, symptoms, and outcomes compared with those of men, and differences in risk factors and outcomes are further pronounced in black and Hispanic women, according to a scientific statement published in the American Heart Association’s journal Circulation.

Viola Vaccarino, Wilton Looney Chair of Cardiovascular Research and chair of the epidemiology department, and Nanette Wenger, professor of medicine, were among a small group of co-authors on the statement—the first ever from the American Heart Association on heart attacks in women.

Compared with men, women may have less severe arterial blockages leading to heart attacks, may face greater complications from attempts to restore blood flow, and are less frequently prescribed cardiac rehabilitation. While the most common heart attack symptom is chest pain or discomfort for both sexes, women are more likely to have atypical symptoms, such as shortness of breath, nausea, and back or jaw pain.

Compared with white women, black women have higher incidence of heart attacks in all age categories, and young black women have higher in-hospital death rates. Black and Hispanic women tend to have more heart-related risk factors, such as diabetes, obesity, and high blood pressure, at the time of their heart attack compared with non-Hispanic white women. Compared with white women, black women are also less likely to be referred for important treatments, such as cardiac catheterization.

Highly cited researcher
For the second year in a row, Dana Boyd Barr has been named a Highly Cited Researcher by Thompson Reuters. Barr, professor of environmental health, was listed among researchers who rank among the top 1% most cited for their subject field and year of publication, earning them the mark of exceptional impact. Barr’s research focuses on environmental contaminants and their impact on health and disease, with a special interest in maternal and child health and biomarkers of environmental exposure.

Two elected to NAM
Otis W. Brawley and Keith P. Klugman have been elected to the National Academy of Medicine (NAM), formerly the Institute of Medicine. Brawley (pictured left), who is chief medical officer for the American Cancer Society, is adjunct professor of epidemiology at Rollins, and Klugman is director of pneumonia programs for the Bill and Melinda Gates Foundation and emeritus William H. Foege Professor of Global Health at Rollins. Membership in the NAM is considered one of the highest honors in the fields of health and medicine, recognizing individuals who have demonstrated outstanding professional achievements.

WORLD TOILET DAY | Students with the Center for Global Safe Water, Sanitation, and Hygiene “Copped a Squat” to draw awareness to the impact poor sanitation has on health, nutrition, education, gender equality, and poverty.
Hand sanitizer as effective as soap for farmworkers

Good news for health experts concerned about food-borne illnesses. In a new study published in the Journal of Food Protection, Juan Leon, associate professor of global health, found that alcohol-based hand sanitizers are as effective as soap and water in removing bacteria such as coagulase-negative Staphylococcus, Enterococcus faecalis, Enterococcus faecium, and Enterococcus faecalis from fieldworker’s hands. “Without any intervention, farmworkers’ hands were heavily soiled and contaminated with high concentrations of bacteria after hours of harvesting,” says Leon. “Alcohol-based hand sanitizers can help reduce the risk of produce-associated outbreaks, especially in areas where water is not readily accessible.”

Seminar spotlights sexual and reproductive health

Emory Reproductive Health Association (ERHA), put on its first seminar, “Sexual and Reproductive Health through a Social Justice Lens” in November. “We wanted to highlight the multidisciplinary work being done at Emory and in the community to address the social determinants of sexual and reproductive health,” says Lasha Clarke, MPH, then co-president of ERHA. “And we wanted to go beyond the research side to focus on how it could impact policy.”

The keynote address was delivered by Dr. Willie Parker, who regularly travels to Jackson, Mississippi, to provide abortions in the state’s only remaining abortion clinic, the Pink House. Other speakers discussed topics such as the global elimination of maternal mortality from abortion, the idea of menstrual justice, and sexual violence on university campuses.

Feedback has been so positive that the newly elected co-presidents of ERHA – Aasi Nur, 17MPH, and Pallavi Trikutam, 17MPH – are already planning another conference for the fall.

By the Numbers

1 in 3 women have an abortion by the time they are 45
68,000 maternal deaths are due to complications of unsafe abortions each year, most in developing countries
5 million women are hospitalized each year for treatment of abortion-related complications, such as hemorrhage and sepsis
90% of global abortion-related deaths and disabilities could be avoided if women who wanted effective contraception had access to it

“...It’s increasingly becoming a fact that women’s constitutional rights are determined by their zip code.” - Dr. Willie Parker

Southeast lags in tobacco controls

Southeastern legislators like their tobacco. That seems to be the finding of three studies which showed that the region lags behind the rest of the nation in measures such as tobacco taxes and public smoke-free policies, even though online surveys showed public opinion is receptive to more tobacco controls. In interviews with 26 former legislators, the researchers found recurring themes regarding factors impeding tobacco control, including tobacco’s legacy in the South, concerns about impact on recreation, concerns about economic impact, and opposition to “sin” taxes.

Global mortality rates tracked over 30 years

Mortality rates for heart disease and stroke, along with stomach and cervical cancers, have declined worldwide over the last 30 years, according to a recent report published in Health Affairs. However, during that same time frame, there were increases in death rates due to diabetes and liver cancer, as well as from chronic respiratory disease and from lung cancer in women.

“We found an interesting mix of increasing and decreasing death rates due to non-communicable diseases across various countries,” explains lead author Mohammed K. Ali, associate professor in global health and epidemiology. “We believe that these differing patterns reflect differences in countries’ stages of development and health care systems. However, the story is still incomplete because raw cause-of-death data from China, India, and sub-Saharan Africa were not adequate enough to be included in our study. This compels us to continue to strive for better surveillance and cause-of-death documentation.”

African Americans more likely to develop Alzheimer’s disease

Rollins researchers have conducted the only known meta-analysis of Alzheimer’s disease incidence by race and found that African Americans are 64% more likely to develop Alzheimer’s than Caucasians. After adjustments were made for age, gender, and education, the estimate for prevalence of Alzheimer’s was 5.5% for Caucasians and 8.6% for African Americans. The article ran in the Journal of Alzheimer’s Disease in January.

“A 64% higher incidence among African Americans is quite a large difference in our view,” says Kyle Steenland, lead author and professor of environmental health and epidemiology. “We wanted to come up with an overall estimate of racial differences to help motivate further exploration of possible causes, such as biological, psychological, and socioeconomic factors.”

Statins and the flu

Statins, the cholesterol-lowering drugs, may weaken the effect of the flu vaccine.

In a study published online in the Journal of Infectious Diseases, researchers found that vaccinated people taking statins were 11% more likely to get a respiratory disease severe enough for them to seek medical care than those not on statins, says lead author Saad Omer, professor of global health and epidemiology. The anti-inflammatory properties of statins may decrease the immune system’s response to the flu vaccine.

“Even with the diminishing effect,” says Omer, “flu vaccines remain the most effective tool to prevent influenza, including in the elderly. They’re not perfect, but nobody should skip their flu vaccine.”
Keeping momentum toward AIDS-free generation

Sandra Thurman says this is a critical time in the fight against AIDS. "That's why she agreed to accept the post as chief strategy officer for the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) in addition to her position at Rollins as director of the Joseph W. Boalt Center for Health and Human Rights. In her PEPFAR post, Thurman oversees all strategic planning, communications, public affairs, and legislative affairs for the largest public health Initiative by any nation to combat a single disease. "We are making progress in many areas," says Thurman, who served as director of the Office of National AIDS Policy under President Bill Clinton. "But if we don't continue to push forward aggressively and we continue to have 2 million new infections a year, we'll begin to lose ground. And there won't be enough money for us to ever catch back up."

To maximize the impact of each precious dollar, PEPFAR is using data to pinpoint areas within countries with the highest incidence of disease and focusing treatment and prevention efforts there. Most of these targets are in sub-Saharan Africa.

Another program, Determined Resilient Empowered AIDS-free Mentored and Safe (DREAMS) targets young women and adolescent girls. More than 70% of new infections in sub-Saharan Africa among adolescents are girls. DREAMS combines evidence-based approaches that go beyond the health sector to address the structural drivers that directly and indirectly increase girls’ HIV risk, including poverty, gender inequality, sexual violence, and a lack of education.

Thurman worries momentum may be lost if the younger generation of political leaders don’t embrace the cause. "Many of us who have been involved since AIDS emerged 35 years ago are aging out," says Thurman. "There are now people in the House and Senate and in public health institutions who don't remember how horrible the epidemic was, and it's harder for us to make our case for sustained funding to this group. But it's critical that we do.

"If we make the right decisions in the next few years, people like me might live to see the end of the epidemic," she continued. "But if we miss our window, we will see much of the hard work over last three decades be for naught. That's why so many of us remain committed to this cause."

Researchers garner GeoHealth Hub award

Contaminated air, water, soil, and food cause untold numbers of illnesses around the world each year. The problem is particularly acute in developing countries, where exposure to indoor air pollution from cooking fires, pesticides, radiation, tainted water, and climate change contribute to nearly a quarter of all deaths and illnesses.

To help study these links, the Fogarty International Center of the National Institutes of Health launched the Global Environmental and Occupational Health (GEOHealth) program to fund the creation of a network of regional environmental health research and training centers around the world.

Kyle Steenland, professor in environmental health, and Karen Levy, assistant professor in the same department, received a $15 million five-year grant to create a GeoHealth Hub based in Lima, Peru, with links to neighboring countries. At the same time scientists at Universidad Peruana Cayetano Heredia in Lima received $1.5 million to conduct three research studies:

"This is a fantastic opportunity to build a platform for carrying out innovative environmental health research in Peru and also build a cadre of trained environmental health scientists across South America," says Steenland.

The new center will conduct three research projects: an intervention to improve indoor air in relation to cardiovascular health, a study of outdoor air pollution in Lima (the most polluted, large city in Latin America), and a study of the effects of climate change in Peru (a country where El Niño regularly causes major health problems likely to be exacerbated by increasing temperature). ■

Media Savvy

"Their savings numbers are — well, politely said — simply wrong." 

Kenneth Thorpe, chair of the Department of Health Policy and Management, told Vox about presidential hopeful Bernie Sanders’s health care plan. According to Thorpe’s analysis, the plan is underfunded by $11 trillion a year.

"HPV vaccine, since we’ve first started tracking it in the late 2000s, has shown a unique pattern that we haven’t seen with other vaccines where coverage is higher among racial and ethnic minorities and among adolescents who are living below the poverty line."

Robert Bednarczuk, assistant professor of global health, told WABE, Atlanta’s NPR radio station.

"Stabilizing at 10,000 is not a reason to celebrate." Carlos del Rio, chair of the Hubert Department of Global Health, told Philly.com of reports that newly diagnosed cases of HIV in gay and bisexual black men have remained stable since 2010.

MEDIA SAVVY

Sandra Thurman has worked in HIV prevention, care, and treatment for more than 30 years. She currently serves as chief strategy officer for PEPFAR.

Emory’s president to retire

At the end of August, James W. Wagner will retire as president of Emory. A national search is under way to fill the position he has held for 12 years.

During his presidency, Wagner sat in motion a campus-wide initiative to develop a clear vision statement, resulting in a 10-year strategic plan to strengthen the university at all levels, and led a $17 billion fund-raising campaign, the largest university campaign in Georgia history. He also worked to enhance the educational experience of students, grow research, and foster more effective partnerships among universities, government, and industry.

"President Wagner’s leadership has firmly established Emory as a great national university in every measure, from the enrolment of superb students, the growth of a world-class community of scholars and researchers, and the expansion of cutting-edge facilities that enable the university to fulfill its highest aspirations," says Emory Board of Trustees Chairman John F. Morgan. "He exemplifies the very qualities that defines Emory, and he has well positioned the university to continue its pursuit of excellence in all aspects of its mission." ■

Lewin now leads health sciences at Emory

Jonathan S. Lewin has joined Emory as executive vice president for health affairs; executive director of the Woodruff Health Sciences Center; and president, CEO, and chairman of Emory Healthcare.

Prior to joining Emory in February, Lewin was senior vice president for integrated health care delivery and co-chair for strategic planning for Johns Hopkins Medicine. He also served as professor and chair of the Russell H. Morgan Department of Radiology and Radiological Sciences at Johns Hopkins University as well as radiologist-in-chief at Johns Hopkins Hospital, with secondary appointments as professor of oncology, neuroradiology, and biomedical engineering.

Regarded as a pioneer in interventional and intra-operative magnetic resonance imaging, Lewin has developed more than 20 patents and served as principal or co-principal investigator of more than $10 million in grants from the National Institutes of Health and other funding agencies. He is also a fellow of the International Society for Magnetic Resonance in Medicine and the American College of Radiology.

During his first few days on the job at Emory, Lewin detected what he called a palpable energy. "It’s clear that we’re on a trajectory that few other institutions can match," Lewin now leads health sciences at Emory.
GETTING TO ZERO

Experts weigh in on what it will take to end the AIDS epidemic

by Martha McKenzie
It’s been 35 years since the first cases of AIDS were reported. Since then, we have witnessed tremendous advances in prevention, testing, and treatment. Yet, despite all of the progress, we continue to face new challenges, frustrations, and a continual need for more action. Here’s a look at what our experts say it will take to end the epidemic.

James W. Curran, epidemiologist
ENDING STIGMA CRITICAL TO SUCCESS

When AIDS first emerged, those infected were often seen as pariahs, both because they were believed to be highly contagious and because they came from disenfranchised groups. Thirty-five years later, the stigma still persists. It exists on the individual level, isolating those infected from families, friends, and even health care providers. It exists on the societal level, with laws, policies, and regulations that target people with HIV. Both forms result in a reluctance of individuals to get tested or treated, which not only adds to their suffering, but also interferes with attempts to control the disease. There is no quick fix, only patience and persistence. Ronald Valdiserri, author of Gardening in Clay: Reflections on AIDS, said fighting discrimination is similar to weeding a garden. You can’t ever let your guard down or the weeds will crop back up, but the more diligent you are, the easier the weeding process. You can’t ever let your guard down or the weeds will crop back up, but the more diligent you are, the easier the weeding process.

Carlos del Rio, clinical researcher
DON’T ALLOW COMPLAICENCY TO ERODE GAINS

The novelty of HIV has been lost. Treatment advances that have turned HIV into a chronic condition rather than a death sentence have led to a sense of complacency. And while it’s true that we now have the tools to end the epidemic, much work remains to be done. That means we can’t allow funding for research, prevention, and treatments to wane. In the United States, where just 30% of the 1.2 million people living with HIV are treated effectively, efforts to suppress their virus, it’s clear we need to design better health care systems that can get patients’ viral loads to undetectable and keep them there. Even then, it’s unlikely treatment alone will be powerful enough to end the epidemic. For that reason, research toward long-acting treatments, a cure, and a vaccine must continue. We have the tools to end the AIDS epidemic. We just need the will to do it.

Eric Hunter, pathologist
CONTINUE WORKING TOWARD A VACCINE

The key to ending the HIV epidemic is a protective, affordable vaccine that prevents the virus from establishing infection. The beauty of a vaccine is that once a person has been vaccinated, the body automatically responds to protect itself against the pathogen; it doesn’t require a conscious action on the part of the potentially exposed person. Indeed, the history teaches us that a protective vaccine, as opposed to treatment alone, is the only way to eradicate a pathogen—the vaccines for polio or smallpox are great examples of this. Because HIV attacks and can lay dormant in cells of the immune system, developing a vaccine against it is one of the more difficult scientific problems of our time. Progress is being made, and what we learn will also be important for developing vaccines against other viral diseases.

Carlos del Rio is Hubert Professor and chair of the Hubert Department of Global Health and professor of medicine in the Emory School of Medicine. He is co-director of CFAR at Emory and chair of the SVF Medicine Association.

Eric Hunter, professor of pathology and laboratory medicine at Emory School of Medicine, is co-director of CFAR at Emory. He has laboratory at the Yerkes National Primate Research Center, he studies how HIV enters cells.

It’s too often said fighting discrimination is similar to weeding a garden. You can’t ever let your guard down or the weeds will crop back up, but the more diligent you are, the easier the weeding process. You can’t ever let your guard down or the weeds will crop back up, but the more diligent you are, the easier the weeding process.

James W. Curran is the James W. Curran Dean of Public Health at Rollins and co-director of the Emory Center for AIDS Research (CFAR). Prior to joining Rollins, he led the nation’s battle against HIV/AIDS at the Centers for Disease Control and Prevention.

Guido Silvestri, virologist and physician
FIND A FUNCTIONAL CURE

A very important priority in contemporary HIV/AIDS research is the development of a “functional cure” for the infection. Indeed, despite the reduction in mortality and morbidity due to antiretroviral therapy (ART), the cost of these drugs places an inordinate burden on public health systems. While patients who have access to lifelong ART are often able to reduce their HIV viral load below detectable limits, a treatment that can eradicate or functionally cure HIV infection remains elusive. In recent years, we and others validated the pathogenic model of simian immunodeficiency virus infection of rhesus macaques for studies of HIV cure. It is likely that interventional studies in this highly relevant animal model will help assess the therapeutic potential of novel interventions aimed at reducing this virus reservoir in ART-treated, HIV-infected individuals.

Guido Silvestri, professor of pathology at Emory School of Medicine, is chief of the Division of Microbiology & Immunology at the Yerkes National Primate Research Center. Since 1993, Silvestri has been involved in studies of AIDS pathogenesis, prevention, and therapy, mostly using nonhuman primate models of SIV and SHIV infection.

Hannah Cooper, social epidemiologist
STOP TRANSMISSION AMONG PEOPLE WHO INJECT DRUGS

People who inject drugs (PWID) were among the first hit by the AIDS epidemic in the U.S., particularly New York. In those early days, about half of all people who were injecting drugs in New York were HIV positive. Users and allies banded together to create a strong infrastructure to stop transmission—they set up syringe exchange programs, strength-ened drug treatment programs, and promoted access to antiretroviral therapy—and it worked. The city has dropped to almost zero transmissions among PWID. We’re now seeing an uptick in the number of PWID, fueled by an epidemic of prescriptive opioid misuse. These PWID, however, are scattered across the country, often concentrated in rural areas. We need to adapt the strategy New York used so successfully, taking advantage of the federal government’s recent lifting of the ban on needle exchange programs and of the availability of new drugs to treat opioid addiction.

Hannah Cooper is vice chair and associate professor of the Department of Behavioral Sciences and Health Education at Rollins and co-director of the Prevention Sciences Core for Emory’s CFAR. Her research focuses on the social determinants of drug use, drug users’ health, and health disparities.

Igho Ofotokun, physician and scientist
INCLUDE TESTING IN ROUTINE MEDICAL CARE

More than 1.2 million people in the United States are living with HIV, but almost one in eight don’t know that they have it. These undiagnosed individuals play a large role in spreading the infection, according for about a third of new cases in the U.S., according to the CDC. Those people are also not getting the treatment they need to prevent the progression to AIDS. HIV testing should be rapidly scaled up and incorporated into routine medical care, including annual physicals and perhaps even dental checkups. High-risk individuals should be screened annually. Linkage to care for newly diagnosed individuals should be seamless as possible. With currently available tools, the goal of zero new infections is attainable and should not take three decades. Igho Ofotokun is an associate professor of medicine at the Emory School of Medicine, a staff physician at Grady Health System, and a clinician scientist with CFAR at Emory.

Every day about 5,600 people contract HIV—more than 230 every hour. Since the beginning of the pandemic, nearly 78 million people have become infected and close to 39 million have died of AIDS-related causes. Nearly 37 million people are now living with HIV.
The most critical question in the HIV cure agenda is finding where the virus is hiding. With hepatitis C, the target is in the liver. With various types of cancer, we know the organ(s) affected. But with HIV, we just don’t know where it’s hiding. People have theorized—it’s in the T-cells or it’s in macrophages in the lungs or brain. We are working to develop a method to light up an area in which the virus is residing. Then we could target that specific area and direct all of our considerable firepower toward that. Otherwise it’s like target shooting when you don’t know where the target is. Raymond F. Schinazi is the Frances Winship Walters Professor of Pediatrics and Director of the Laboratory of Biochemical Pharmacology at the Emory School of Medicine. He serves as director of the Scientific Working Group on HIV Cure within the CFAR at Emory. With Dennis Lotta and Woo-Baeg Choi, Schinazi developed Eninvo, an antiretroviral drug taken by more than 90% of people who have HIV in the U.S.

More than two-thirds of all people living with HIV, 25.8 million, live in sub-Saharan Africa—including 88% of the world’s HIV-positive children. In 2014, an estimated 1.4 million people in the region became newly infected. In 2014, an estimated 790,000 adults and children died of AIDS, accounting for 66% of the world’s AIDS deaths. Source: UNAIDS.

REDEFINING THE UNACCEPTABLE

Susan Allen, prevention researcher
TEST AND COUNSEL COUPLES IN AFRICA

Most HIV infections worldwide are sexually transmitted. In the vast majority of transmissions, the two partners do not know that they have a different HIV status. In Africa, where more than two-thirds of HIV infections occur among people live, most existing and new HIV infections are acquired during heterosexual contact. In 2014, an estimated 11.6 million individuals were newly infected with HIV in the sub-Saharan African region, which accounted for 88% of new HIV infections globally. Among these infections, an estimated 87% (10.1 million) occurred among adults and children. The highest numbers of new infections were in Kenya (1.1 million), Nigeria (1.0 million), South Africa (1.0 million) and Tanzania (0.7 million). In 2014, approximately 23% of the sub-Saharan African population (around 68 million) aged 15-49 years had undergone at least one HIV test. Of those who were tested, 7% tested positive, which represents an estimated 4.7 million people living with HIV at the end of 2014. The prevalence of HIV infection among adults and children in the sub-Saharan African region was 6.9% (4.7 million) in 2014, an increase of 0.2% since 2013. This increase is likely due to improved data collection and improved surveillance. The average annual increase in the sub-Saharan African region between 2010 and 2014 was 1.7%.

Raymond F. Schinazi, virologist and chemist
FIND HIV’S HIDING PLACE

At first glance, achieving this goal seems to hinge on diagnosing all those who are infected—finding them so you can treat them. In reality, the challenge is in linking the diagnosed to care and retaining those patients in care over the long term. Retention is hard, in part because social determinants of disease are important for those most affected by the epidemic in the current era. Our systems are designed to best help patients after they walk into the clinic. We need to recreate our care delivery systems to better meet patients where they are. We must enhance outreach, help with transportation, combat stigma, promote personal relationships within the health care system, and provide coordinated medical, mental health, and substance abuse care. These are the interventions that will help increase the percentage of patients on long-term ART. Wendy Armstrong is a professor of medicine at Emory and medical director of the Infectious Disease Program at Grady Health Systems. She is the chair-elect of the HIV Medicine Association.

Wendy Armstrong, HIV clinician and clinical researcher
INCREASE THE PERCENTAGE OF HIV-POSITIVE PEOPLE ON ANTIRETROVIRALS

In 2014, an estimated 1.4 million people in the region became newly infected. In 2014, an estimated 790,000 adults and children died of AIDS, accounting for 66% of the world’s AIDS deaths. Source: UNAIDS.

Susan Allen, prevention researcher
TEST AND COUNSEL COUPLES IN AFRICA

Most HIV infections worldwide are sexually transmitted. In the vast majority of transmissions, the two partners do not know that they have a different HIV status. In Africa, where more than two-thirds of HIV infections occur among people live, most existing and new HIV infections are acquired during heterosexual contact. In 2014, an estimated 11.6 million individuals were newly infected with HIV in the sub-Saharan African region, which accounted for 88% of new HIV infections globally. Among these infections, an estimated 87% (10.1 million) occurred among adults and children. In 2014, approximately 23% of the sub-Saharan African population (around 68 million) aged 15-49 years had undergone at least one HIV test. Of those who were tested, 7% tested positive, which represents an estimated 4.7 million people living with HIV at the end of 2014. The prevalence of HIV infection among adults and children in the sub-Saharan African region was 6.9% (4.7 million) in 2014, an increase of 0.2% since 2013. This increase is likely due to improved data collection and improved surveillance. The average annual increase in the sub-Saharan African region between 2010 and 2014 was 1.7%.

Raymond F. Schinazi, virologist and chemist
FIND HIV’S HIDING PLACE

At first glance, achieving this goal seems to hinge on diagnosing all those who are infected—finding them so you can treat them. In reality, the challenge is in linking the diagnosed to care and retaining those patients in care over the long term. Retention is hard, in part because social determinants of disease are important for those most affected by the epidemic in the current era. Our systems are designed to best help patients after they walk into the clinic. We need to recreate our care delivery systems to better meet patients where they are. We must enhance outreach, help with transportation, combat stigma, promote personal relationships within the health care system, and provide coordinated medical, mental health, and substance abuse care. These are the interventions that will help increase the percentage of patients on long-term ART. Wendy Armstrong is a professor of medicine at Emory and medical director of the Infectious Disease Program at Grady Health Systems. She is the chair-elect of the HIV Medicine Association.

Wendy Armstrong, HIV clinician and clinical researcher
INCREASE THE PERCENTAGE OF HIV-POSITIVE PEOPLE ON ANTIRETROVIRALS

In 2014, an estimated 1.4 million people in the region became newly infected. In 2014, an estimated 790,000 adults and children died of AIDS, accounting for 66% of the world’s AIDS deaths. Source: UNAIDS.

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TEST AND COUNSEL COUPLES IN AFRICA

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When President Jimmy Carter publicly disclosed his cancer diagnosis in August, he also brought up some unfinished business. “I’d like the last Guinea worm to die before I do,” he said.

The former president was referring to a parasitic worm that grows inside the human body for up to a year until it finally emerges through a painful blister. Since the worm, contracted by drinking contaminated stagnant water, has for centuries afflicted only the poorest of the poor in the world’s most remote locations, governments and health organizations largely ignored it.

That changed in 1986 when President Carter took a trip to a small village in Ghana. Among the many villagers afflicted with Guinea worm, he saw a lovely young woman holding a baby in her arms and went over to coo at the child. Upon closer look, he realized she was holding not a baby but her swollen, painful breast, from which a long, thin white worm was emerging. He decided then to make the eradication of Guinea worm disease a mission of The Carter Center.

This mission is nearly accomplished. When President Carter took up the fight, there were an estimated 3.5 million cases a year in 21 endemic countries. Last year, only 22 people in four countries suffered from the “fiery serpent.” And as of April 1, there was only one known case of Guinea worm in the world.

More cases could certainly emerge in the coming year. Even so, it’s only a matter of time before Guinea worm goes the way of smallpox. And when it does, it will be the first parasitic disease, and perhaps the second human disease in history, to be eradicated.

“Eradication will be an extraordinary accomplishment,” says William Foege, who is credited with devising the strategy that led to smallpox eradication while he was director of the Centers for Disease Control and Prevention. He is currently senior fellow of health policy at The Carter Center and Presidential Distinguished Professor of Global Health, emeritus at Rollins. “Africa provided every barrier that can be imagined, and lesser people would have accepted dramatic declines and called it a success. The Carter Center was striving for perfection so that no one would have to suffer from this disease again. Soon Guinea worm disease will pass from being a plague that returned to villages year after year for centuries to being a tale passed from generation to generation.”

Vanquishing the dragon

After afflicting the world’s poorest for centuries, Guinea worm disease soon may be wiped out

BY MARTHA MCKENZIE • PHOTOGRAPHY BY THE CARTER CENTER
A boy tries out a straw filter, top left. Kelly Callahan 09MPH trains volunteers in southern Sudan in 2000. President Carter comforts a young girl as a Guinea worm is pulled from her leg, above.

The feat will be all the more extraordinary because it will have been accomplished with no treatment, no vaccine, no acquired immunity, and no cure. The only tool—convincing deeply traditional people in remote regions of the world to change the way they have collected and consumed water for generations.

“Look at how hard it is to convince people in the United States to quit smoking or eating super-sized meals at McDonald’s,” says Kelly Callahan 09MPH, one of scores of Rollins alumni who have played key roles in The Carter Center’s Guinea worm eradication program. “Behavior change is hard in the best of circumstances, and with Guinea worm, we’re not dealing with the best of circumstances.”

A person contracts Guinea worm from drinking stagnant water contaminated with microscopic freshwater crustaceans called copepods that are infected with Guinea worm larvae. Once inside the stomach, the copepod breaks down and releases the larvae, which mature and roam inside the abdomen until they find a mate. The male dies and the female continues to grow—reaching lengths of two to three feet. Nine to 12 months later, the worm finally emerges though an excruciating, burning blister. In fact, the disease is also known as dracunculiasis, or “affliction with little dragons,” because the worm feels like tiny, hot daggers poking through skin. Immersing the wound in water soothes the burn and also causes the worm to release hundreds of thousands of larvae. The cycle begins anew.

The treatment is the same as it has been for thousands of years. The worm must be pulled gently from the wound, centimeter by centimeter, and wound around a twig or piece of gauze. The process is agonizingly slow, requiring anywhere from a few days to a month or more to tug the worm free. Breaking an emerging worm will cause it to pull back into the body, where it will die, calcify, and possibly cause deformities or crippling.

Compounding their toll, worms typically emerge during the agricultural season in sub-Saharan Africa. That means the fortunes of a struggling family can be decimated by a white worm the width of a spaghetti noodle. “I have seen villages of 3,000 people in which all of the productive workers either had Guinea worm or were taking care of someone who did,” says Callahan, who is now the director of The Carter Center’s trachoma control program. “They could not plant their crops. Children couldn’t go to school. It devastated the entire village.”

Those days are gone, thanks to the low-tech, boots-on-the-ground efforts led by Carter Center professionals, many of them Rollins alumni. Jamine Peterson 07MPH worked in South Sudan from 2011 to 2014. Living in a large canvas tent on a spot of land donated by a local chief, Peterson recruited and oversaw a staff of more than 30 local field officers and at least 500 village volunteers.

From her rudimentary hub with a hand-dug latrine, Peterson would trek via truck, motorbike, and foot to ever more remote villages. At each stop, she and her field officer used stories, skits, and songs to educate the residents about Guinea worm disease, how it spreads, and how to prevent it by using simple cloth water filters. They searched out any locals who showed signs of an imminent worm or an emergent one, and then tried to convince them to go to a containment center or, at the very least, to stay out of the local water source. If they were too late to prevent contamination, they would treat the water source with a larvicide.

The first defense against contracting the disease is filtering the water. Callahan and other Carter Center colleagues fashioned and distributed filters to attach to the top of water barrels. Then the women who collected the water and carried it in containers balanced atop their heads could pour it directly into the barrels, filtering out the larvae-infected copepods.

In areas where household filters were not feasible because residents had either been displaced by civil conflict or were nomadic, The Carter Center borrowed the idea for a portable straw filter from nomads in West Africa. During her time in South Sudan, Callahan was part of an effort that employed...
more than 1,300 Sudanese refugees in Kenya to assemble more than 9 million personal pipe filters and distribute them all within a six-month period. “At the time, it was the largest public health intervention that had ever taken place,” says Callahan. Convincing people to use the filters presented its own set of challenges. Some tribesmen in endemic areas held deep-rooted myths about the disease that were hard to dislodge. “It takes a sustained level of engagement,” says Peterson, who now works for the CDC. “We eat with the tribespeople, sleep within their communities, play with their kids. Over time, we can win some people over.” Once someone is infected, they must be convinced to stay out of the water source and, better still, go to a containment center. Though primitive by Western standards, the centers offer the promise of faster, more sanitary worm extractions, along with three meals a day and safe water and sanitation facilities. “Once they are well, they get to keep the sleeping pad and bed sheets they’ve been using, and we give them a 100-pound sack of sorghum to compensate for the food they could have been growing while they were in the center,” says Ernesto Ruiz-Tiben, director of The Carter Center Guinea Worm Eradication Program. “On top of that, we give them a $100 cash reward. We try to make a compelling case for them to come to a center.”

The four countries that remain endemic—Chad, Ethiopia, Mali, and South Sudan—present daunting challenges. Areas within these countries are periodically inaccessible due to conflict and heavy rains during peak transmission season. And in a troubling development in Chad, dogs have begun to be infected with Guinea worm. Eradication workers in the area suspect the dogs are eating infected fish entrails, which are typically strewn on the ground during the annual fish harvest. They have begun a program tobury the entrails and offer rewards to tether infected dogs to trees. “The last mile is always the most difficult,” says Adam Weiss 15MPH, associate director of The Carter Center Guinea Worm Eradication Program.

Even though a country may have reported only a handful of cases the year before, the residents of thousands of villages still need to be monitored to make sure a case doesn’t slip by and unleash a new round of infections. Last year in South Sudan alone, eradication workers monitored more than 7,000 people who exhibited symptoms consistent with Guinea worm—swelling, itching, or blisters. Of those, five actually had Guinea worm. Keeping attention focused on the issue is another challenge. “If only 22 people out of more than 7 billion have a disease, it is hard to galvanize the support needed to stay the course,” says Weiss. “It comes down to keeping up the level of financial and human resources, which we will do. We are not going to give up.”

When, at last, the final Guinea worm dies, its legacy will be far reaching. Untold millions of people will be spared the misery of a painful disease, lifting their fortunes along with their health. “Guinea worm is not just a symptom of poverty, it causes poverty,” says Callahan. “It keeps people locked in a cycle of poverty. But when you eliminate it from a region, you can see people go from starvation and hardship to thriving in a very short period of time.”

The eradication effort will leave behind thousands and thousands of trained local community health workers and a public health infrastructure that can only benefit the region. The most powerful legacy, however, will be hope. “When the last Guinea worm is gone, it will provide inspiration for people in the community, in the international health community, and in national ministries of health to do more,” says Donald R. Hopkins, special adviser for the Guinea worm eradication program at The Carter Center. “It will encourage them to target other diseases and alleviate more suffering.”

“Soon Guinea worm disease will pass from being a plague that returned to villages year after year for centuries to being a tale passed down from generation to generation.”

Adam Weiss 15MPH inspects a blister on a boy’s leg in Ghana, left. Women and girls typically carry water in containers balanced atop their heads, middle. President Carter answers questions about Guinea worm, right.
Chasing the Guard

NEW LEADERSHIP AT FOUR PUBLIC HEALTH POWERHOUSES

Atlanta is known as the public health capital of the world for good reason. It is home to the Centers for Disease Control and Prevention, CARE, The Carter Center, the American Cancer Society, and the Task Force for Global Health, all of which partner closely with Rollins. Four of these five public health institutions have recently come under new leadership. Here’s a look at the new people at the helm.

BY MARTHA MCKENZIE

Gary M. Reedy
AMERICAN CANCER SOCIETY

Gary M. Reedy became CEO of the American Cancer Society in April 2015, replacing John Seffrin, who had held the post since 1992. Reedy came to the society from Johnson & Johnson, where he most recently served as worldwide vice president of government affairs and policy. During his 37-year career in the health care industry, Reedy also held senior leadership positions with SmithKline Beecham and Centocor.

You played a volunteer leadership role in the American Cancer Society’s recent restructuring. How did that change benefit the society? Since the 1960s, the American Cancer Society has had a volunteer national board and then separate geographic divisions, each with their own volunteer governing board. If you tried to engage with a national corporation, like a GM or a Johnson & Johnson, you would have to get every single board to agree, and it usually didn’t happen. We now have one governing board and one CEO and we can better direct and leverage the resources of the society on an enterprise level.

What is your vision for the American Cancer Society? I want to position and strengthen the American Cancer Society to achieve its mission of eliminating cancer as soon as we possibly can, realizing we cannot do it by ourselves. I want the organization to work more closely with other groups to have a greater impact sooner. In addition, I want the society to become much more present in Atlanta and in Georgia. If you ask people where the global headquarters of the American Cancer Society is, most would say New York City or D.C. I want people to be aware and proud that we are headquartered here.

What do you see as the most pressing public health issues facing the society? The biggest one would still have to be tobacco. We’ve made a lot of progress, but it is still the only FDA-regulated product that, when used as intended, kills half of its users. Eighty percent of lung cancer deaths and a third of all cancer deaths are caused by tobacco use. Stepping back and taking a broader view, if we could convince people to do what we know they should—cut out tobacco, eat properly, exercise, get screenings—we could reduce the risk of cancer death by more than 50%. And finally, we need to address the disparities of incidence and outcome due to race, ethnicity, income, and education levels. One thing I’ve come to appreciate since I’ve been here—your zip code can be more important than your genetic code in determining your health outcome.

How does your vision for CARE relate to Rollins? It’s a great relationship with significant cross fertilization. Many Rollins students come here as postdocs either for a project or for a full-time position. The majority of the folks in our epidemiology department are adjuncts at Rollins. I think we do a good job of sharing data and knowledge with each other, and I want to see that continue.

Michelle Nunn
CARE USA

Michelle Nunn assumed the role of president and CEO of CARE USA last July, replacing Helene Gayle. Nunn has devoted her 25-year career to civic and public service as a social entrepreneur, a nonprofit CEO, and a candidate for U.S. Senate. She co-founded the volunteer-mobilization organization Hands On Atlanta and oversaw that group’s merger with Points of Light, founded by President George H. W. Bush to promote volunteerism. Nunn served as Points of Light CEO from 2007 to 2013.

What is your vision for CARE? I want to build on CARE’s long-term goal of eradicating extreme poverty by using the lever of women and girls to lift up families and communities. Today we touch the lives of 72 million people, and I want to expand that to 150 million by 2020.

How do you plan to reach that expansion goal? Through partnerships that broaden the opportunities for the public to...
David Ross
The Task Force for Global Health

Dave Ross takes the helm of the Task Force for Global Health as president and CEO in April 2016, replacing Mark Rosenberg. Ross has been with the Task Force for 15 years, serving as director of the Public Health Informatics Institute and vice president for program development.

What do you see as the Task Force for Global Health’s greatest strength? Our ability to bring all the different players to the table in a neutral setting so we can all work together to solve a problem. The Task Force originally was conceived as a time-limited organization aimed at bringing disparate groups together to solve the problem of immunizing kids. It worked so well that other groups kept approaching us and asking us to play the same role for them.

What is your vision for the Task Force? I see us continuing to build on those strengths we have built over the past 30 years but with a growing emphasis on sustainability. Today we realize our approaches need to not only improve health, but they must also build the local government and economy in a way that allows health improvements to be sustained over time. Applying this type of business model to public health is a real shift.

I also see us growing the mission of our Public Health Informatics Institute to explore and disseminate the ways the technology of today can be used to support the broader health mission. We see the connection between many of the diseases we are focusing on and water and sanitation. I would like to explore the possibility of partnerships with organizations that work on WASH—water, sanitation, and hygiene issues. The Rollins WASH program could fall into that category. We also see the void in health services in many areas as a pressing issue we can address. The Carter Center implemented a public health training initiative in Ethiopia a few years ago, and we are looking to replicate that in some other African countries as a way to boost the number of trained health professionals.

What are the most pressing public health challenges the Task Force is facing? Disease eradication and elimination remain high on the list. Not only is the center good at eradication efforts because of the patience required, but we are committed to it for ethical reasons. That’s because if you choose to merely control a disease instead of eradicate it, you are choosing that some people will suffer from it. In addition to Guinea worm, we are working to eliminate or eradicate river blindness, blinding trachoma, schistosomiasis, lymphatic filariasis, and malaria in Hispaniola.

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What is your vision for the center? The Carter Center had been doing just fine without me, thank you. But that said, organizations can benefit from a fresh look. I see patience and persistence as among the center’s greatest strengths. In a world of short attention spans, where there is often a disconnect between the scope and complexity of a problem and the time granted for a solution, The Carter Center stands out for staying the course. Just look at our 30-year war against the Guinea worm. I’d like to apply that persistence to other problems that would benefit from that long-view approach.

Mary Ann Peters
The Carter Center

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What sorts of problems might those be? For example, we have a program, Access to Information for Women, that is unique in the world. It currently operates in three countries, but the problem of women’s access to information is so pervasive, I’d like to see the program grow to other countries. I could say the same thing for a number of other programs at the center.

What are the most pressing public health issues The Carter Center is facing? Disease eradication and elimination remain high on the list. Not only is the center good at eradication efforts because of the patience required, but we are committed to it for ethical reasons. That’s because if you choose to merely control a disease instead of eradicate it, you are choosing that some people will suffer from it. In addition to Guinea worm, we are working to eliminate or eradicate river blindness, blinding trachoma, schistosomiasis, lymphatic filariasis, and malaria in Hispaniola.

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How would you describe The Carter Center’s relationship with the Rollins School of Public Health? Very close. The Car- ter Center is a partner of Emory University, and our board of trustees includes appointees from both the center and Emory. Our mental health program, in particular, has very close ties with Rollins and its first Rosalynn Carter Chair in Mental Health, Benjamin Druss. The Center for Global Safe Water, Sanitation and Hygiene at Emory regularly works with our Trachoma Control Program. Each year, Rollins students are awarded some of our highly competitive internships.

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When Ramadan Assi 07MPH took a post in early 2013 as the country director in Turkey for International Medical Corps, he was charged with fostering a program to support Iraq and Afghan refugees in the northern part of the country. There were also a few hundred thousand Syrian refugees clustered along the Turkey-Syrian border, but their numbers didn’t warrant a lot of his attention.

Today Assi finds himself smack in the middle of the largest refugee crisis since World War II. Some 2.5 million Syrians have surged into Turkey to escape the bloody war at home, and more stream across the border every day.

International Medical Corps, under Assi’s leadership, has rapidly expanded its health care programs and support for the most vulnerable populations, including women and children, to address not only the sheer numbers of people pouring in but also their particular needs. That means in addition to providing medical care and vocational training and connecting refugees to legal services and education, International Medical Corps is also helping address the mental health needs of this traumatized population.

“Every month, ‘I was heading an operation where we were feeding a half million refugees spread over a space the size of Texas during the crisis. ‘I was heading a system that was administering a foreign occupation army and growing up under military occupation was a struggle. I never felt at home in my own land. I know this experience has led me to the work I do now’”

After a brief stint in banking, Assi discovered public health while working with CARE International in Palestine. He never looked back. In his 20s, he became the operation manager with CARE for Darfur Emergency Response Operations during the crisis. “I was heading an operation where we were feeding a half million refugees spread over a space the size of Texas every month,” he says. “That year changed everything about me and how I think about life.”

Assi came to Rollins straight from Darfur on a USAID presidential scholarship. “I went from managing one of most complicated projects on earth at that time to studying statistics and taking exams,” he says. “At Rollins, I was able to be enrolled in an elite program in global health leadership, and I earned a graduate certificate in human rights from the university.”

Assi went on to a career that included posts with Qatar Charitable Organization, International Medical Corps, and CARE International. He has lived and worked in many of the world’s most complex humanitarian emergency settings, including Haiti, Jordan, Lebanon, Palestine, Somalia, Sudan, and Yemen.

Despite everything he’s seen, he never forgets the reason he’s there. “These refugees are just normal families,” says Assi. “They are not an invading army. They are people who want the best for their families, for their children. They are just like you and me.”

Ramadan Assi leads a key refugee program in Turkey
by Martha McKenzie

“The Syrian disaster is unique in its complexity and tragedy. All the refugees have been through untold suffering.” Ramadan Assi 07MPH

“Unless they meet with trained psychologists, many of these people will never be at peace with themselves.”

Assi tells of an exhausted, emaciated family of five he saw teetering on the steps to an International Medical Corps multi-service center in Gaziantep. The young family had lived in a besieged displaced persons camp near Damascus for three years before paying smugglers to get them first into southern Turkey and then to Istanbul. They had little more than the clothes on their backs when they finally made their way to Gaziantep.

Despite the agony of leaving his home and his life, of watching his wife and children go hungry, and of facing an uncertain future, the burden that most haunted the man was the guilt of having to leave his disabled mother behind in Syria. “It was very clear looking into his watery eyes that this man was broken,” says Assi.

While making sure the refugees’ immediate needs are met, Assi never takes his eyes off the long-term goal, which is restoring self-reliance. International Medical Corps runs seven multi-service centers within Turkey, serving tens of thousands of refugees. Syrian
In September, the Rollins School of Public Health kicked off the celebration of its 40th anniversary as a program and 25th year as a school. Celebrate Rollins activities included a school-wide picnic, three special Grand Rounds lectures, the renaming of two previously endowed chairs—the O. Wayne Rollins Chair of Environmental Health and the Grace Crum Rollins Chair of Behavioral Sciences and Health Education—and the creation by the Rollins Alumni Association of the new Outstanding Leadership Award.

The highlight of the celebration came at the Celebrate Rollins Dean’s Council dinner, when Emory President Jim Wagner announced the creation of the James W. Curran Scholarship Fund in honor of the 20th anniversary of Rollins’ dean James W. Curran—the nation’s longest serving, current school of public health dean. Many friends, faculty, and alumni have contributed, along with the O. Wayne Rollins Foundation, which pledged $10 million to the new scholarship endowment.

“We have so much to celebrate here at Rollins and truly appreciate the overwhelming support of the Rollins Foundation towards our public health mission,” says Curran.
Rollins Alumni Association Awards

New award created to honor service to the school

Outstanding Leadership Award
The Rollins Alumni Association marked Rollins’ 40th anniversary as a program and 25th as a school by creating a new award to honor leaders who have consistently inspired others through their dedication and commitment to the school. The inaugural Outstanding Leadership Award was presented to Martha Alexander PhD ’66MPH, Nancy Hunt ’87MPH, and Dennis Jarvis ’88MPH, who have provided consistent leadership and meaningful service to the school for more than 20 years. Beginning as members of the task force to develop an alumni association, they were founding members of the Rollins Alumni Association Board and served as the first three presidents. Their accomplishments included the foundation of the Rollins mentoring program, networking events to connect alumni, and the first open houses for prospective students. Collectively, they have attended hundreds of Rollins events, mentored dozens of students, lent their expertise on innumerable panels and committees, and led the effort to establish the Kathleen R. Miner Scholarship for Public Health Excellence.

Matthew Lee Girvin Award
Matthew S. Biggerstaff ’01Ox ’03C ’06MPH (global environmental health) currently serves on the Epidemiologic Research and Support Team in the Influenza Division of the CDC. In 2006, immediately following graduation, Biggerstaff joined the CDC in the Enteric Diseases Epidemiology Branch, where he played key roles in significant foodborne disease outbreak investigations, including a multistate outbreak of E. coli infections that led to one of the largest recalls of ground beef in the U.S. Moving to the Influenza Division in 2009, Biggerstaff was detailed as a deputy of the Epidemiology Team during the H1N1 influenza pandemic. During his tenure in flu, Biggerstaff has become a recognized expert in the use of digital surveillance data and forecasting methodology to complement traditional surveillance methods. He co-developed the Pandemic Severity Assessment Framework, an original and innovative tool to assess the severity of influenza pandemics in the U.S. Biggerstaff is a past president of the Rollins Alumni Association. He currently serves on the Rollins Career Services’ Community Advisory Board and the Emory Alumni Board, where he is a member of the Executive Board and chair of the Student to Alumni Committee.

Distinguished Achievement Award
Jonathan H. Mermin, MD ’86MPH (epidemiology) is director of the National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention at the CDC. He spent a decade working with the CDC in Africa before returning to Atlanta headquarters in 2009. With African and CDC colleagues, he developed a standard, evidence-based, basic care package for people with HIV in Africa, co-led the implementation of the first U.S. government-funded program that provided antiretroviral therapy to people with HIV outside the United States, and, in both Kenya and Uganda, helped develop a fellowship program, modeled after the Epidemic Intelligence Service, to train leaders in HIV prevention and care. In Atlanta, Mermin has focused the CDC’s efforts toward “high-impact prevention.” This approach uses proven interventions and policies to ensure that resources are going to the most cost-effective, scalable activities—ultimately, maximizing decreases in incidence of infection, mortality, mortality, and health disparities.

1990s
Janet (Jade) Kaplan ’90MM ’90MPH is working in the Maternal-Child Department of the Community Health Centers of Burlington, in Burlington, VT. For 10 years, she lived in western North Carolina, where she was the first nurse-midwife to practice at a rural regional medical center in the Appalachian Mountains. She pioneered the use of hydrotherapy in labor and birth and began the first nurse-midwife-owned private practice in North Carolina. Over the past 13 years, Kaplan was a clinical instructor for Tufts University School of Medicine OB/GYN department. She was on the faculty at Baystate Medical Center’s OB/GYN residency program and a lecturer at Baystate Medical Center’s Midwifery Education Program in Massachusetts.

Megan Cole Weston ’97MPH is working for Cayuga Centers as the program manager for Palm Beach Treatment Family Foster Care in Palm Springs, Fla.

2000s
TOLTEN PACE ’02MPH has graduated from two of the nation’s premier leadership development programs: The DeVos Urban Leadership Initiative and Lifework Leadership.

DAVID A. BRAY ’01Ox ’03C ’06MPH is chief information officer at the U.S. Federal Communications Commission. Last year, he was selected as one of the top 100 CIOs globally as part of the “Fed 100.” He was also named as part of the “Fed 100” earlier and received the Outstanding Achievement Award–Civilian from the Armed Forces Communications and Electronics Association. The IT team he led received the AFFIRM Leadership in Cloud Computing award in 2015.

ALEXA S. DIETRICHS ’04A ’04MPH ’07MPH is the 2015 winner of the Julian Steward Computing award in 2015. She is their second child.

Health in Puerto Rico, published by NYU Press. She is an associate professor of anthropology at Wagner College in Staten Island, New York City. She joined their faculty in 2007. This recognition is awarded every two years to the best book published in environmental anthropology.

BORN: A daughter, Robin Eva Rohe-Oji, to PAIGE L. ROHE ’04C ’05MPH and her husband, Larry Oji, on Dec. 11, 2015. Paige and Larry met as freshmen at Emory College and were married in 2012 at the Mill-Hard Alumni House. Paige works for Children’s Healthcare of Atlanta and Larry works for The Carter Center.

MARRIED: JESSICA WALTON ’10MPH to Tayven Hike

HILDA RAZZAGHI ’03OX ’04C ’07MPH is part of the CDC’s new class of Epidemic Intelligience Service officers, a prestigious two-year postgraduate program of service and on-the-job training for health professionals interested in epidemiology.
2010s

JASON GREER LAKE 10M 10MPH is part of the CDC’s new class of Epidemic Intelligence Service officers.

MARRIED: JESSICA WILTON 10MPH to Tayven Hike on June 27, 2015, in St. Petersburg, Fla. She is a 2015 Woodrow Wilson Georgia Teaching Fellow.

SHARODA DASGUPTA, AMANDA GARCIA-WILLIAMS, and JULIE SELF, both MPH 15PhD are part of the CDC’s new class of Epidemic Intelligence Service officers.

MARRIED: LESLIE MUNOZ 09OX 11C to Kyle Johnson on May 16, 2015. She is an associate epidemiologist for the American Cancer Society.

BORN: A son, Theodore (Teddy), to Will Anderson and Leslie Leighton 12MA 15PhD on Dec. 2, 2014. He is their first child.

EILEEN MARY MILES 96C 00MPH of Asheville, N.C. on July 4, 2015, at 66. She was previously of Lawrenceville and Marietta, Ga. She and her husband of 45 years, Philip, moved to Asheville after she retired. She had a career in public health research. In addition to her husband, survivors include a son, a daughter, three brothers, four sisters, and three grandchildren.

SHADEED ABDUL SALAAM 09MPH is a 2015 Woodrow Wilson Georgia Teaching Fellow.

AMY SCHNEIDER WEBB 11MPH wrote that AMY SCHNEIDER WEBB 11MPH in St. Petersburg, Fla. on June 27, 2015, to Tayven Hike MARRIED: JESSICA WALTON 10MPH Intelligence Service officers.

JASON GREER LAKE 10M 10MPH new class of Epidemic Intelligence Service all 09MPH 15PhD are part of the CDC’s GARCIA-WILLIAMS, and JULIE SELF, Teaching Fellow. is a 2015 Woodrow Wilson Georgia Science in New York.

KARI BANNON 13MPH is an 8th grade science teacher at Uncommon Schools in New York, while serving in AmeriCorps. They moved she got married in 2014 to a man she met Decatur, Ga.

BRIAN HUYLEBROECK 15MPH is an HIV/AIDS epidemiologist with the Division of Health Protection at the Georgia Department of Public Health.

MARRIED: KATHERINE NYSTROM 15MPH to Matt Thiesen on Oct. 3, 2015. She is a program evaluator with the Minnesota Office of Legislative Auditor.

BRIAN HUYLEBROECK 15MPH began a two-year fellowship last summer as a Presidential Management Fellow with the CDC in Washington, D.C.

WENRUO HU 13MPH is a statistical programmer with Sanofi in Beijing, China.

MARRIED: REBECCA LUDVIGSEN 12MPH to Will Anderson on May 16, 2015. She is an epidemiologist for the American Cancer Society and they live in Atlanta.

KARI BANNON 13MPH is an 8th grade science teacher at Uncommon Schools in New York.

SHARODA DASGUPTA, AMANDA GARCIA-WILLIAMS, and JULIE SELF, both MPH 15PhD are part of the CDC’s new class of Epidemic Intelligence Service officers.

MARRIED: LESLIE MUNOZ 09OX 11C 14MPH to Kyle Johnson on June 7, 2015. They live in Fayetteville, N.C.

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Launching an African medical journal

BY DANAL GOLDMAN | PHOTOGRAPHY BY ANTOINE TEMPE

Physician Landry Dongmo Tsague 07MPH was halfway around the world from his home in Cameroon, studying at Rollins as a William H. Foegel Fellow in Global Health, when a good friend proposed the improbable: that in their spare time, the two men should create an open source medical journal for African scientists. ‘At the time I was fine-tuning my skills in research, documentation, and scientific writing at Emory,’ remembers Tsague. ‘I paused and said, “You’re right. Let’s do it.”’

That was 10 years ago. Now, the Pan-African Medical Journal (PAMJ) is an established, credible, open-source online resource for scientists in and out of Africa. It has multiple offices; it has bilingual editors and article reviewers; it has an average of 15,000 unique visitors per month reading its more than 3,300 articles; and, most important to Tsague, it has an earned reputation for publishing high-quality, peer-reviewed research, documentation, and literature sharing by and for African scientists.

For Tsague, founding the Pan-African Medical Journal was an important milestone in a career that was already full of accomplishments. Before becoming a Foegel Fellow at Emory, Tsague was directing efforts to reduce mother-to-child transmission of HIV for the Cameroonian Ministry of Public Health. That work had led to being honored with an International AIDS Society Young Investigator Award. In addition to his education as a medical doctor, Tsague had also completed additional training in clinical research in the United States and around the world. After finishing his MPH at Rollins, Tsague went back to working in HIV/AIDS prevention and treatment in Africa even as PAMJ was first coming online. And as African scientists’ internet searches began leading them to PAMJ, Tsague’s personal connections led to a partnership with AFENET, the African Field Epidemiology Network. AFENET now provides office space, equipment, and funding for PAMJ editors in Uganda. In the past few years, PAMJ has also added one editorial office in Cameroon with six full-time editors to keep up with the growing number of articles submitted in the French language. Meanwhile, PAMJ’s slim budget is based only on a submission fee of $180 for scientists submitting articles. PAMJ is now the second most influential open access medical journal in Africa. “Even as an African medical student, I could see the missed opportunities that our generation and the generation before us had faced to make our work known by the global health community and to make our work used for global health,” says Tsague. “From the start, our mission was to foster, stimulate, and perpetuate a culture of information sharing and publishing amongst researchers and other health care actors in the African health scene.”

In so between classes at Emory, Tsague and his friend Raoul Kamadjeu (then a fellow at the CDC) began brainstorming how their journal would be different. “We started open access because we wanted to solve a problem linked to the availability of published work by Africans to the African community of scientists,” says Tsague. “We wanted to expand the options of African researchers by providing them with a journal of continental scope so they could become major contributors to indexed medical literature.”

By existing entirely online, they hoped PAMJ would ensure that relevant research could be used immediately by scientists around the continent, without waiting for print publication and mailing. Tsague found his position at Emory—specifically as a Foegel Fellow—essential to the startup journal. “We knew for the journal to fly, we needed globally accepted leaders in the field who could back us up,” Tsague says. “The most significant impact of the Foegel fellowship has been and continues to be the invaluable professional and personal connections with public health experts from government, private sector, and academia in the United States and around the world.”

“Even in Eritrea, even in Sudan, even in Libya, people are accessing the journal and submitting articles for publishing,” he says. According to Google Scholar, PAMJ is now the second most influential open access medical journal in Africa. Still, Tsague’s work is not done. “What is critical to insist on is the journal surviving its founding fathers,” he says. After all, Tsague still has other professional ambitions, including finishing a PhD in public health and excelling at his day job as a senior HIV/AIDS specialist for UNICEF.

“Making a significant contribution toward ending the AIDS epidemic in Africa during my lifetime has remained my personal aspiration—a commitment that was nurtured during my time at Rollins,” he says. And if work published in PAMJ can help the AIDS epidemic end more quickly, then that will make all his hard work after hours worthwhile.
Former President Jimmy Carter addressed members of the U.K. Parliament and special guests in the historic Robing Room, House of Lords, in the Palace of Westminster. President Carter discussed The Carter Center’s continuing 30-year international campaign to eradicate Guinea worm disease.