

THE MAGAZINE OF THE NATIONAL PEACE CORPS ASSOCIATION

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# WORLDVIEW

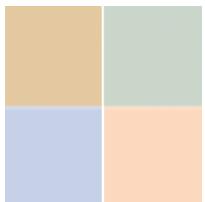
Fall 2009

[worldviewmagazine.com](http://worldviewmagazine.com)

Vol. 22, No. 3



**HEALTH AND WHY  
INVESTMENT IS CRITICAL NOW**



People Places



**“To really make an impact on your community you have to be really connected to it.”**

— Katherine Hartman, Accelerated '10  
Peace Corps Fellow, Gurtler Foundation Scholar

**Katherine Hartman**, Returned Peace Corps Volunteer (2005–2007) has taught Costa Rican women how to run a business, worked on state-wide dental care and vaccine policies, and helped slow the sale of flavored cigars to Baltimore City youth. And she isn't stopping there. Today, as a Peace Corps Fellow at the Johns Hopkins University School of Nursing, Hartman brings health information to Baltimore Hispanic populations. Says Hartman, “Hopkins was such a perfect fit because of the emphasis on giving back to the East Baltimore community. It just felt like all the pieces fell in place.” When she graduates in 2010, Hartman will combine her education, the skills she acquired in the Corps, her volunteer spirit, and her policy know-how to continue serving her community—as a public health nurse.

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WorldView (ISSN 1047-5338) is published quarterly by the National Peace Corps Association to provide news and comment about communities and issues of the world of serving and returned Peace Corps volunteers. WorldView © 1978 National Peace Corps Association.

Periodicals postage paid at Washington, D.C. & additional mailing offices.

### POSTMASTER

Please send address changes to  
WorldView magazine  
National Peace Corps Association  
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Washington, DC 20036-5002

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Magazine subscriptions may be purchased from the National Peace Corps Association by check or credit card. Prices for individuals are \$25 and institutions \$35 [add \$10 for overseas delivery]. Order forms are also available on the NPCA website at [www.peacecorpsconnect.org](http://www.peacecorpsconnect.org) or [www.worldviewmagazine.com](http://www.worldviewmagazine.com).

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All inquiries can be addressed to the appropriate person at NPCA by fax at 202 293 7554 or by mail to NPCA, or through the NPCA website at [www.peacecorpsconnect.org](http://www.peacecorpsconnect.org) or [www.worldviewmagazine.com](http://www.worldviewmagazine.com)

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# WORLDVIEW

PUBLISHED BY THE NATIONAL PEACE CORPS ASSOCIATION

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A worker at the Olyset Net factory in Arusha, Tanzania inspects mosquito nets and prepares for delivery. Credit: John Rae 2008 for MalariaNoMore.org

*A magazine of news and comment about the Peace Corps world*

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# FOR THE NEW DIRECTOR

*An open letter to the new Peace Corps Director, Aaron S. Williams*

by Kevin F. F. Quigley

Dear Director Williams:

Congratulations on your appointment as the 18th Director of the Peace Corps.

Like many in the Peace Corps community, I am pleased that you are an individual who understands the Peace Corps and its community, knows development and exchange, and has a set of skills and experiences that can help re-invigorate the Peace Corps.

I also suspect that each and every one of the 195,000 of us who have been volunteers and the 30,000 who have been staff believe that we have perfect advice for you and that you should heed it. Since many have offered myriad suggestions in other places, I will use this space to offer just four:

**1. Revitalize the culture.** When it started, the Peace Corps was perhaps one of the most innovative government programs in the 20th century, and the agency and its work was widely known and admired around the world. Unfortunately, that is no longer the case. While recognizing that the world in 2009 is vastly different from the world in 1961, a major challenge will be to revitalize the culture at the Peace Corps so that it once again has a willingness to innovate and develop new approaches and programs that truly advance its timeless mission of making a more peaceful and prosperous world. This will be difficult to do and progress hard to measure, but without revitalizing the culture, success in reinvigorating the Peace Corps will be elusive.

**2. Focus more on countries that matter.** Each individual matters, but not all countries matter equally. For too long, the Peace Corps has not been in countries that are essential to our long-term national interests and was in far too many countries that are only modestly related to our core national interests.

Many newly important countries would resist a traditional Peace Corps program, so it will be critical for you to find ways that enable Peace Corps to work in and with those countries that matter. For example, if one of our long-term international objectives is to better understand Islam, the Peace Corps must find ways to be in many more Muslim countries. Without focusing more on countries that matter, it is unlikely that the Congress will continue to appropriate growing sums to the Peace Corps, especially in what is likely to be a very difficult fiscal environment for the next decade or longer.

**3. Embrace partnerships.** For too long, the Peace Corps has seemingly isolated itself from natural allies in the service and development communities, at least at the strategic level. Lots of ad hoc partnerships take place in the field, but they rarely get to scale or are sustained because they tend to be one-off partnerships. In the early days, Peace Corps was innovative and best of class in many of its core functions: recruitment, training, and programming. I'm afraid that is no longer the case. The agency has a great deal it can learn from a variety of world class organizations—here and abroad, including those in the non-profit, corporate and university communities. To effectively learn, the Peace Corps should develop a small number of strategic alliances designed to truly enhance its capacity and therefore its increase its impact. I know that you have great experience in developing these kinds of partnerships.

**4. Invest in the Third Goal.** Ever since it was established, the Peace Corps has had the same three goals that have stood the test of time remarkably well. For perfectly understandable reasons, the agency devoted the preponderance

of its resources to Goals One and Two through recruiting, training and supporting volunteers. This left scant resources for the Goal Three. Sargent Shriver and the other founders of the Peace Corps keenly understood that Peace Corps's long-term success depended on bringing the world back home in meaningful ways. That requires resources, most of all time, which they did not have. Greater investment in the Third Goal will help raise Peace Corp's profile in the United States, assist in recruiting efforts and strengthen needed political support. These investments would be especially timely in the lead up to the 50th Anniversary and looking forward to the next 50 years. Strategic investments in the Third Goal could be the most singular and long-lasting contributions of your new Peace Corps service.

All of us in the Peace Corps community wish you every success as you take up your responsibilities. With a President, who might be considered the first "Peace Corps President" given that his family connections span the globe, the Peace Corps stands poised at the edge of a new future. The country, our community, and indeed the world want a better and bolder Peace Corps. We sincerely hope you achieve it. And NPCA and others in the community stand ready to assist in that noble effort.

Director Williams, thanks for listening!

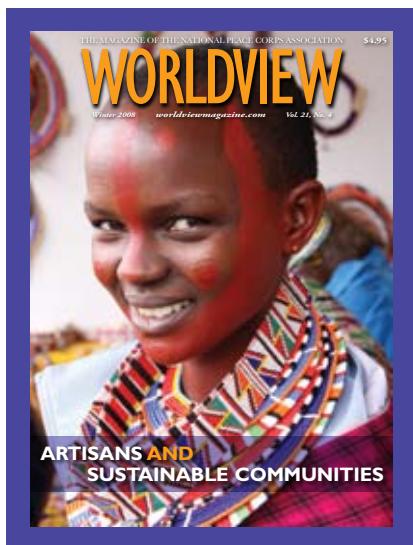
Kevin F. F. Quigley

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*Kevin F. F. Quigley is President of the National Peace Corps Association. He served in Thailand, 1976 to 1979. Please send your comments to president@peacecorpconnect.org.*

## READERS WRITE US

*Is American free speech worth South African blood?*



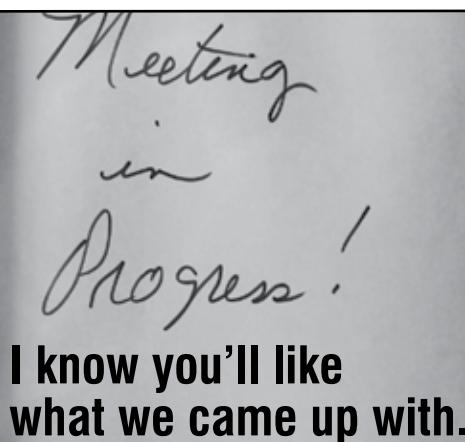
Jesse Scaccia's commentary, printed in the 2008 winter edition of *WorldView*, provides us with excellent food for thought regarding the responsibilities (if any) of artistic expression in America and its impact on foreign communities. As a former secondary school teacher of deaf students in the public schools of Los Angeles and a current Peace Corps Volunteer teaching in Kenya, I can empathize with Scaccia's observation of hip-hop's pervasive international influence. I, too, have witnessed the proliferation of the "bling-bling gangsta" culture, as exemplified in

music videos and fashion (whether via deification of slain hip-hop artists on t-shirts in L.A. or as plastered on the sides of matatus in Nairobi) on contemporary American and Kenyan youth.

However, for Scaccia to posit "American free speech" as being responsible for "South African blood" is a disingenuous red herring and skirts the true issue at hand. If he wishes to examine the ramifications of 50 Cent's "violence-celebrating" music on the communities of South Africa, he should instead direct his sights away from the First Amendment (too convenient a target) to the machinations of Interscope/Universal Music Group, itself a subsidiary of Vivendi, the multinational conglomerate behemoth that distributes and sells his music and, in the process, rakes in hundreds of millions of dollars in profits.

Only by identifying all the players profiting from this artistic enterprise can we begin a fair and rational discussion on the impact of popular American culture upon impressionable youth, whether in the streets of South-Central Los Angeles or the townships of Cape Town.

*Allen Neece  
Peace Corps/Kenya*



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## ARE YOU CONNECTED YET? JOIN AFRICA RURAL CONNECT

by Molly Mattessich

**T**he Africa Rural Connect community is up and running. Launched in July of this year, the National Peace Corps Association has been working hard to create and maintain this special site for current and returned Peace Corps Volunteers to share their ideas about development in rural Africa.

*Please go to our Updates page to read about the winners (<http://arc.peacecorpsconnect.org/Round1Winners>)*

*See what the media is saying about Africa Rural Connect on our Press Page here: (<http://arc.peacecorpsconnect.org/Press>)*

***Change.org has called the ARC site “the most creative platform” for global collaboration***

What makes this site different is that you can “remix” someone else’s post to add in your own thoughts or adopt a plan for a different purpose. It’s a new concept, unlike a regular blog or comment board, but PCVs and RPCVs are used to diving into new situation, so we hope that you all will find ways to utilize this unique technology.

Africa Rural Connect is just one of the ways that the National Peace Corps Association is helping returned Peace Corps Volunteers to fulfill their Third Goal initiatives and stay connected to the communities in which they served. I never thought that the agricultural projects I saw and the challenges that people discussed—the rain, heat, the markets, and crop prices, to name a few—would have any relevance in my life outside of Mali. Now is the opportunity for volunteers like me to talk about what they saw during service and figure out a way to help put plans into action.

***The goal of the site is to nurture an informed dialogue among key players***

We already have awarded prizes in the Africa Rural Connect contest – you can read more about the winners and even hear some of them speaking in their own words about their projects on the website, [www.AfricaRuralConnect.org](http://www.AfricaRuralConnect.org). However, the goal of the site is not simply to give away prizes but to nurture an informed dialogue among the key players (namely, farmers and those who know them) about these ideas.

By posting a message on the site, not only are you spreading your ideas to thousands of people who view the website each month, but you are opening doors for connections with people who have similar interests and backgrounds and potential funders who may put them into action.

---

*Molly Mattessich (Mali 02-04) manages African Rural Connect for the National Peace Corps Association.*



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## GROUP NEWS HIGHLIGHTS

*A look at what NPCA member groups are up to*

by Erica Burman

### FRIENDS OF ECUADOR

**Friends of Ecuador** is assisting RPCV Ouida Chichester in her ongoing work with the Simón Palacios Intriago Foundation for People with Disabilities at her former Peace Corps site in coastal Ecuador. Members of the Foundation are mostly uneducated and impoverished mothers of children with varying disabilities. Despite their lack of personal economic resources, these women have worked together to establish, maintain and improve the services offered by the Foundation since it was established in 2001. In the US, Ouida has been able to connect high school students in the US to the Foundation's work and to date the students have raised over \$10,000, which has gone to help build a rehabilitation center, purchase medical and physical therapy equipment, build a wall and gate to protect the center, and construct an additional classroom and therapy space for the adolescents with disabilities. By offering its website and e-pay functionality to Ouida to help coordinate fundraising, Friends of Ecuador, has been instrumental in getting these funds to Ecuador and in the hands of the Foundation. To support this project, visit [www.friendsofecuador.org](http://www.friendsofecuador.org).

### FRIENDS OF LIBERIA

Twenty-seven **Friends of Liberia** (FOL) members traveled to Liberia for three weeks this May—the largest number of FOL members traveling together since the group's 1997 election-monitoring delegation. After greeting old friends and hosting a reception in Monrovia, the group divided into medical, educational and environmental teams and headed up-country.

The medical group consisted of one doctor, three nurses, a medical librarian, a medical technologist and two social workers. In one week, Dr.

Pam Branning delivered five babies by Cesarean section with the Ganta Mission Hospital team. Nurses conducted numerous classes and in-service training workshops with nursing students and hospital staff. The medical librarian and social workers hosted courses on using computers and the Internet and dealing with mental health care issues. Five FOL members worked with the hospital administrator to evaluate safety and environmental issues at the hospital. The medical team, led by FOL Membership Coordinator Jim McGeorge and his wife, Pat, brought drugs and medical equipment for two hospitals valued at \$200,000.

The seven-member education team worked in two elementary schools in Ganta, observing, coaching and teaching. They brought dozens of books and a variety of school supplies to share with the teachers. On the last day of the teachers' week, the group conducted a training workshop and hosted a lunch for all the teachers at the two schools. FOL President Stephanie Vickers, a retired reading specialist, has led several teacher-training workshops throughout Liberia since 2001.

FOL Webmaster and career forester Mike Waite coordinated the environmental team's work with the non-governmental organization Skills and Agriculture Development Services (SADS). Together they traveled to the East Nimba conservation area to survey the surrounding villages and determine whether they understood the potential benefits of preserving the forest.

In the final week, the entire group had an hour-long visit with President Johnson-Sirleaf, where they discussed future plans for FOL to work in and assist Liberia.

FOL has created a photo gallery and blog site about the trip on its website at [www.FOL.org](http://www.FOL.org).

### FRIENDS OF THAILAND

Since 2002, **Friends of Thailand** (FoT) has funded 60 Peace Corps Volunteer-generated projects ranging from the creative and unusual (Astronomy English Camp, tooth-brushing and hand-washing stations, and the Thai Youth Theater Festival) to the more traditional teacher training, library development, HIV/AIDS training and English clubs. Funding for projects is capped at 50,000 Baht, or about \$1,470. Some of FoT's most successful projects have been small business development and income generation, including income generation via mushroom cultivation. Details about FoT and the projects it funds can be found at [www.FriendsofThailand.org](http://www.FriendsofThailand.org).

### RETURNED PEACE CORPS VOLUNTEERS OF MADISON, WISCONSIN

Over the last decade, classroom teachers have asked **Returned Peace Corps Volunteers of Madison, Wisconsin** for poster-size versions of the beautiful photos in the RPCV International Calendar. The group has now produced a set of five posters ready for purchase, with plans to create two more sets of five by 2011, the 50th anniversary of Peace Corps. The first set of WE ALL International Posters illustrates basic common needs that people share across the globe: the needs for food, water, housing, work and clothing. Like the calendar, they have the dual purposes of sharing what Volunteers have learned with the people back home, as well as raising money for grassroots projects in the countries where Volunteers served. The posters, measuring 24" x 36", are packaged in a mailing tube and sell for \$30 per set, plus shipping and can be ordered at [www.RPCVMadison.org](http://www.RPCVMadison.org).

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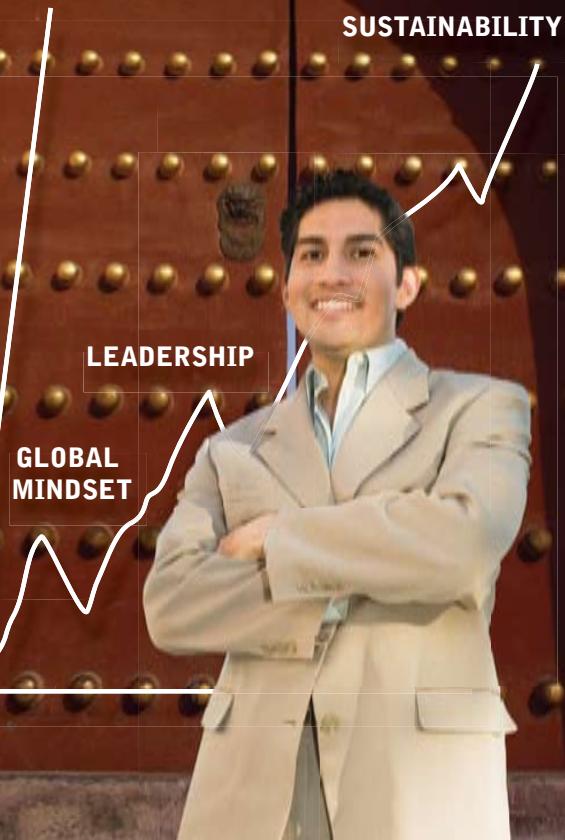
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# WHY INVESTMENT IN HEALTH IS CRITICAL NOW

*Amid economic crisis, an opportunity for reform*

by Joel Lamstein, Carrie Hessler Radelet, Sharon Stash

**I**t is a scene that is played out every day throughout the developing world. A distraught father in rural Nepal seeks medical help for his five-year-old daughter, Basanti. She has acquired dysentery from the stream that provides drinking water for her village. Within five, short days Basanti withers, losing consciousness to dehydration. Her father's long walk to the health clinic is unsuccessful: the part-time health worker is away and the clinic is out of antibiotics. Yet, her father persists. He goes to the local medical store and purchases ineffective drugs from a man with no training. He also buys life-saving oral rehydration salts, but efforts to revive the child are too late. Despite her father's efforts, Basanti dies in his arms.

Basanti's father did all he could to save his daughter. But the overstretched health system failed her: the clinic was far away, the health worker was gone and effective medicines were not in stock. He was one of the lucky ones who used his salary to pay for health care—others in his community might have had to leverage landholdings to borrow money. The sad truth is that despite the success of numerous public health programs worldwide, much of the world's population still lacks access to primary health care and services remain seriously under-financed.

The economic crisis and health sector reform are now at the front and center of the US political arena, and the skyrocketing cost of health care threatens to undermine the chances of economic recovery at home. It is a debate that is not limited to the industrialized world. Developing countries are also facing economic crisis.

The current economic crisis in developing countries is expected to

have a negative impact on national health budgets which, facing lower revenues, will feel pressure to reduce spending on health, shifting the burden of service delivery to already struggling households. The impact on future commitments from donor governments, multilaterals and private foundations, which have invested heavily in health in the past, is also in question, as these agencies also face budgetary pressures.

The affects of the crisis are likely to be particularly acute among the most vulnerable populations, particularly women and children. The most immediate impact has been slower growth in household incomes and remittances from overseas and increasing unemployment in poor families, many of whom face rising food prices and steep out-of-pocket payments for health services.

Countries around the world—our own included—are being called upon to view the economic crisis as an opportunity to pursue much needed health reform in order to expand access to services, control costs and improve quality. So what are the steps that can be taken to improve health services and protect vulnerable populations?

Because it is always less expensive to prevent—rather than cure—illness, a focus on disease prevention and primary health care is paramount. The crisis presents an opportunity to target effective interventions towards those who are most vulnerable with basic health services such as maternal and child health care, family planning, immunization, and food security.

A second step is to strengthen health systems, to enable countries to control costs, improve management and fortify human resources to improve the operational efficiency of service

delivery. It also means more actively engaging communities to improve access to services in the most remote communities.

A third step is to strengthen monitoring and evaluation to improve performance and ensure that resources are used most wisely for programs that achieve health impact.

Lastly, donor agencies must maintain their commitments to health. Slashing funding at this time could jeopardize the health of millions of people and compromise the development gains of the past decade.

In this issue of *WorldView*, we look at programs and approaches that can make a dramatic difference in the health and well-being of families in developing nations. Whether connecting with Rwandan faith communities to address malaria or using cell phone technology in Namibia to disseminate health information, practitioners in the field are using all the tools at their disposal to improve health services. We also see how Peace Corps experience can inspire Volunteers to pursue careers in the health field, bringing their skills to villages and clinics in Africa as well as the streets of San Francisco.

In this time of economic crisis, we must continue strong momentum for better health. For families like Basanti's, it is a matter of life or death.

*Joel Lamstein is the President of John Snow, Inc. (JSI) and an active supporter of NPCA. Carrie Hessler Radelet (Samoa 81-83, Headquarters 84-86) is an NPCA advisory board member and Director of the Washington DC office of JSI, and Sharon Stash (Nepal 84-87) is Prevention Advisor for JSI's USAID-funded AIDSTAR-One Project and an NPCA Board Member.*

# NEW HOPE AND LESSONS FROM RWANDA

*Faith-based and community organizations tackle the scourge of malaria*

by John M. Bridgeland

**M**aybe hope does spring eternal. Fifteen years ago, Rwanda was home to one of the worst genocides of the century, resulting in the slaughter of one million Tutsi. Today, Rwanda is one of the safest countries in Africa and is saving thousands of lives from a fully preventable and treatable disease, malaria. In our recent 12-day trip to Rwanda on behalf of the United Nations Special Envoy for Malaria and the newly created Center for Interfaith Action Against Global Poverty, I saw ingredients of a global health recipe for success and met a Peace Corps Volunteer doing critical work in a remote village.

The purpose of our trip was to examine the roles of faith-based and community institutions in combating malaria. Ultimately, the judgments that result in life or death occur in the “umudugudu” or the village and the home. Rwanda, like many Sub-Saharan countries where malaria is endemic, possesses all of the tools to combat malaria: the regular indoor spraying of homes and the draining of water from places where it gathers outdoors to reduce mosquito populations; long-lasting, insecticide-treated bed nets that protect families who sleep under them at night from the deadly bite of a mosquito by killing the mosquitoes upon contact;

miracle drugs called ACTs that cure malaria; and perhaps, most important, the knowledge of what to do if a child or family member shows symptoms of a disease that is needlessly killing nearly one million people and infecting up to 300 million worldwide every year.

In our meeting with the Minister of Health, one of the most sophisticated public officials in Africa, he said, “We will meet the 2010 and 2015 goals, if we get the community health-based systems right.” The UN Secretary General has set the goal of universal coverage of malaria interventions—nets, spray, drugs—by the end of 2010 and ending malaria deaths altogether



A woman in Bagamoyo District, Tanzania, worries over her malaria-infected daughter at a local clinic.

in Africa by the end of 2015. Officials in Rwanda knew that community-based health systems were critical to fulfilling their goals across the public health spectrum, including not just universal coverage, but universal use of malaria bed nets. The government set the goal of doubling community health workers from 30,000 to 60,000 within the next year to strengthen this system.

Theory translated into reality when we saw a 31-year-old man in Kibuye District Hospital in a cerebral malaria coma who would never recover. The doctor said, "He simply came in too late." Down the hall was a young mother with an infant whose malaria fever had disappeared after she sought treatment first from a clinic, then the hospital. When asked how she knew what to do, she responded that a community health worker from her church had warned her of the symptoms of malaria. This is where faith-based and community organizations come in.

Faith-based involvement in health care delivery is age-old in Africa with 40 percent of health care in Rwanda today being provided by faith-based institutions. A recent evaluation for the Global Fund reported that health



**A worker at the Olyset Net factory in Arusha, Tanzania inspects mosquito nets and prepares for delivery.**

facilities run by religious institutions provide better quality care than public facilities. What's new, however, is the mass mobilization of churches and mosques, initiated by pastors and imams, to fill the gap where government services end and the lives of villages begin. I went from the seats of power with archbishops and muftis to the pews of churches and chairs in Muslim schools to witness, in one case, the celebration of the induction of 25 community health trainers and their 135 community health volunteers who are literally saving the lives of their neighbors from the ravages of malaria. They are intentional volunteers, motivated by what I call a "moral stipend"—driven by their faith and compassion for their neighbors. But they also receive a small financial incentive in a sustainable business cooperative

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that they designed. One group of community health volunteers had started a small food catering business that was so successful they had already paid back their loan and were making a profit. Overlooking all of this activity, just a few short miles up the hill stands the church whose events in 1994 inspired the title of Philip Gourevitch's

poignant book, "We Wish to Inform You That Tomorrow We Will Be Killed with Our Families."

In Gakenge in another church, we listened and spoke to 300 villagers, learning about their progress and their ideas for strengthening their own malaria control efforts. In the back of the church was a young American who had just joined the Peace Corps and was helping the hospital collect critical data that would strengthen efforts to save lives. I asked the entire congregation to tell me what kind of job she was doing and whether Peace Corps was valuable; they broke out into a thunderous applause.

And in the village of Rukara, Steven Phillips of the Exxon Mobil Foundation and I on behalf of Malaria No More distributed 50 bicycles in response to the request of 50 community health workers who told us they could save



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**A young girl smiles as she shows off her new mosquito net to protect against malaria.**



**American Idol winner Jordin Sparks distributes mosquito nets in Gamoa Ada, Ghana with Malaria No More.**



**A grandmother and granddaughter in Usa River Village, Tanzania.**

©John Rae 2008

more lives if they could just reach more people with malaria bed nets and drugs. We rode through the village streets with dozens of Rwandans on green and yellow bikes that would become the symbol for the augmentation of the local health system.

Other Americans are making a huge impact through their service in the new war against malaria in Rwanda. Rick Warren's PEACE Plan is in one district, on track to train 1,500 community health workers, and is being asked by the government if they can train more. Paul Farmer's Partners in Health, Bill Clinton's Foundation, and businessman Joe Ritchie's new post as head of trade and investment are all making outstanding contributions to bolster public health and the private investment that will boost the economy so that people can thrive.

But one unexpected ingredient in the recipe emerged that offers a powerful lesson—the performance contract. Every mayor has a performance contract with the government, localizing national malaria control targets and putting public officials in public view every few months to stand up and be counted. Even workers in hospital and clinics have performance contracts and soon, every community health worker will. Rwanda is serious about meeting its malaria burden and may very well lead the way in saving lives from this needless killer.

To fulfill more of this promise in Rwanda and other countries where malaria is endemic, faith-based institutions need to be working across faiths to scale up their efforts, more community health workers need to be trained and deployed, and villages themselves need to take more ownership of their malaria burden, working in partnership with smart governments that care most about results. Volunteers are at the core of this strategy. There is hope.

*Learn more about the work of Malaria No More at [www.MalariaNoMore.org](http://www.MalariaNoMore.org).*

*John M. Bridgeland is CEO of Civic Enterprises, Senior Advisor to the UN Special Envoy for Malaria, and*

*Vice Chairman of Malaria No More. Bridgeland led the USA Freedom Corps after 9/11 that boosted the Peace Corps to its highest levels in 37 years and is co-leader of ServiceNation that is working with the National Peace Corps Association to double the Peace Corps, and with other complementary programs, fulfill President Kennedy's goal of deploying 100,000 Americans abroad every year.*



Community health workers deliver mosquito nets on bicycles in Zambia.

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## TURNING A BLIND EYE

*Why should we care that women account for almost two-thirds of the blind people in the world?*

by Paul Courtright, DrPH

**P**eople, including some ophthalmologists, are often surprised to learn that about two-thirds of the 45 million blind people in the world are women. What is the evidence? Is it a global issue, or limited to just a few isolated areas? Most importantly, what can we do about it? In developing countries being female is an important factor restricting awareness, access, and acceptance of sight-restoring eye care services. This inequity could be changed.

The evidence base for understanding gender issues in eye care has only been generated in the last ten years, starting with a systematic review of all population-based blindness surveys. This review showed that blindness is about 40% more common in women compared to men, regardless of age. In the 50+ age group women were consistently more likely to be blind

than men. The recognition that women accounted for about 64% of the total blind initiated a major effort to understand why—and then address the reasons. It became clear early on that socio-cultural differences between men and women were responsible for reduced access to services by women in most developing countries. Culturally determined roles of men and women (and boys and girls) contribute to their response to the onset of vision loss and their options for accessing treatment. This is compounded by the fact that, in most countries, women live longer than men and vision related disorders increase with age.

Globally, about 80% of blindness is preventable or treatable, with the major cause (about 50%) being cataract, followed by glaucoma, corneal diseases and age-related macular degeneration. Although childhood blindness makes

up only about 6% of global blindness, it is a priority because of the lifetime of blindness that a child will face.

So, what has worked to reduce gender inequity? Evidence from countries as diverse as Egypt, Tanzania, Nepal, India and Pakistan suggests that there are three key approaches, with some variation country-to-country, or setting-to-setting. First, in most developing countries, engaging husbands and sons (who make most health care decisions within families) on behalf of women and girls is critical. It is the role of the health care system to provide counseling to families, whether it is to enable an elderly woman to obtain trichiasis (eyelid) surgery for trachoma or for a young girl to have surgery for congenital cataract. Counseling has generally been weak in Asia and Africa, but its importance is being increasingly recognized. Some pro-active eye care programmes in Asia and Africa have hired, trained and use dedicated counselors on a routine basis, rather than assuming that already overworked nurses will carry out this important function.

Second, weak transport systems in much of the developing world mean that it can be difficult to travel from a rural community to a larger town to get surgery. For women, this is compounded by cultural and social constraints that make it virtually impossible for a grandmother to flag down a minibus, get into town, change to another minibus and arrive at the hospital. Eye care programs that are keen to improve gender equity have adopted the strategy of teams in the field screening for eye disease and then bringing those ready for surgery back to the hospital. One only needs to compare hospitals with this type of outreach approach to those without it



Marceline Finda

Arumeru women called "sentinels" share information about eye outreach services with their Tanzanian communities.



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to realize what a difference providing transport makes for women.

Finally, women-to-women approaches in many countries have been successful in building understanding, enabling assistance, and most importantly, developing trust. There are women-to-women projects in a number of countries (Egypt, Pakistan, Nepal, Tanzania), all slightly different but with the shared aim of ensuring that women benefit from eye care services just as frequently as men.

People often wonder if the cost of eye care services is a major obstacle to access for women; the answer is yes and no. Many hospitals have adopted multi-tiered pricing systems that enable the poor to get surgery at a highly subsidized price (or, if needed, free) while charging more for supplemental services—generally in the form of a private room or larger bed.

Throughout much of the Sahel of Africa and large parts of Ethiopia and Egypt, trachoma remains a significant public health problem. Trachoma is a classic gender-mediated disease. Trachoma starts in early childhood when infants get infected with *Chlamydia trachomatis* from older siblings, then transmit it to girls and mothers, who are the primary childcare providers. As the disease progresses, the upper eyelids become deformed (trichiasis) and the eyelashes can scratch the front of the eye. This painful condition has a tremendous impact and is about twice as common in women as in men. Most women feel stigmatized, divorce is common, and in the extreme, some women are labeled “witches” and brutally assaulted. Peace Corps Volunteers involved in water and sanitation or health education in trachoma endemic areas are leading the battle to prevent trachoma, even if their program is focused on other health conditions. In the long run, trachoma will be eradicated, as it was in the US, through improved water and sanitation and socioeconomic development. The benefits of improved sanitation and hygiene to women are many, and preventing trachoma can be added to the list.

Looking at the youngest members of society often reveals inequities in



A woman with cataracts in both eyes seeks treatment.

use of eye care services between boys and girls. Ministries of Health, NGOs, UNICEF, and USAID can take credit for the significant reduction in vitamin A and measles-related blindness in most developing countries. In the past ten years, however, congenital and developmental cataract has emerged as a common cause of blindness. This has been a case of “You won’t find it if you don’t look for it.” In both Africa and Asia, a number of pediatric ophthalmology tertiary facilities have been established and children are now starting to receive the quality of care needed. As these hospitals have started reporting their activities, it has become clear that there are, on average, two boys for every girl receiving surgery. There is no biologic reason for boys to



After successful surgery nine years ago, this woman now just needs glasses.

have this excess so presumably girls are not being brought for services. Among children that do get in for surgery, girls are often brought later—when surgery is going to be less effective. We have only started to address this challenge but early indications are that, similar for adult related eye conditions, reaching into communities is critical; providing transport is critical, and counseling parents (particularly fathers) is critical.

While it is not practical to review all causes of blindness, considering adult cataract, trachoma, and childhood cataract provides opportunities for starting to understand the issues, at the local level, at the country level, and at the global level. The community level, where most Peace Corps Volunteers are placed, is where we will make the biggest impact on gender inequity. Interested PCVs are encouraged to get involved:

- Educate yourself about the issues (see websites below)
- Find the nearest qualified eye care professional in order to know where patients can receive good quality eye care.
- Educate community leaders, women’s groups, religious organizations, and others about the need for prevention and treatment.
- Assist people in accessing services

For the coming year, the international blindness prevention community has designated the theme for “World Sight Day” (launch date: Oct 8, 2009) to be “Gender and Eye Health.” This is both a challenge and an opportunity. Globally, our health environments are undergoing change, patient expectations are changing, technology is changing, and communities are changing. Addressing gender equity will enable all people, men as well as women, boys as well as girls, to receive the best care we have to offer.

*Further information can be found on the VISION 2020 ([www.v2020.org](http://www.v2020.org)) and Kilimanjaro Centre for Community Ophthalmology ([www.kcco.net](http://www.kcco.net)) websites.*

*Paul Courtright, DrPH (Korea 79-82) is co-director of the Kilimanjaro Centre for Community Ophthalmology.*

## A QUESTION OF CAPACITY

*RPCVs-turned physicians combat AIDS in Africa through service in the Baylor Pediatric AIDS Corps*

by Shannon Cummings

**F**ew Volunteers complete their two-year stint in the Peace Corps without being changed for the better, forever. But the call to service becomes entrenched in some extraordinary volunteers who simply cannot shake the urge to further their work in the developing world. Highly influenced by their experience in the Peace Corps, six Returned Peace Corps Volunteers have gone on to use their medical degrees to provide life-saving HIV/AIDS treatment to African children who would otherwise go without care.

The Pediatric Aids Corps (PAC), a program run under the Baylor

International Pediatric AIDS Initiative at Baylor College of Medicine, sends



physicians fresh out of residency to serve in clinics that provide sorely needed treatment to children infected with HIV/AIDS in African nations plagued with soaring infection rates. PAC seeks to build a network of clinics that create both the infrastructure and the human capacity necessary to grant children access to critical HIV/AIDS treatment. According to the Baylor Pediatric AIDS Corps website, in southern Africa 40 to 60 percent of deaths to children under the age of five years old are caused by AIDS/HIV. The staggering enormity of the problem is what prompted PAC architect, Dr. Mark Kline, to create the

improving the human condition, enhancing human security, advancing human prosperity



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**Dr. Tony Garcia-Prats and Dr. Jeff Pierce working at Mokhotlong District Hospital and the village clinic at Libibing as outreach for the Baylor College of Medicine - Bristol-Myers Squibb Children's Clinical Center of Excellence. Tuesday, Oct. 2, 2007, in Mokhotlong, Lesotho.**

program in 2005. Since its inception four short years ago, the program has placed 122 physicians in seven African countries, seen 53,340 patients, and saved immeasurable number of lives. The 2009 group will put 25 new physicians in six countries: Botswana, Ethiopia, Lesotho, Malawi, Tanzania and Swaziland.

Janell Routh (Malawi 93-95), an RPCV and current PAC physician, had the unique opportunity to return to the country that inspired her. Observing the lack of skilled health care workers in Malawi during her Peace Corps tenure cemented Routh's desire to improve conditions. Routh explains, "At that time there were only about 12 doctors to treat a country of 10 million people...I realized I could make a true difference here by becoming a physician and returning to work, teach and train future Malawian doctors. My goal has always been to return to Malawi with something to give back to the country that took care of me so well for two years while in Peace Corps."

After completing her Peace Corps tenure, Routh set out to do just that. She worked as a volunteer at the Chiedza Home of Hope in Harare, Zimbabwe, attended medical school at the University of California, San Francisco, and served as Project Director for a mobile, voluntary HIV testing and counseling project for seven months. In August of 2007, Routh finally got the opportunity to return to Malawi with PAC and she has been at the Baylor Clinic in Lilongwe, the capital city, ever since. She works in the pediatric ward, seeing children with all types of illnesses "from malaria to meningitis,

schistosomiasis to tuberculosis, and lots and lots of HIV/AIDS...." Other projects include outreach to rural health centers where [she] trains and mentors other clinicians in providing pediatric HIV care. Routh views her work as a continuation of her Peace Corps experience, saying that she feels like she has "come home."

Another University of San Francisco Medical School graduate, Daniel Vostrejs (St. Vincent 94-97), has served as a PAC doctor in Swaziland since August 2008. Like Routh, Vostrejs points to his Peace Corps experience as a highly motivating force in his decision to join the Pediatric AIDS Corps after earning his medical degree. He says, "My service in the Peace Corps opened my eyes to the health needs of children in the developing world and the paucity of trained personnel to provide quality care." His work in Swaziland includes providing primary and specialty HIV care to families at the Baylor clinics as well as conducting trainings of clinicians to build local capability for long-term pediatric HIV/AIDS treatment. He acknowledges that while treating patients is a crucial aspect of the program, an even more pressing concern is building local capacity. Vostrejs says, "Harder to quantify...but possibly a much greater and long lasting difference is the training and mentoring of local health care workers.... In the 6 months from October 2008 to March 2009 the Network trained 5,200 health care workers and mentored around 200 in HIV/AIDS care and treatment."

Routh and Vostrejs agree that one of the main problems in Africa is the steady exodus of native African

medical professionals who stay on in the countries where they train because the pay is more lucrative and the infrastructure more developed. In response to this, PAC clinics are designed to have more adequate infrastructure and they aim to train local clinicians in HIV/AIDS treatment. Still, more incentives and funding must be put in place to lure physicians back. Routh explains, "The problem is finding local capacity...this has to change if we want to sustain a good health care system." As in any international development project, sustainability is a fundamental aspect. PAC aims to create long-term solutions instead of just putting a band-aid on the problem. "Ideally we will work ourselves out of a job... [but] measures will need to be taken to increase pay or provide other incentives to attract and retain talented physicians" asserts Vostrejs.

The Peace Corps opened the eyes of Routh and Vostrejs to the scarcity of adequate public healthcare in much of the developing world. Through the Pediatric AIDS Corps they have been able to use their specialized skills to affect positive change in communities beleaguered by the AIDS epidemic. They are fighting an uphill battle, but if anyone is up for the challenge it is an RPCV.

Visit <http://bayloraids.org/corps/> to learn more about the Baylor Pediatric Aids Corps.

*Shannon Cummings is Master's candidate at the University of California, San Diego at the School of International Relations and Pacific Studies. She interned in the advocacy department of the National Peace Corps Association in the summer of 2009.*



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## CN U HLP ME? I HVE A ??

*A Peace Corps Volunteer harnesses the power of text messaging for good health*

by Shannon Cummings

In a few short years, text messaging (also called “SMS” for Short Message Service), has seemingly replaced phone conversations, letter writing and the traditional two cans attached by a long string as the primary form of communication for young people worldwide. Imagine if young texters in the developing world could get quick and accurate answers to their most personal sexual health questions anonymously, by simply sending an SMS. In Namibia, Peace Corps Volunteer Rashid Khan has developed a program that does just that. Khan is harnessing the global texting trend to fight rampant sexual health misinformation that contributes to a towering HIV infection rate and many unwanted pregnancies.

When Khan arrived in country, he immediately became aware of the lack of knowledge and resources Namibian youth had regarding sexual health. “After talking to local youth, both formally and informally, it became very clear that there exist serious misconceptions about pregnancy, sex, circumcision and other important topics,” explained Khan. And he was right—in his region “lack of knowledge” was listed among the top factors driving the HIV infection rate by the 2008 National HIV Sentinel Survey. As a whole, the country of Namibia has an 18% HIV infection rate.

After discussing possible ways to address this problem, Khan learned of an automated, menu-based health information system started by two Volunteers in the Philippines. This program allows consumers to access an abundance of pre-written health information through text messages.



Rashid Khan

**Smart phone technology is revolutionizing communication throughout Africa.**

Khan recognized the potential to implement a similar system in Namibia, where cellular phone service is widespread and text messaging is the cheapest and most frequently used way to communicate. Together with Jennifer Moore, a fellow Namibian PC Volunteer, he developed the Health Education Response System (HER) in February of 2009.

Optimistic, but not content, Khan realized that “a fully automated system could only address the most basic of questions.” Searching for a more complete solution, he stumbled upon a North Carolina-based text line designed to answer sexual health questions from teenagers called the “Birds and the Bees Text Line.” Realizing that the demand in Namibia was present for such a service, Khan designed software so that by sending a question via SMS,

consumers receive a tailored answer from a trained health Volunteer that is both accurate and timely. Additionally, the program was expanded to deliver SMS in a round robin fashion to a pool of 10 Volunteers across the country. Consumers can still view the pre-written content by texting MENU, and then following the directional guide through a menu of choices. A directory of anti-retroviral (ARV) clinics with complete contact information can be accessed by texting “ARV TownName”.

In Namibia, HER has proved transformative. The system’s popularity was evidenced in June of 2009 when nearly 2400 SMSs were processed to and from 325 unique clients. One key feature of the system is the anonymity of the questioner.

“Our goal was to answer the questions people couldn’t ask anyone

else—to be a reputable, anonymous source of information,” said Khan. By filtering all SMSs through a central server so that both Volunteers and consumers are shielded from each other’s phone numbers, anonymity is preserved. This lends itself to frank and open questions that the asker may deem too private, embarrassing or demeaning to ask without the veil of anonymity.

Another powerful attribute of HER is its connection “to a complex monitoring and evaluation system that automatically tracks, compares and reports themes of conversations.” Without identifying the data source, the records can be used as a database to inform other health-related projects of frequently asked questions and common misconceptions. The hope is that this wealth of information will contribute to a more informed and effective fight against the spread of disease bred by ignorance.

On top of all of this, the program has been meticulously designed with sustainability in mind. “Sustainability and replication were goals from the beginning. I designed the software to be installable and maintainable by anyone with minimal training,” Khan said. Not only have Khan and his group been able to secure free service from MTC, Namibia’s largest mobile network, they have also partnered with Lifeline/Childline which provides counseling to clients in need. Lifeline/Childline is in talks to take over the program when Khan completes his service and leaves Namibia.

Khan’s success implementing HER serves as a model to others motivated to make a difference in their corner of the world. When asked for the advice he would offer someone with an idea to improve his or her community, Khan remarked, “Dive right in today. Take inspiration and help wherever you find it.”

*Shannon Cummings is Master’s candidate at the University of California, San Diego at the School of International Relations and Pacific Studies. She interned in the advocacy department of the National Peace Corps Association in the summer of 2009.*



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# WHEN WATER AND SANITATION ARE A PRIORITY

*A Returned Volunteer reflects on Korea's development trajectory*

by Steve Werner

**T**hirty-two years ago, from 1976 to 1978, my wife Patti and I served as Peace Corps Tuberculosis Control Volunteers in South Korea. Our assignment was to work alongside Korean health workers in rural health centers to ensure that laboratory procedures, patient records, patient education, and health and hygiene promotion were being conducted properly.

We found that while Korean health workers were technically very proficient, there wasn't an importance placed on patient education or health and hygiene education. For example, when Korean tuberculosis patients started feeling better they stopped taking the medicine that was given to them free by the health center. Consequently, every tuberculosis patient that we detected was resistant to the first line of drugs. The Korean government couldn't afford to give the more powerful drugs to these drug resistant patients and the patients rarely could afford to buy the medicine themselves. As a result, most of them ended up dying from their tuberculosis.

We also discovered that there was no health and hygiene education taking place and many Koreans were dying and suffering from water-related illnesses. Safe drinking water mainly came from deep wells with hand pumps. There was little-to-no piped water, even in the larger cities. In remote rural areas, people gathered water from polluted streams and ponds. The pollution was mainly from animal and human waste and garbage. There was virtually no disinfecting of the water occurring in rural areas and only some boiling of the water in the cities. In terms of sanitation, many latrines were poorly

constructed and maintained, and unsanitized human waste was being used as manure in the fields.

In its favor, Korea had an excellent school system and a network of community leaders in place. Organizing health and hygiene education classes in the schools and in the rural communities would be relatively easy, if Korean health authorities understood the importance.

We set to work. We spent most of our time educating our co-workers and the rural health promoters, usually young women who had high school educations but limited opportunities to go to college, about the importance of health and hygiene education. We developed a health education program that we co-presented with the rural health promoters. We explained to school principals, teachers, village leaders and rural development leaders why changing health and hygiene practices were important to the immediate health of people at risk and the long-term benefit to their communities.

Now fast forward thirty-two years to July 2009 when the Korean government and Friends of Korea sponsored a reunion trip for Returned Peace Corps Volunteers and their families to say thank you and to show RPCVs how much the country had developed.

In addition to briefings and meetings with the Korea Foundation, the Ministry of Foreign Affairs, and the Korean International Cooperation Agency (the Korean version of Peace Corps), Patti and I had the opportunity to visit our Peace Corps site and health centers. We expected a big change in Korea, but the development was truly remarkable.

We found the health care system to be very modern, and in my opinion, in some ways more progressive than in the US.

Tuberculosis and other serious diseases are rare. Water-related illnesses are virtually unknown. Even rural areas have safe drinking water, water systems, toilets and sanitation treatment. Health centers, even in remote areas, are conducting health education with an emphasis on positive health behavior. Vaccinations are given to all children and health care is available to everyone without regard to the cost: poor people pay nothing and wealthier people pay on a sliding scale. There are even nutrition classes, smoking cessation classes, exercise classes and physical therapy for everyone at virtually no expense.

Garbage is very rare to find along the sides of the roads and the muddy footpaths that we used to reach remote villages are now all paved with concrete. Oxen-drawn carts and tills are mechanized. The prediction that as Korea developed economically, health concerns would be reduced, came true. Some of this is because the health care system has expanded further into remote rural areas. The improved infrastructure has made it easier for patients to get to treatment and easier to transport vaccines to all parts of South Korea. Additionally, as even poor people's lives improved, so did their nutrition and life styles.

Having worked for so many years in international development, especially in the area of drinking water, sanitation and health, and hygiene education, it was gratifying to hear one of Korea's foremost public health officials give credit for Korea's



Be the change

development to the improvement in their drinking water and sanitation services. The Korean doctor credited safe water as the reason that Koreans were able to be so productive. The doctor felt that improving water and sanitation also led to the reduction of other health concerns, including tuberculosis.

The reunion trip was a wonderful experience for many reasons, but it was especially nice to see such a success story in how addressing safe drinking water, sanitation, and health and hygiene education can play an important role in the overall development of a country.

While we felt that our efforts as Peace Corps Volunteers were minor, what we were told and thanked for was that our service had motivated Koreans to address health issues that they did not feel were priorities. Technically, Korea could have developed by itself, but many Koreans said that it was not lost on them that young Americans took the time to come to their country to be of service. Having Peace Corps Volunteers in their communities helped them realize the importance of addressing health concerns and other issues that were important to the country's development and well-being of their citizens.

*Steve Werner (Korea 76-78) has worked with CARE, Habitat for Humanity International, and Water For People and he currently consults with international nonprofits. Werner is also a past board member and chair of the NPCA board of directors, a W.K. Kellogg Foundation Fellow, a Salzburg Seminar Fellow and active Rotarian, where he devotes a lot of time to water and sanitation projects.*

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# COULD "PEACE CARE" LESSEN THE GLOBAL BURDEN OF DISEASE?

*A Returned Volunteer with a big idea thinks so*

by Andrew Dykens, MD, MPH

**L**ow income countries (LICs) continue to be gravely affected by unabated epidemics of malaria, tuberculosis, diarrhea-related illnesses, and, of course, the ravages of HIV. Moreover, chronic diseases are the leading cause of death in the world, causing an estimated 35 million deaths worldwide in 2005, approximately 67% of all-cause mortality. As an example, the global prevalence of diabetes is expected to increase from 171 million to 366 million between 2000 and 2030. Further, while the impact of chronic diseases is growing substantially around the globe, the greatest increase is located in LICs. However, LICs are not able to adequately address these growing health concerns. The World Health Organization estimates that there is a shortage of about 4.3 million health care workers globally. Africa has only about 10% of the world's population and is affected by about 24% of the global disease burden, but has only 3% of the global health workforce. Sub-Saharan Africa is deficient the 1.5 million workers that would be necessary to provide adequate healthcare. In addition, countries with better developed primary health care systems have been found to have better health indicators.

We have a significant challenge before us, to build a healthier world.

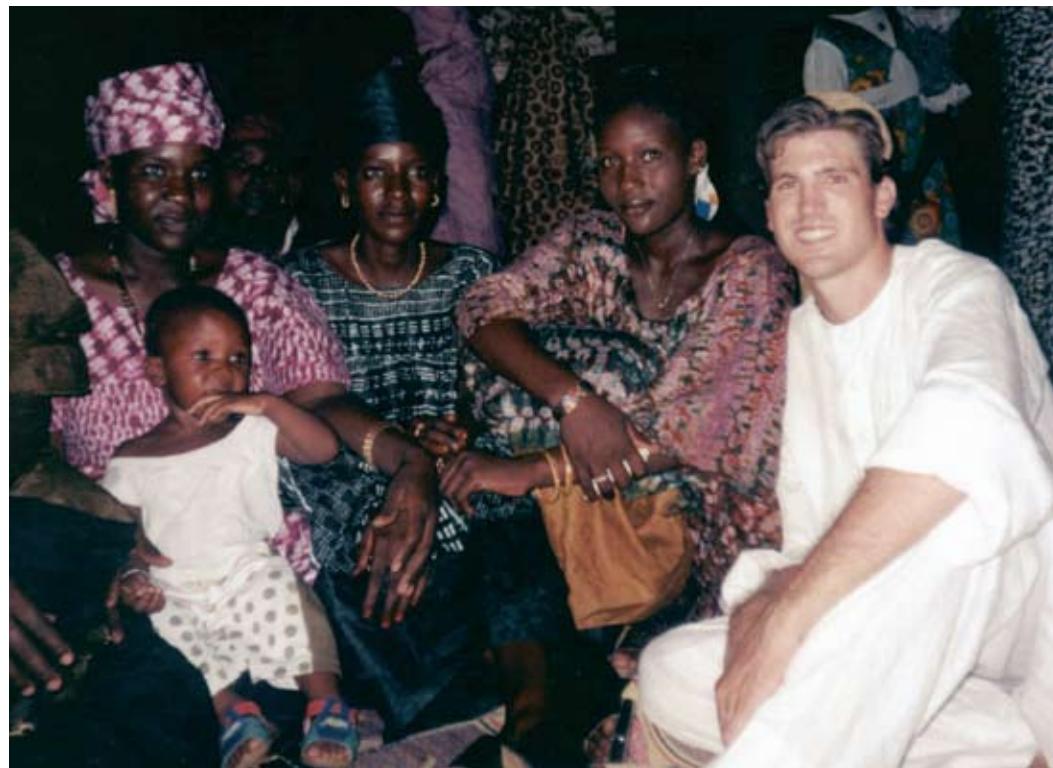
Some have proposed a "Global Health Corps" as a possible solution. While the eventual impact could

be substantial, it would not be feasible without the creation of a large, costly structure. However, the Peace Corps is currently uniquely positioned to have an enormous impact in the field of global health if an expanded approach is pursued.

I would offer a solution: "Peace Care." The vision of Peace Care is to utilize the idealism of the Peace Corps, the effectiveness of primary care, and the foresight of public health to positively impact global health disparities by specifically addressing the global burden of disease, the global shortage of health care workers, the deficiency of primary care in low-income countries, and the deficiency of global health research while

improving the role of the United States in global health. How? By improving global health training for healthcare professionals and increasing US capacity for active commitment in global health initiatives.

Peace Care, in essence, is a proposed collaboration between Peace Corps, US healthcare training institutions, US schools of public health, and global communities to improve the health of these global communities. As the shortage of healthcare workers is due primarily to a lack of training capacity in LICs, the potential for great impact comes from the ability to transfer the training capacity of the US institution, in collaboration with local physicians and existing healthcare workers, to the



The author with his Peace Corps host family in Mauritania

building of healthcare capacity within the LIC community. Community health workers could be trained to participate within and support the local health system and detailed community health education programs could be developed and implemented.

Peace Care believes strongly that in order to sustainably address global health and adequately reduce disparity, solutions should originate and be developed primarily through community involvement, through (or with the amelioration of) existing health systems, and with the use of appropriate technology. All solutions should also prioritize capacity building within the local healthcare structure through the utilization and implementation of the principles of primary care and public health.

By having healthcare training institutions collaborate through a Peace Corps Volunteer there is excellent potential for sustainability. Peace Care would directly connect a community with a US institution for a long-term collaborative relationship that can easily continue even while the institution is not visiting. The fact that Peace Corps remains in country continuously, the Peace Corps Volunteer is well trained in cultural competence, and that the Volunteer completes a two year service working closely with a community counterpart who can continue the work after the Volunteer leaves all ensures greater sustainability for the collaborative relationship. In addition, the program can very easily be “individualized” for each collaborative relationship and can grow and mold to fit the needs of the community and the US institution.

We are anticipating a Peace Care pilot project in the near future. Please visit our web site at [www.peacecare.org](http://www.peacecare.org) to read more about the proposal and sign our guestbook to stay informed, or send an email to [peacecareworld@gmail.com](mailto:peacecareworld@gmail.com) if you have questions or comments.

*Andrew Dykens MD, MPH is the Director of Peace Care. He served as a Peace Corps Volunteer in Mauritania from 1997 to 1999.*



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## ONE, TWO, THREE

*A pivotal time in Botswana's AIDS crisis sets Kathy Hageman in search of answers*

by Kathy Hageman

**T**eacher, no one has died yet...."

Those words greeted me when I returned to my Peace Corps village of Seronga, Botswana, on the banks of the Okavango Delta. While teaching there in the 1990's, approximately 33% of sexually active adults were living with the HIV virus, as were over 50% of women who had two or more children. By 2002, four years after completing my service, Botswana had attained the highest prevalence of HIV in the world.

Amid the countless, endless nights of grading papers in the stifling heat, legs sticking to the plastic-fiber government-issue furniture, I remember the moment when my mind and heart fully wrapped around the statistic that one in three of my students would die from HIV. The same students who struggled with adjectives and adverbs, spelling and comma use; the same students who frequently counted off "one, two, three, one, two, three..." to form work groups: one in three would die.

Hearing my student update me on the mortality status of his classmates, brought me full circle to that heat drenched night. I felt shattered as he spoke with such pride of the (good) health of his classmates. What was it like to live in an environment where life expectancy came with the caveat that "nothing has happened yet?"

During my years of service in Botswana I witnessed an explosion of HIV knowledge and promotions. Billboards ranged from raising



The author, Kathy Hageman listens to focus group discussion in Lusaka, Zambia.

awareness of the country's HIV prevalence to the promotion of the ABCs (Abstinence, Be monogamous, Condom use). Newspapers announced the prevalence of HIV infections among civil and government workers, young adults, pregnant women, commercial sex workers, truck drivers, and most any other group that was able to be defined as a specific population. Radio shows talked of HIV. Street drama groups in matching shirts danced and acted to inform about HIV. Students learned how to draw t-cells attacking an immune system. What I *didn't* see among all these aggressive, multi-level efforts to raise awareness and knowledge of HIV was behavioral change at the individual level. Multiple sex partners, unprotected sex and cross-generational relationships continued among students, fellow teachers and friends.

As a teacher, my efforts to raise HIV awareness were largely focused on having students write stories about HIV, teaching grammar using

Kathy Hageman examples about HIV, and lecturing them to resist peer pressure to have sex—and, for those who were, to use condoms. I did not know if what I was doing was helpful but with limited materials and resources at the national level and virtually nothing in the village, I figured any approach was better than no approach. Meanwhile, the idea of behavior change and what it takes to create it intrigued and inspired me. What would help keep my students HIV negative when knowledge and awareness levels were

already high?

The first trip back to your site is the hardest. Will you be remembered? Does anyone care that you have returned? Did you leave a mark? Whether real or not, you feel tested by your own history. It was a great relief to hear the screams of my former students, now adults with their own children, as they passed the news from one area of the village to another announcing that their teacher had returned. It was a great relief to hear that no one had died yet. Maybe that was my mark, some sense of awareness that translated into needing to tell the teacher the good news when she returned years later. Perhaps it was the heat of those days or the fear that I felt for the lives of my students, but somehow the interest and/or need to prevent people from contracting HIV became a part of me and I realized that my own history was not yet complete.

I do not remember how I was introduced to public health or the concentration of behavioral science

but when I found it, I realized it would allow me to contribute to the health of my students, maybe not directly to them but in understanding and working with the epidemic in southern Africa. Due to the across-the-street proximity to the Centers for Disease Control and Prevention (CDC) and their Global AIDS Program, I selected the Rollins School of Public Health at Emory University to pursue a master's degree.

My introduction to public health was inspiring. Students, professors and the neighboring CDC professionals were passionate about diseases and infections that I had never heard of, in places I did not know existed. I soon discovered that public health was a complex kaleidoscope of illnesses and geographic areas that intersected with all aspects of one's community and life: culture, literacy, human rights, development, capacity-building, policy change, economic status, etc. To understand how diseases and their consequences impact an area or population, public health teams of epidemiologists, statisticians, behavioral scientists, physicians, bench scientists and policy-makers collaborate with local, state, national and international agencies in concert with Ministries of Health to track, prevent and reduce disease. The synchronicity, support and global cooperation were astonishing to me. People were dedicated and making a difference.

By the end of my first year as an MPH student, I realized that as much as I loved programmatic efforts of public health, I was still yearning to know what causes behavior change. What could be said or done to keep my students healthy? What level of control of their sexual activities did each one of them really have? Was it personal behavior, cultural factors and/or relationship dynamics that dictated whether condoms were used, how partners were selected, and the number of sexual partners one has? How does one address the need to have sex in exchange for someone to pay their school fees or buy their next school uniform? Such questions,

I discovered, are answerable through behavioral research and I realized that I really liked behavioral research. This realization delayed any immediate trips back to Botswana. Rather, after completing the MPH, I continued on in the field of behavioral science for a doctorate. I wanted to understand behavior and understand how to change it.

From my time in Botswana, I knew that my primary HIV interest involved sexual behavior so I began to pursue collaborations with researchers at Emory and the CDC. Although unable to find ready HIV data from Botswana at the time, I was fortunate to begin collaborations with HIV researchers in Zambia and Rwanda who work with HIV discordant couples (when one partner is HIV negative and the other partner is HIV positive) and young adults in Zimbabwe. Behavioral research is an exciting, on-the-ground field that gives

you access to the populations of risk. It allows you to ask what their needs and concerns are and why they think certain health barriers and risks exist specific to their lifestyle, village or culture. You are given the privilege of understanding their lives and culture, and work with them to find solutions that will increase health and reduce disease.

In many ways, behavioral research is very much like Peace Corps: You contribute technical skills, and they provide everything else. I will never know if my time in the hot and dusty Kalahari Desert increased condom use or reduced the number of sexual partners among my students. I know that I did raise HIV awareness in Seronga. And, as I was told, "No one has died yet."

*Kathy Hageman (Botswana 94-97) is a PhD candidate in behavior science at Emory University in Atlanta, Ga.*



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# TRANSLATING INTERNATIONAL HEALTH TO HEALTH CARE AT HOME

*San Francisco Bay Area Volunteers discuss post-Peace Corps health careers*

by Erin Bowman

**M**y boss likes to recount a story I mentioned to her three years ago when I interviewed for my current job. To illustrate the ways in which I've dealt with unexpected or challenging situations, I provided an example of a *sensibilisation* gone awry. I was leading a World AIDS Day event in Benin, West Africa, where I served as a Peace Corps Volunteer. Midway through the education session, as health educators used wooden penises to demonstrate proper condom use, a man adorned in ceremonial, animistic costume charged through the event, causing distraction for elders and youth alike. The "voodoo spirit" marched through the education session asking for a contribution, as is the tradition. My counterpart quickly provided money to the man and the educators regained focus. The elders continued to stay in their front row seats, clapping along with the HIV/AIDS-themed songs.

I told this story during the interview not because of any role I played in handling the relatively common scenario, but because it symbolizes a challenge that many Peace Corps Volunteers struggle with each day and, in my opinion, makes us better equipped for challenges we face post-Peace Corps. As my boss has said, it exemplifies an ability to persevere, transcend cultural differences, and to stay calm under pressure. Most importantly, it shows that, as health volunteers, we were tasked with influencing positive behavior change while respecting deeply entrenched cultural traditions and beliefs.



Sensibilisation workshop in Benin.

My boss reminds me from time to time that the stories I told in my interview set me apart from other candidates. Not surprisingly, these same skills we cultivated in our countries of service are critically important and relevant in the United States as well. This was the topic of a recent panel on careers in health, held in San Francisco in late July 2009.

Returned Peace Corps Volunteers make up a small but significant proportion of the educated, innovative civil service workforce here and abroad. Yet with the economic downturn and significant unemployment rates, RPCVs are not immune to the severe difficulty in finding fulfilling employment. In fact, the San Francisco Bay Area had a 10.3% unemployment rate as of June 2009 (U.S. Dept. of Labor). Attendees at the July healthcare roundtable expressed deep frustration with their respective job hunts. They found it somewhat challenging to translate their experiences weighing babies and finding clean water sources, for example, into marketable skills for employers here in San Francisco. The

Erin Bowman

basic sentiment of our discussion was that as Volunteers we did not learn how to use Microsoft Office—we learned how to mobilize communities. The question was how to turn our unique experiences into job skills that non-RPCVs can understand.

The purpose of the roundtable was to allow newly returned Volunteers interested in careers in health to learn from those who are successfully "doing" international health care here in the States.

What I realized from holding the career panel is that the skills needed to be a successful Peace Corps Volunteer are incredibly relevant in the United States, not only because they're practical but because, at least in the case of the Bay Area, we live in incredibly diverse communities.

Finding Bay Area RPCVs with international health care experience is like trying to find a tomato vendor in a Cotonou marketplace. It's easy and they're everywhere. In the end, we brought together seven seasoned RPCVs, all working in different sectors of health care, to discuss how their Peace Corps experience helped shape their current career and put them on a path to becoming the gainfully employed health experts that they are.

Several volunteers found interesting careers in health program management and education. We heard from one volunteer who provides tobacco cessation education to Russian immigrants in San Francisco. To excel in this position, she relies on language skills and an understanding of Eastern European culture that she acquired in the Peace Corps. Another RPCV used

her graduate school internship to segue into a fulltime position with a health program that serves refugees, newcomers and asylum seekers. In this role, she finds herself consistently relying on skills she gained in the Peace Corps, particularly her ability to communicate across cultures and manage programs. A third returned Volunteer discussed his current position managing efforts to match uninsured patients with specialty care providers across the Bay Area. When interviewing for his position, he stood out from fellow applicants when he mentioned one project he developed during his service. It involved working with women in his Guatemalan village to export handmade yarmulkes.

Two RPCVs who took part in the roundtable had taken a clinical route by studying advanced practice nursing. While serving in the Peace Corps they aspired to gain skills to treat complex illness and develop relationships with patients. Over the course of their careers, they have treated diverse and underserved patient populations here and abroad. Both clinicians stressed the importance of networking and had landed various jobs through friends, distant colleagues, and even a fellow swimmer at a local YMCA.

The Northern California Peace Corps Association will continue to support RPCVs as they navigate reentry and look for fulfilling work in these difficult economic times. In addition to periodic career panels on a range of topics, we will develop support meetings to deal with the emotional impact of returning to the United States. Other opportunities to network with fellow RPCVs include monthly happy hours and volunteer events. We encourage all RPCVs to share their stories with potential employers, friends, and anyone who will listen. It's the third goal and it could be the difference between being unemployed and finding a meaningful career.

*Erin Bowman (Benin 04-06) is a health care professional in San Francisco, Calif.*



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## TURNING TRAGEDY TO OPPORTUNITY

*The Tessa Horan Foundation spreads sustainability and well-being around the world*

by JoAnna Haugen

**T**is early summer in a garden in Santa Fe. The sun is out, warm and inviting. Bright orange tiger lilies sprout. Tiny vegetables begin to peek out from beneath the leaves. Busy hands tenderly pull weeds. Others gently pluck tomatoes heavy on the vines.

Family and friends chat and reminisce as they urge the garden to grow, flourish and provide. But someone is missing—and yet the whole purpose of this garden is because of her. For her, in fact.

That person is Tessa Horan, a former Peace Corps Volunteer in Tonga, who realized the needs of her village of Tu-aunu on Va-vau after being at site for only a few short weeks. "Tessa e-mailed her extended e-mail list ... explaining her desire to build a library," says Kristena Prater, Tessa's mother. Three days later, on February 1, 2006, she was killed by a shark attack.

In the aftermath of her death, Tessa's godfather suggested the family act on her vision to bring books to the community. In the fall of 2006, they traveled to Tessa's former site and built a library next to the school where she would have been a teacher. "Anything that was humanitarian and had to do with Tessa was something I could do even in my despair," Prater says.

Seeing Tessa's neighbors so saddened by her death yet so thankful for what the family had done, Prater founded the Tessa Horan Foundation to carry on her daughter's passion for humanitarian work. The non-profit organization's mission is to create educational programs for self-sustainability and mental and emotional well-being, while



Tessa Horan

honoring and bringing awareness to the talents of young people. Like the library, all of its work is a reflection of Tessa's life and the goals she hoped to achieve.

Tessa was an open-minded citizen of the world, who immersed herself in the people she met and chose to live each day to its fullest.

For example, in 1999, she traveled to India and Nepal to learn about Buddhism, organic farming and alternative medicine. While there, Tessa became aware of the patriarchal society that results in young girls being sold into servitude, and she was determined to address this issue. Since

Tessa's death, her mother and brother have traveled to Nepal to volunteer with The Women's Foundation of Nepal, an organization that addresses educational, economic and social disparities for women by fostering social responsibility and self-reliance.

In Nepal, Tessa also came to appreciate the principles of Buddhism, and to show their gratitude for the founder of a monastery who provided refuge to Tessa during her travels, the Foundation helped fund the reconstruction of his monastery. It also helped create a volunteer center and an orphanage in the country as well.

In addition to its work in Nepal, the Foundation continues to be involved in Tessa's Peace Corps village in Tonga. Though this was the site of the first large service project in Tessa's honor,



Kristena Prater (center, rear) travels the world frequently working on service projects for the Tessa Horan Foundation in Tessa's name.

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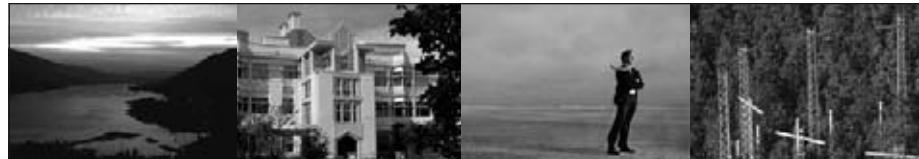


the community library wasn't the last. Most recently, three young people from Tonga have had the opportunity to continue their education at a university in Australia through funding from the Tessa Horan Foundation. These three students would not have been able to attend school without this financial aid.

As for the garden where the bright orange tiger lilies sprout and hearty, fresh produce is grown every year, this is Tessa's Community Garden, a year-round garden which provides nearly 30 pounds of food per week to the Santa Fe Kitchen Angels and Food Depot, a meal delivery service for the ill and elderly, as well as a soup kitchen for the homeless. It is here, in Tessa's hometown of Santa Fe, that friends and family have gathered to cultivate the earth in honor of her interest in organic farming. "The one achievement (of the Foundation) that seems so 'Tessa' to me is her memorial garden," says Jessie Abrams Baca, a friend of Tessa's family who works closely with the Foundation. "This garden created food as well as work for many people and became a special place that seemed to have her spirit dwelling in it."

In addition to feeding the hungry, the food grown in the garden is also used for garden-to-dinner fundraisers, which are often held overlooking Tessa's Community Garden. The bountiful harvests and subsequent dinners are but one of many fundraisers hosted by the Foundation in order to continue meeting its goals. Like the projects on which the Foundation focuses, the fundraisers also have meaning. "All of the events that were held to benefit the Foundation were as diverse as Tessa's own interests and tapped in on many of them," Baca says.

Despite all that it has achieved in Tessa's name in only three years, there



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Tessa Horan Foundation

**Friends and family joined forces to create a garden in Tessa's honor. The garden serves to inspire an awareness of sustainability.**

are certainly more plans in the works, which again span the globe. In Tonga, the Foundation has its sights set on creating a community garden like the one in Santa Fe. It also wants to construct water tanks, provide books for schools and fund an artist to attend the Folk Art Market in Santa Fe.

An artist from Kathmandu will

also be selected to attend the Folk Art Market. The Foundation will continue to empower women and children in Nepal as well; one of its main goals is to establish an online store to sell products created by Nepalese women.

And in Santa Fe, the Foundation headquarters and garden are being moved, but the community garden

network will continue to grow, supplying food to those who need it most. Prater and Kevin Horan, Tessa's father, have been working overtime to ensure a smooth transition of the garden to its new location in Tesuque, approximately ten minutes north of Santa Fe. It is expected to begin blooming and producing at full capacity again by early spring 2010.

Future plans also include expansion into Mexico, Central America and Africa.

Whatever the direction of the Tessa Horan Foundation, one thing is certain: In light of Tessa's humanitarian spirit, it will continue to pursue projects for the betterment of humankind. "Her tragedy has propelled us to do great things," Prater says. "We did all the things Tessa hoped to do over the course of her life, and not a day goes by when I don't think of her and honor her. I don't want her vision to die."

*Learn more about the Tessa Horan Foundation at [www.TessaHoran.com](http://www.TessaHoran.com).*

*JoAnna Haugen (Kenya 04-05) is the community news editor for the National Peace Corps Association.*



Tessa Horan Foundation

**Children are introduced to local plants in the community garden.**

## FINDING MY RELIGION

*A Catholic Costa Rican friend connects a volunteer to his Jewish identity*

by Don Goldman

*Lorraine and I were well-assimilated Jews. We identified with our Jewish culture and heritage, but had not participated in Jewish life, and had limited Jewish knowledge.*

*Nonetheless, we sat down one night in the village of Tres Ríos, Costa Rica with eight elderly Catholic men to tell them about Jews and Judaism.*

*Despite our uncertainty, we went though our prepared statement and took their questions. It worked—one of those improbable examples of the blind successfully leading the halt.*

*Why these men wanted to know about Jews, and how two assimilated Jewish Peace Corps Volunteers became their informants, is our story.*

**I**t is not well known that, for a brief period in the 1960s and 1970s, Peace Corps experimented with placing entire families, including ours. It was a wonderful four years. When we arrived, Emily was three and Jessica was five. Fortunately, their health was excellent, as was their school (San José's Jewish day school), and they

rapidly took on the language and manners of Costa Rican children. These were formative years; not only did the girls live another culture, but they saw real poverty up close, and soon realized their good fortune. As Peace Corps Volunteers, Lorraine taught English at the University of Costa Rica, and I worked for the Costa Rican national parks for two years and then taught geography at the National University.

San José had a vibrant Jewish community. Most arrived in the 1930s as Polish immigrants, coming to one of the few countries that would accept them. The acceptance was genuine, and by the time of our arrival the Jews had worked their way up from push-cart vendors to the professions, business and wealth. They had created the Centro Israelita, consisting of a synagogue and a kindergarten-to-high school day school. Most lived in Rohrmoser, an upper-class neighborhood, and it seemed to us that, except for their business, professional and university contacts with non-Jews, they mixed only with themselves. Their

terminology reflected this isolation: they called themselves *la colonia*, and everyone else, *los costarricenses*.

We lived in the small village of Curridabat, where we were the only Americans and the only Jews. Our new neighbors had heard of Jews, but their understanding of Jews was limited to the Church's anti-Semitic, pre-Vatican II world view. But our neighbors, like Costa Ricans generally, were open-minded and friendly. Invited to visit our home, and through the magic of kids befriending kids, we



Don Goldman

A Peace Corps family—Don, Jessica, Lorraine and Emily Goldman—in Costa Rica, March 1973.

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**Don Samuel Viquez and his wife Wilma in their shop in Tres Ríos, Costa Rica.**

were quickly accepted as just people, not as Americans or Jews or strangers. Our neighbors quickly became friends.

#### A chance meeting with Samuel Víquez

(don Samuel, in the polite Costa Rican form of address) led us into a long and deep friendship. Don Samuel was a wise and successful small businessman in a nearby town. About 55, he had been formally schooled for five or six years. His curiosity however, was enormous, so he never stopped learning. He was also a devout Catholic – and he wondered about Jews. Who were they, really, and what did they believe? He was aware of the Catholic Church's attitudes, but wanted to know more. Samuel's small hardware store was in the village of Tres Ríos, a few miles east of Curridabat, and he lived in Zapote, a few miles to the west. His way home took him through Curridabat, and he would occasionally drop by at 8:30 or 9 in the evening and explain that he "happened to be passing by," and how nice it would be to visit us.

He asked us about Jews: What was the Torah? What did we think of Jesus? Were we Israelis or Americans?

Gradually, he began talking about Costa Rican Jews. Although he had known some of them much of his life, and had enjoyed cordial business relations with them, something about them had kept him at arm's length. He never felt he could discuss with them the things he so much wanted to know about Jews, things he now felt comfortable discussing with Lorraine and me.

Our girls went to school with the children of *la colonia*, and we understood immediately what don Samuel was hinting at. Curridabat was far from Rohrmoser, in distance and wealth. Our neighbors were poor and Catholic. Jessica and Emily were occasionally asked by their classmates if they were *really* Jewish; Lorraine and I were politely ignored. Neither the girls nor we were ever accepted as part of *la colonia*. In four years we failed to make more than a few Jewish friends. Of course Samuel could not ask his longtime Jewish acquaintances probing questions.

So he asked us.

We borrowed books from the girls' school and made a fast study for the next time don Samuel "happened to be passing by." Finally, he asked us: Would we talk to a group of his friends whom he had organized into a Catholic study group? They were laborers, coffee pickers, campesinos and shop employees, all with little formal education but, like Samuel, profoundly Catholic and burning to know some answers. They called themselves Grupo de Reflexión Católico Juan XXIII de Tres Ríos.

Which is how two Jewish Peace Corps Volunteers came to be telling these elderly, inquiring Catholics what we knew about Judaism, what Jews thought about Jesus, our personal experiences with Judaism, and explaining why Costa Rican

Jews behaved in ways they didn't understand. It seemed our answers and explanations satisfied the men's desire to know and they had begun to see Jews differently.

Our feelings were confirmed a few days later when don Samuel came by the house to inform us that his colleagues had invited us to come and talk some more.

We finished our Peace Corps service in 1976 and, after four years away, headed home to Washington, D.C. We had arrived in Costa Rica as Jews in name and heritage only. On the long trip home, we had time to consider the issue we had been comfortable ignoring, our Jewishness, and as we did our experiences with don Samuel and *la colonia* informed our thinking. Now, with an 8- and a 9-year-old, we knew we wanted those girls to grow up Jewish. We wanted them to know that the Jewish people included a wider-and more accepting-community than what they had known in Costa Rica, and that Judaism was a kaleidoscope of values, experiences and people they should know personally.

*Don Goldman is retired from the National Park Service. His wife Lorraine is a former executive director of an education NGO. They live in Santa Fe, New Mex. Their daughter Emily served as a Peace Corps Volunteer in Honduras, became an anthropologist and works on Latin American human rights issues in Washington, DC. Jessica became a lawyer and lives with her family in Seattle, Wash.*

## LEARNING ABOUT HUNGER

by Duane Karlen

**I**t was a beautiful, sunny Caribbean day, and I was ready for some lunch. I stopped at a street stand for what is known locally as a "roti," a large flour tortilla wrapped around a curried potato and chicken filling, spicy and delicious, big enough to be a meal by itself. To wash it down, I also bought a huge cup of sweet, tangy tamarind juice, chilled with ice.

I found a bench under a tree amidst people coming and going about their business, unwrapped the roti and savored the first few bites. Then I put it down next to me on a napkin and picked up the cup of juice. That's when he struck.

I didn't see him coming, but he must have been watching me. He ran past the edge of my bench and scooped up the roti with an outstretched hand, hardly slowing a bit. I looked up to see him moving away, noticing his thin shirtless form, his ragged pants, his long unruly hair. I distinctly remember the smell of him, that combination of sweat and rankness that go with unwashed clothes and an unbathed body.

As he ran, I saw him bring the roti to his mouth and wolf down a bite. Staring after him in disbelief, the realization hit me: he had stolen my lunch! A flood of adrenalin released me from my initial shock, and I leaped up, infuriated, to begin running after him. He sped on, lifted the roti to his mouth and took another quick bite. Fueled by the intensity of the pursuit and the outrage of what was happening, I began to shout as I ran, "Thief! Thief! Stop him! Stop that guy!"

Now I was in good shape from regular exercise and jogging on the beach, but he was fast as well, no doubt energized by his own emotions. Continuing to shout out for others to



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stop him, I zipped by people in the street, seeing their heads turn, catching their glimpses of curiosity about what was happening. Then I noticed something else. No one was attempting to stop him. Nobody else gave chase. No one else seemed outraged. This made me even angrier, and I began to gain on him.

But as I ran further and got closer, a thought crept into my mind: What would I do if I caught him? I wasn't sure. I slowed a bit so that the distance between us remained constant. Why, I would knock him down and smack him for stealing my lunch! Hmm, maybe not a good idea in this neighborhood, I realized as I looked around. Well, I would demand my roti back! Ah, well probably not—after all, it was mostly eaten by now.

At that, my focus began to change. In my mind's eye, I began to see what was happening as if I were one of those bystanders on the street, or as if I were behind a camera filming a scene in a movie. Images sharpened and shifted, and I started to view the situation through a new lens.

I saw a white man, healthy and in good shape, nicely dressed, chasing a poor, black man in ragged clothes. I saw someone who was well fed chasing someone who was hungry; trying to get back the food he thought had been stolen from him. I saw someone who was angry chasing someone who was desperate. I stopped shouting "thief" as I ran.

The scenario shifted again. I now

imagined myself speaking to the crowd, pleading my position in an objective manner that he had taken my roti and committed a crime against an innocent person, as if appealing to society's sense of what's rational and proper.

"And what is that crime?" might ask one of the bystanders.

"Why, he stole my food!" I would reply. "It's outrageous and it's illegal! You have to uphold the law or everything will fall apart." In my imagination, the audience seemed to listen to my words, but their faces were hard to read. I didn't know what they were thinking.

At the back of the crowd a curious passer-by stopped to ask someone else what's going on.

"This guy grabbed the white guy's roti and ate it," came the reply, "and the white guy is pissed off about it."

"I suppose he was hungry," said the other.

"Of course, why else would he take it?" They looked at each other. It was pretty obvious who was hungry and who wasn't.

"Well, I guess he could have asked the foreigner for it if he was that hungry!"

At that point either one of them might have said, "Well, the foreigner could have offered it to him too!" But neither of them said that. They both understood the situation.

I stopped running entirely and walked along for a few minutes. The guy had disappeared. Then I

turned back, my breath and emotions returning to their normal rhythms. Nobody noticed me now, other than a casual glance at a foreigner. I realized how thirsty I was from the chase, and I thought of my tamarind drink back on the bench and how good a cold drink would taste.

Later on, I thought about the guy I chased. He must have been thirsty too. After all he ran just as hard as I did! He would have enjoyed that tamarind drink too. Perhaps we could have shared it, for it certainly was big enough!

Later on, much later, I realized he was my teacher. He taught me about hunger. At the time I would have said I didn't need one, at least on that topic. I had studied hunger, I had worked in international development, and I had lived in places where hunger touched the lives of people around me. I could talk about the topic for a long time. So, since I didn't think I had anything to learn, he had to trick me. He had to do something outlandish to get my attention. He was desperate. I understand why he ran. I know why I ran after him. I just wish I had thought of thanking him instead of chasing him away.

*Duane Karlen was a Peace Corps Volunteer in Nepal from 1970-72. He later worked with Peace Corps as a staff member, both in the Eastern Caribbean and at headquarters in Washington, DC. He currently lives in the Washington DC area and works at the Foreign Service Institute.*



## Gifts from the NPCA Online Store

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## SEVEN DUSTY NOTEBOOKS

*Sometimes a little escapism keeps you balanced*

by Emily Arsenault

The cockroach emerged from behind a portrait of Pope John Paul II and the Bishop of Botswana, then skittered up the mud-brick wall to the tin roof, where it disappeared. That and a complimentary copy of *Newsweek* was our evening's entertainment.

Maybe we did need that TV after all. It was our second day in this dusty South African village, midway between the Kalahari Desert and the original de Beers diamond mine. Earlier that day, our supervising principal had taken my husband Ross and me on a whirlwind tour in his old yellow Toyota, making formal introductions with school administrators and village leaders.

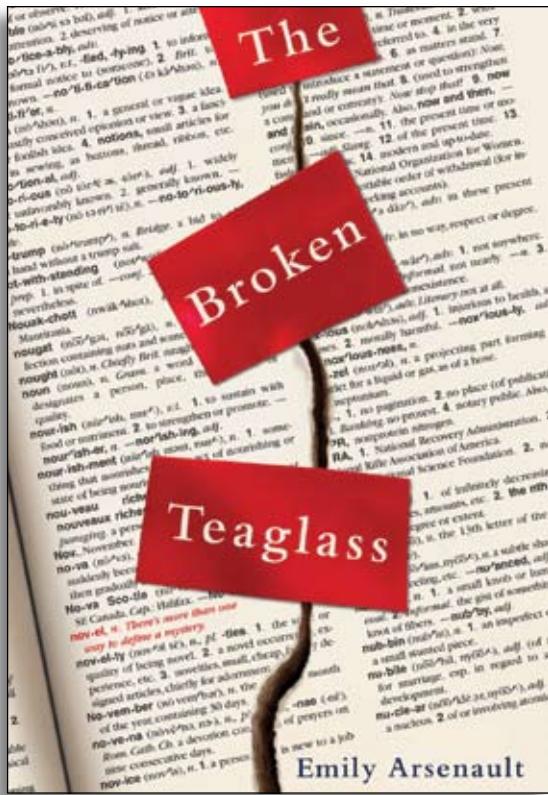
We smiled politely, shook hands, and showed off our minimal Setswana skills. And at each stop our principal,

Sebe, asked everyone if they had a spare television we could borrow. The village had been electrified only a few years before, and people still loved the novelty of TV. Sebe couldn't bear the thought of his American guests living without one. Yet at each stop we objected ("Don't worry about us . . . we didn't come to South Africa to watch TV"). After our fourth refusal, Sebe grudgingly conceded, as long as we promised to come over and watch his on occasion.

Yet over the next few weeks, we began to wonder if our high-minded attitude was a mistake. There was definitely going to be a lot of downtime. How were we going to fill it?

By the five-month mark, we had settled into our assignments and the general pace of village life. Still without a TV to enliven those quiet nights, Ross and I started a competition. We would both write novels—his would be sci-fi, mine a mystery—and see who could finish first. We wrote an hour a day together—usually at sunset. Sitting on our stoop, we would scribble in notepads as our host uncle nudged the family goats into the kraal for the night, and our host mother, Kgopoloeng, blasted her gospel music from her house next door.

At first, Ross' novel went far better than mine. Soon he had produced a couple of chapters and developed a swagger, anticipating champagne corks popping at New York publishing parties upon our return to the US. Meanwhile, I was still considering possible



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Ross Grant

**The author and her host mother, at home in Losasaneng, South Africa.**

plots and pulling my hair out. I knew I wanted to set the story at a dictionary company (I'd worked at Merriam-Webster for four years after college, and it had always seemed to me like a mystery setting waiting to happen). But I couldn't seem to figure out anything else. I gave up, turning my attention in the evenings to reading and making Setswana flash cards, grumbling at the feverish scratching of Ross' pencil.

But months later everything changed, thanks to the long, desolate road between our village and the neighboring village school. Principal Sebe insisted the road was dangerous. "You should not be walking there unless you are carrying a firearm," he told me. I was never sure if there was much real danger—Sebe was very protective—but I'd often bring a pocket knife just in case. On this particular day, I realized halfway that I'd forgotten the knife. I shrugged it off. I happened to have a drinking glass in my bag. Maybe I could smash it and use the shards as a weapon, if someone or something scary came tearing out of the veldt. As I walked along, I began daydreaming about a character who ends up—under bizarre circumstances—stabbing someone with the shards of a drinking glass.

lines, it's about someone trying to appear competent, trying to make sense of his place in unfamiliar territory.

The book quickly became my therapy. I took it out and scribbled furiously whenever I needed an escape: on days when the public attention of being the only white people in 30 miles was too much to bear, on the days when the neighborhood kids drove me crazy knocking on our windows, asking *Ke kopa biscuit? Biscuiti fela?* (May I have a cookie? Just a cookie?), when projects at school were slow.

I filled seven notebooks. I still have them—ratty from travel and desert dust. Inside, scenes are written and rewritten, interspersed with Setswana vocabulary, a library budget for Sebe's school, English lesson plans, school meeting agendas, and odd notes to self (*Termite mounds still in library. Cement floor? Ask Sebe*).

Looking at those notebooks now, I can see how torn I was. I wanted to be accepted by the community, and to make real improvements to the teachers' and students' lives. But when days didn't go according to plan, I'd retreat into a completely different world. How different can you get from a South African village, after all, than

Suddenly, I had my mystery. Soon I went back to writing for an hour a day, working this plot line into my dictionary setting. It was, on the surface, an odd writing project for a Peace Corps Volunteer—about a young man trying to navigate his first new job at a curious old dictionary company. But if you read between the

a New England dictionary company? While to some it's an intriguing juxtaposition, my volunteer friends and I know better—working on my book was akin to curling up in a fetal position and sucking my thumb. It was my comfort zone. It was a lot like watching TV, in fact. Most of the volunteers had some variation of this—knitting, reading, trying every recipe in the Peace Corps cookbook, or sampling cheap, boxed South African wines. We all realized that a little escapism keeps you balanced—and helps you to be fully present at other times.

I finished the book about two months before the end of our two-year service. After returning home, I revised the book and found an agent who, to my shock, sold it to a publisher. (Ross, by the way, shelved his book midway through our service, but he happily opened a bottle of champagne with me.) "The Broken Teaglass" hits bookstores this fall. How surreal it was to see the publisher's glossy cover a few months ago. For me, "The Broken Teaglass" will always, on some level, be a set of seven dusty notebooks with poorly-drawn goats and chickens doodled in the margins.

And even when I read the edited scenes now, they bring me back to the places in which they were first written—on a mud stoop while a wide-eyed little girl plays with my exotically straight blond hair, under a leaky, rattling tin roof in a downpour, or sitting on a rock by the roadside after school, hoping a koombi taxi will come and save me the long, hot walk home.

*Emily Arsenault served as a Peace Corps volunteer in Losasaneng, South Africa from 2004 to 2006. Her book, The Broken Teaglass, was published by Random House in September 2009.*

## PEACE CORPS SERVICE 2.0

*A Volunteer-turned-entrepreneur stays on to build Nicaragua's communication infrastructure*

by JoAnna Haugen

**A**fter their Peace Corps service has ended, some volunteers return home and pursue careers in international development or non-profit work. Many become life-long community volunteers. But only a few venture so far as to stay in their country of service and sink all the cash they have into a new business that provides a sustainable solution to a problem in many developing countries: the lack of communication infrastructure.

For Brian Forde, his Peace Corps service was only a pre-cursor for more sustainable work in Nicaragua, where he served as a small business volunteer from 2003 to 2005. As his service came to a close, Forde and Edgard Cruz, the head of information technology for the Peace Corps in Nicaragua at the time, partnered together and formed Llamadas, S.A. a telecommunications



**Brian Forde, co-founder of Llamadas, S.A.**

company that services 75,000 people a month and has changed the face of that industry in the country. “Neither of us had a particular interest in telecommunication,” Forde says

through an e-mail interview, “but once we saw Internet phone calls coming to market in the United States, we immediately saw the benefits it could bring to Nicaragua and viewed it as a technology that could truly be exploited to save money and increase efficiency in the developing world.”

Llamadas, S.A. began with five phone cabins on one wall of an ice cream shop in 2005; today, the company has 29 call shops around the country and employs more than 80 people. “International communication is very important in Nicaragua because over one million Nicaraguans, or 20 percent of the population of Nicaragua, live abroad,” Forde says. “Affordable communication keeps families connected and provides the local economy with almost a billion dollars in annual revenue through remittances.”

“One of my concerns as a Peace Corps volunteer was seeing people from rural communities leaving for Managua or neighboring countries to find better paying jobs,” he says. “Our goal is to create tools that allow people to earn a decent living in Nicaragua instead



**A Llamadas Heladas store in Matagalpa, Nicaragua.**

Llamadas Heladas



**Llamadas Pedaleadas with customers.** Photo inset: **Llamadas Pedaleadas alternator where energy is generated.**

of looking for opportunities abroad.” The products and services offered by Llamadas, S.A., have had a significant impact on basic communication services in the country and are making it easier for citizens to find work at home. One product, Faxear ([www.faxear.com](http://www.faxear.com)), is an e-fax for cyber cafés that eliminates the need for fax machines and increases the reliability and ease of faxing nationally and abroad.

A new website launched by Llamadas, S.A., [www.visagringa.com](http://www.visagringa.com), allows customers to apply for visas online or in the call shops over the phone. This service allows people to fill out the application in Spanish, which is then translated into English. The standard government form requires all answers be given in English and provides little guidance on how to correctly complete it; 50 percent of applicants complete this standard form incorrectly.

One of Forde’s purposes in establishing the company was to address the growing emigration problem in Nicaragua’s rural villages, but he also recognizes the opportunities Llamadas, S.A. makes available to customers. In addition to applying for tourist visas, Nicaraguans can apply to the U.S. State Department for a lottery of 55,000 visas annually that allow foreigners to live and work in the United

States. This year, two of the company’s customers, who applied with the help of Llamadas, S.A. won visas—one of whom has a college degree in accounting but currently earns less than \$80 a month as an accountant at a local radio station. “The opportunity for someone to work legally in the United States, who is from a humble background and has worked hard to earn her college degree, will truly change her life,” Forde says.

Nonetheless, he hopes his business will encourage many more Nicaraguans to stay—and succeed—in their own country. That’s where Llamadas, S.A.’s latest technology comes in. Llamadas Pedaleadas ([www.pedaleadas.com](http://www.pedaleadas.com)), a pedal-phone system run on a battery that is charged when pedaling the bike to which it is connected, has opened doors for people who live in

remote areas. “We developed Llamadas Pedaleadas to extend the call quality of our call shops to more rural areas and provide a way for entrepreneurs to generate more income,” Forde says. Llamadas Pedaleadas allows customers to make national calls from remote areas for the same price they would pay in one of Llamadas, S.A.’s phone shops. The system is created using recycled car parts and allows for one hour of use for every ten minutes of pedaling.

Though Llamadas Pedaleadas is still in the testing stage and customers can currently only make national calls from the stations, Forde hopes to turn the technology into a win-win situation for the entrepreneur who buys and runs the machine as his own business and for people living in rural Nicaragua who take advantage of the technology.

The opportunities made available by Llamadas Pedaleadas could potentially be applied to remote areas in other developing countries, and while Forde says the machines are too costly to ship, he is open to sharing the technology once it has been perfected. In the spirit of the Peace Corps, this innovative tool isn’t as much about profit as it is about helping to create a well-rounded, sustainable country—one in which people survive and thrive on their own skills and abilities.

The services provided by Llamadas, S.A., may function in isolation, but the whole operation comes full circle. “The range of knowledge and expertise that Nicaraguans have is vast,” Forde says. “If we provide the ecosystem where Nicaraguans can

receive their payments from abroad securely in our stores, a website where they can post their expertise and find new customers for tutoring or consulting services and, lastly, the inexpensive phone call abroad, this can be one of many ways to help prevent emigration and decrease the amount of unemployment in the country.”

*JoAnna Haugen (Kenya 04-05) is the community news editor for the National Peace Corps Association.*



**Inside the flagship store in Managua.**

# THE PEACE CORPS COMMUNITY MAKING A DIFFERENCE

by JoAnna Haugen

## MEDICAL ASSISTANCE AND EDUCATION IN GUATEMALA

It all started with a dream and a plot of land in Chisec, Guatemala. After his Peace Corps service, **Brian Smith** was inspired to become a doctor in rural medicine. He bought land in rural Guatemala and is now raising money to build a medical clinic, which will benefit approximately 250 villages in the mountainous areas surrounding Chisec. The clinic is intended to benefit the community's health, economy and education. With the help of 20 of Smith's fellow colleagues, he started CHILA to raise the money needed for construction of the building. In addition to providing medical care, CHILA will also focus on prevention by educating women and children in the community on good hygiene and disease prevention. [www.chilainc.org](http://www.chilainc.org)

## SUPPORTING ORPHANS IN MALAWI

"It takes a village to raise a child." This is the idea behind Malawi Children's Village, a support center that provides food, shelter, education and medical care for orphans and other vulnerable children in Malawi. Started by **Dr. Kevin M. Denny** (Malawi, 64-66) and Chakunja Sibale, a doctor in Malawi, Malawi Children's Village has been able to provide children with the necessary resources to become healthy, educated and productive adults. Many benchmarks have been reached since Malawi Children's Village was created in 1996; highlights after ten years of service include 85 percent of the catchment's secondary students attending school and fewer than 15 percent of the orphans serviced by the Malawi Children's Village contracting malaria each month due to an insecticide-treated bed net project. [www.MalawiChildrensVillage.com](http://www.MalawiChildrensVillage.com)

## ENVIRONMENTAL PROTECTION IN CENTRAL AMERICA

Communities are able to protect, conserve and manage their natural resources if local people play an active role in their care and management, and the preservation of trees, wetlands and watersheds is essential for the social, economic and environmental health of the communities. These are the ideas behind Trees, Water & People, a non-profit organization that develops and manages community reforestation, watershed protection, renewable energy, environmental education and carbon offset programs in Guatemala, Nicaragua, El Salvador, Honduras and Haiti. **Stuart Conway** (84-87) is the co-founder and international director of Trees, Water & People; his wife, **Jenny Bramhall** (84-86), was one of the founding board members. [www.TreesWaterPeople.org](http://www.TreesWaterPeople.org)

## RAISING CHILDREN AND SELLING BASKETS IN KENYA

In the Nyando District, located near Lake Victoria in Kenya, grandmothers are raising their grandchildren because many parents have passed away due to AIDS-related illnesses. As of September 2008, the non-profit organization Grandmothers raising Grandchildren had grown to 42 members raising 124 children. The women meet every two weeks to work on projects that raise money for their basic needs and the needs of their grandchildren. The non-profit organization provides a forum for the grandmothers to create baskets and sell them for a profit; funds scholarships for the children; and raises money for mosquito nets, medical care and clothing. Grandmothers Raising Grandchildren was founded by **Bie Bostrom** (Kenya, 04-06), who also serves as the organization's president. [www.grgahero.org](http://www.grgahero.org)

*Life is calling.*



Kate Slavens, MPA '11  
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# RECENT ACHIEVEMENTS OF OUR COMMUNITY

by JoAnna Haugen

## AZERBAIJAN

Inner Hearth Books just released "The Sophisticated Savage," an anthropological memoir by **Carla Seidl** (06-08). The story is about the author who traveled to the Galapagos Islands of Ecuador, met and fell in love with a surfer named Fredy who told her he had been a cannibal in the Amazon jungle. Several years later she returned to the islands to investigate Fredy's life story and travel with him to the jungle to find his family. This is Seidl's first book. She is currently preparing for another tour of Peace Corps service in Togo.

## BOTSWANA

An essay by **Bronwyn Mitchell** (94-96) of Baltimore was selected to be published in an anthology compiled by the Union of Concerned Scientists and Penguin Classics. The anthology is called "Thoreau's Legacy: American Stories About Global Warming."

## BULGARIA

Photographer **Betsy Sergeant Snow** (97-99) has fleshed out her resume since returning from the Peace Corps. In 2003, Snow won a first place award in the Sierra Club/East Bay Chapter photo contest. In 2004, her photography appeared in a guidebook about Bulgaria published in France. In 2005, Snow's work was featured in the International Peace Corps calendar. She also had her piece "Piercing Warmth" selected for the cover of DePaul University's Poetry East that year. Additionally, Snow exhibits her photographs from Bulgaria and San Francisco at City Art Gallery in the Mission District of San Francisco.

## BURKINA FASO

The Camden County College in New Jersey awarded **Dr. J. Mark Powell** (73-77) of Madison, Wis., with its 2009 Outstanding Alumnus Award. Powell is an international expert in agronomy; is a member or advisor for a number of national and international entities; has edited or reviewed for 10 international scientific journals; has published countless articles, book chapters, monographs and technical bulletins; and has presented more than 130 scholarly papers at national and international professional meetings. He is currently a faculty member at the University of Wisconsin Madison and serves as a research soil scientist for the United States Department of Agriculture, Agricultural Research Service, U.S. Dairy Forage Research Center.

## CAPE VERDE

**Sam Weeks** (06-08) has received a \$25,000 Ambassadorial Scholarship from the Southern Vermont and Southern New Hampshire district of Rotary International. Currently a translator for Medical Care Development International in Maryland, Weeks will spend the next three years conducting a research project about how culture is constructed in a city of the diaspora and helping Cape Verdean youth with an oral history project.

## CHILE

**Juana Bordas** (64-66) was named the 2009 Unique Woman of Colorado, which recognizes those whose work has benefited women and girls in Colorado. Bordas co-founded the Mi Casa Women's Center, served as the first president and chief executive

of the National Hispana Leadership Institute, and founded the Circle of Latina Leadership. She is the author of "Salsa, Soul and Spirit: Leadership for a Multicultural Age," which received a 2008 Latino International Leadership Award.

## COSTA RICA

**Fabio E. Angell** (92-94) recently became the new economic director for the city of Del Rio, Tex. In his new position, Angell will be in charge of coordinating programs and plans related to business expansion and retention in the city. Though he has been visiting Del Rio as a tourist since 2001, Angell only recently became a permanent resident in the city.

## COTE D'IVOIRE

President Barack Obama nominated **Anne Ferro** as administrator of the Federal Motor Carrier Safety Administration in the Department of Transportation. Ferro has extensive experience in driver and vehicle safety and is currently the president of the Maryland Motor Truck Association. She also serves on many committees related to freight planning, highway safety and transportation funding. She served as Maryland's Motor Vehicle Administrator between 1997 and 2003. In 2008 she was selected as Maryland's Port Woman of the Year.

## FIJI

Former U.S. Congressman **Christopher Shays** and **Betsi Shays** (68-70), a leader in international education, were recently honored at the One To World Fulbright Awards Dinner, which honors individuals who have made significant contributions to international

understanding through their lives and work. Christopher, a former member of the U.S. House of Representatives, was recently appointed to a nonpartisan Commission on Wartime Contracting on Iraq and Afghanistan. Betsi helped organize the Peace Corps' Coverdell World Wise Schools program and has been a leader in the Center for Field Assistance and Applied Research. She also recently served as director of the National Security Language Initiative of the U.S. Department of Education.

### EL SALVADOR

**H. Lynn Beck** recently published his first book, "Henry and Anthony". It tells the tale of a goose named Henry who travels the world and finds new friends who are also trying to find their place in life. "Henry and Anthony" is ultimately about Henry's morals which allow him to help others and build real friendships; it developed over the course of many years during classroom storytelling.

### GUATEMALA

Rio Tinto and the International Business Leaders Forum named Trees, Water & People as the 2008 winner of the \$1 million Rio Tinto Prize for Sustainability. Trees, Water & People is a non-profit organization that develops and manages community reforestation, watershed protection, renewable energy, environmental education and carbon offset programs in Guatemala, Nicaragua, El Salvador, Honduras and Haiti. The prize recognizes and rewards non-profit, civil society and non-governmental organizations for significant contributions to the goals of economic, environmental and social sustainability. **Stuart Conway** (84-87) is the co-founder and international director of Trees, Water & People; his wife, **Jenny Bramhall** (84-86), was one of the founding board members.

### HONDURAS

The New Belgium Brewing Co. gave **Ryan Van Duzer** (03-05) a bike last year and with the help of the brewing company and the League of American



Van Duzer is "Out There Guy."

Bicyclists, Duzer is now riding the bike and a 50-pound trailer from San Diego to Washington, D.C., nearly 3,000 miles away. Duzer is not new to long-term bike rides. In 1995 he rode a bike 4,000 miles from Honduras to Boulder, Colorado. He is a regular contributor to Camera as the "Out There Guy."

Rev. **Wes Wubbenhorst** (83-85), a youth minister with the Episcopal Diocese of Maryland, recently returned from a mission trip with 16 youth in Honduras. Though the trip was cut short due to the military coups of President Manuel Zelaya, the group did spend time serving at El Hogar de Amor y Esperanza, an Episcopal orphanage in Tegucigalpa with the agricultural and technical training school for older students.



Marla Kozlak.

### HUNGARY

**Marla Kozlak** (91-93) was selected as one of 16 Americans to receive the Fulbright-Hays Scholarship. The scholarship sends primary school educators from around the world to learn about other cultures and to use what they learn in their lessons upon return. Kozlak is an English-as-a-second-language teacher in Woodbridge, Va.

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## INDIA

**Andrew Kilgore's** art exhibit, "Portraits of Arkansas," is currently on display in the Smith-Pendergraft Campus Center at the University of Arkansas - Fort Smith. The exhibit consists of 24 portrait photographs selected from three of Kilgore's photographic series. In 1973 the University of Arkansas hired Kilgore to develop a photography program. He worked in the art department until 1977 when he retired from academia and became a commercial photographer.

## JAMAICA

When she returned to the United States from her Peace Corps service in 2002, **Ann Wilson** knew she needed to find a way to become more integrated in her community. In response to this need, she formed Platform Art, a nonprofit organization that hosts biannual art parties featuring artists with different skill levels and in different media.

## KYRGZSTAN

Damian Wampler's (99-01) first play, *Twin Towers*, opened in June. The play, which is the story of two childhood friends in the Bronx who discover they don't have much in common when one returns home from a military tour in Iraq and one from Peace Corps service, ties together Wampler's personal experiences, stories of city life and global perspectives.

## MALI

**Christopher S. Winters** was named interim headmaster at Greenwich High School in Connecticut. Winters is currently the director for curriculum, instruction and professional learning. He has worked as housemaster at the high school, as an administrator in the district for ten years and as an educator for almost 20 years. His previous positions in the district include coordinator of the ESL program, coordinator of the world language program and Folsom headmaster of the high school. Winters has also served on a number of boards and committees, include the secondary school review committee, the district

data team and the transdisciplinary unit committee. He is currently working on his doctorate degree at the University of Connecticut.

**Dan Bellrichard** has been named sustainability coordinator at Luther College. He is a graduate of the college. In addition to his service in the Peace Corps, Bellrichard also worked with VISTA.

## MALAYSIA

**Beverly Russell** (64-66) was elected chairwoman of the Mt. Hood Community College District Board of Education. She was originally selected for the board in May 2006 to fill an unexpired term and was elected to a four-year term in 2007. Russell received her bachelor's and master's degrees in education from Western Oregon University. She has been a substitute teacher in Portland and a travel agent.

## MOROCCO

Lincoln, Neb., resident **Dominique Ellis** (06-08) has been awarded a Fulbright Scholar grant. A fine arts graduate, Ellis will use her grant to spend a year in Egypt working on a printmaking project.

The U.S. Agency for International Development named **Carol J. Horning** as the new director for Guyana. In her position, Horning will oversee programs focused on promoting activities in the economic growth, democracy and governance, and health sectors. She will also assist Guyana's government in its efforts to overcome developmental challenges in the country. Horning's former positions with USAID include time as the deputy mission director for USAID's mission in Nicaragua; work in democracy, education, strategy and budget in Bangladesh, Eritrea, Georgia, Haiti and Panama; helping in regional operations in Asia and the Near East; and managing food aid coordination in Latin America and the Caribbean. She has her bachelor's degree from Michigan State University and her master's degree from the National War College. Horning speaks six languages.

## PARAGUAY

Haywood Community College honored **Dr. Jim Hamilton** (93-95, 99) with the 2009 master teacher award. Hamilton is an instructor in the forestry program at the college. He has worked as an extension agent in Boone, N.C., for three years. He previously worked with the Michigan Cooperative Extension, N.C. Cooperative Extension and Southern Coastal Agromedicine Center.

## PHILIPPINES

**Rick Welsh** has been promoted from associate professor to professor of sociology in the School of Arts & Sciences at Clarkson University. Welsh previously worked at Winrock International Institute for Agricultural Development and the Henry A. Wallace Institute for Alternative Agriculture. Additionally, he served as the director of the U.S. Department of Agriculture's Southern Region Sustainable Agriculture Research and Education Program at the University of Georgia.

## SOUTH AFRICA

Platte County, Wyo., author **Starley Talbott** (2001) has released a book featuring the history of the communities of Wheatland, Glendo, Hartville, Guernsey and Chugwater as well as rural areas and towns that no longer exist. Her writing career began with a stint at the *Saratoga Sun* in 1971; today she is a freelance writer. Her first book, *Lasso the World*, was published in 2004. The book contains a story about Talbott's Peace Corps experience, which was also included in the Peace Corps at 50 story project.



Starley Talbott

## THAILAND

Philadelphia Business Journal honored **Concetta Anne Bencivenga** (92-94) with one of its "40 Under 40" awards. Bencivenga is the CFO and vice president of finance and administration for the



**Elaine Kornbau Howley swims the English Channel.**

Please Touch Museum in Philadelphia. In her position, she recently completed a \$60 million tax-exempt debt, which allowed the museum to finance its expansion, relocate to Philadelphia and save a National Historic Landmark building in the process.

## UKRAINE

**Elaine Kornbau Howley** (00-01) recently achieved the Triple Crown of open-water marathon swimming. On August 3, 2009, the writer and editor completed a solo crossing of the 21-mile English Channel between Dover, England and Wissant, France. She had previously completed swims across the Catalina Channel, a 21-mile swim between Catalina Island and the mainland of Southern California, and a 28.5-mile solo circumnavigation of Manhattan Island as part of the annual Manhattan Island Marathon Swim. Howley currently resides in Waltham, Mass.

## VANUATU

The University of Florida has named **Anna Prizzia** as the new director for its Office of Sustainability. Prizzia previously worked as the outreach coordinator in the same office. Prior to that, she worked with the St. John's



**Elaine Kornbau Howley**

River Water Management District, Alachua County Environmental Protection and the City of Gainesville. Prizzia serves on the boards of Sustainable Alachua County, Sustainable Florida and Slow Food Gainesville.

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