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Photographic Resource Center
at Boston University
www.prcboston.org

COVER IMAGE: Little hands with brightly colored bracelets lie listlessly at Ola During Children's Hospital in Freetown, Sierra Leone while they receive medical attention and treatment for severe diarrhea caused by unclean water and sanitation issues. Dominic Chavez, *Untitled*, 2010 – 2011.

G L O B A L H E A L T H I N F O C U S

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RIGHT: Kristen Ashburn, *Untitled*, 2001 – 2007. This businessman is too weak to continue working and struggles to keep up with medical bills. Birchenough Bridge, Zimbabwe.

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DESIGN: Glenn Ruga



GLOBAL HEALTH IN FOCUS

The Photographic Resource Center is inextricably tied to the cultural, political, and economic fabric of New England. Our founding in 1975 was never far from research in photographic technology at both MIT and Harvard. From our earliest moments, we have been connected to all the other leading educational institutions in the greater Boston area, particularly through our partnership with our host, Boston University. Former BU President John Silber understood the value of the contributions that the PRC could and does make to this dynamic educational institution, and because of that BU has continued to be our host for more than 25 years.

Today, Boston is an international hub for global health: all the leading universities offer research and programming in this area, and numerous leading Boston NGOs work on the ground to improve health conditions in the developing world. Pharmaceutical companies based in Boston are developing and manufacturing life saving solutions to global health problems, and the city houses some of the world's greatest hospitals, many of

which have programs specifically focusing on global health. It is only natural that the visual arts community in Boston becomes a partner in this regional focus to solve global health problems; the PRC is excited to be an active member of this community.

We are extremely proud of the partners in the greater Boston area who have provided support for this project in a variety of ways, from lending expertise and personnel to making financial contributions and other means of assistance. This support demonstrates both the acceptance of the role that visual arts plays in communicating important issues and the vitality of the global health community in the greater Boston area.

On the following pages, on our gallery walls, and in the panel discussion as part of this overall program, you will see photographs by Kristen Ashburn, Dominic Chavez, and David Rochkind focusing on HIV/AIDS, tuberculosis, and access to clean water, respectively—three leading health issues threatening the overall well-being of humanity. The three photographers have made a personal choice to



David Rochkind, *Tailor Shop*, 2008 – 2010. Men rest after a long day working in a tailor shop in Mumbai, India. They work about 16 hours a day sewing clothing and then sleep in the workshop.

focus on global health because of their own commitment to using their skills and talents to inform and educate the public about these important issues. You will also read and hear from experts in the field, including an essay from Stefanie Friedhoff, “Why Global Health Matters.” Friedhoff, from the Nieman Foundation for Journalism at Harvard University, is both a journalist focusing on global health issues and a mentor to global health fellows at the Foundation.

I want to thank everyone who has contributed to this project, and I hope readers of this catalog will gain a greater understanding of the health challenges facing our world and an appreciation for the extraordinary work being undertaken by the New England community to solve these problems.

Glenn Ruga

Executive Director

Photographic Resource Center

Why Global Health Matters

by Stefanie Friedhoff

Director of Special Projects

Nieman Foundation for Journalism at Harvard University



David Rochkind, *Miners*, 2008 – 2010. Among South African gold miners, tuberculosis has reached epidemic proportions. Here, a group of gold miners pray for safety before beginning a work shift at an underground mine.

Global Health in Focus is an exhibit that brings us evocative images of people struggling for survival. In Kristen Ashburn's photographs, we watch mothers dying of AIDS, holding on to the children they fear will soon have to fend for themselves. Through the work of David Rochkind, we see the despair tuberculosis leaves in the eyes of people without adequate treatment. And via Dominic Chavez' photographs, we follow children who live and play in garbage dumps without access to clean water.

As we take in the depth of preventable suffering, the concept that health is a human right is finally taking form.

Health as a Human Right

It was a busy week in September 1978 in the Kazakh town of Alma Ata (now Almaty) when representatives of the World Health Organization (WHO), the United Nations, UNICEF and other organizations from 134 countries assembled to discuss what could be done to combat disease and suffering worldwide. Delegates presented an ambitious idea: that the definition of health include its social, environmental, economic and political determinants.

In what came to be known as the Declaration of Alma Ata, the delegates agreed that "health, which is a state of complete physical, mental and social well being, and not merely the absence of disease or infirmity, is a fundamental human right [...]."

The delegates called it "Health for All by 2000," and that was the end of it. The idea that some form of health care could be established in every community on the planet, so that a mother in Northern Sudan would soon be no more likely to die in childbirth than a mother in South Beach, was dismissed as too idealistic, too expensive and too unachievable. In the decade that followed, few organizations or health officials could create much momentum for these goals.

By all accounts, "Health for All by 2000" failed. At the turn of the millennium, health outcomes for a number of poor nations were worse than they had been in the 1970s. There were many reasons: the oil crisis; a global recession; and a political climate in the West that introduced so-called structural adjustment programs, which forced developing nations to cut their health budgets. At the same time, the HIV/AIDS epidemic emerged, tuberculosis came back with a vengeance,

malaria cases increased, and the focus quickly moved away from basic health infrastructure to the management of disease emergencies.

In the 1980s and '90s, overall resources for health diminished and interventions were designed to be selective in order to remain affordable. For example, it was believed that treating drug-resistant tuberculosis (MDR-TB) in low-income countries the same way it was treated in developed nations—via aggressive but expensive second-line antibiotics—would be too costly. As a result, drug-resistant TB spread across several continents and turned into a much bigger and costlier challenge.

Medical anthropologist and global health pioneer Paul Farmer, of the Boston-based Partners in Health, today calls such policies "failures of imagination."

What is Global Health?

As industry, technology, and the global spread of AIDS have made our world a much smaller place, our shared humanity becomes harder to deny. In recent years, the proposition that health is a social justice issue—one that enables all other development, from the healthy growth of individuals to economic productivity to national stability—has not only been recognized

as visionary, it forms the backbone of the ongoing historic efforts we now call global health.

The term is fairly new—the field used to be called international health—and the change represents this new worldview. Global health today moves beyond infectious diseases in developing countries to focus on all health challenges, everywhere. It promotes comprehensive care and local empowerment. It asks for cooperative actions and solutions, not mandates for developing countries. It asks for shared responsibility for our shared welfare.

The Challenges

The challenges illustrated by the photos in this exhibit are daunting:

- For every HIV-infected person in Kristen Ashburn's work, there are millions more: 34 million people worldwide live with HIV/AIDS, a majority of them in sub-Saharan Africa. 14.8 million children in that region have lost both their parents to the disease. In 2010, more than 1.8 million men, women and children died of AIDS.
- The tuberculosis patients in David Rochkind's images are among 12 million men and women living with the disease globally.

(TB is hard to diagnose in children.) 1.1 million patients died of TB last year.

- Dominic Chavez documents the lack of access to clean drinking water, a challenge that affects one billion people globally. Even more people, roughly one-third of the world's population of 6.9 billion, lack modern sanitation.

Why Global Health Matters

While the health of the world's population has improved dramatically in the past century, the bounty has not been shared evenly. Roughly 90 percent of the world's healthcare resources are used by only 10 percent of the world's population. In Angola, 175 out of 1,000 children die in childbirth; in the United States, that number is 6.6. Similar to HIV/AIDS and tuberculosis, malaria predominantly infects people in low-income countries, and it kills about one million annually. Developing nations today also see a rise in chronic illnesses, such as cardiovascular diseases, diabetes, and cancer.

Global health matters because to this day, millions of people die from preventable diseases simply because they are poor; malnutrition, combined with unsanitary or crowded

Dominic Chavez, *Untitled*, 2010 – 2011.

A young girl plays in her front yard with her neighbors in Kroo Bay, Freetown, Sierra Leone.



conditions and a lack of vaccinations, medication and care, leaves them exposed.

Children are especially vulnerable: in 2010, 7.6 million children under the age of five died, a majority of them from curable diseases such as diarrhea, measles, and malaria. The number is down from 12.4 million in 1990, which proves that some interventions are working, such as the distribution of bed nets that protect against malaria or the invention of a simple solution of salts, sugars, and water that prevents dehydration from diarrhea. But too often effective prevention and treatment do not reach communities in need.

Such failures reveal our fragility. In 2007, Oswaldo Juarez moved to the United States from Peru to study English. First came the fevers and the wheezing fits. Then he started

coughing blood. Several doctors had to be consulted before it became clear what was wrong with Juarez: he had tuberculosis. Not just simple tuberculosis—not just multidrug-resistant tuberculosis (MDR-TB) or extensively-drug-resistant tuberculosis (XDR-TB)—but XXDR-TB, a strain never before seen in the United States and untreatable with common antibiotics.

Juarez spent nearly two years in a Florida sanatorium, isolated from friends and family, undergoing a risky treatment of chemotherapy and other drugs, as Margie Mason reported for *The Associated Press* in 2009. Mason was a Nieman Fellow in global health reporting; her Nieman reporting project on global drug resistance led her to discover the case that the public had been unaware of until then. Juarez walked out of the hospital alive, but experts like Dr. David Ashkin, medical executive director of the State TB Hospital in Florida, told Mason, “He is really the future. These are the ones that we fear because I’m not sure how we treat them.” XDR tuberculosis killed 52 of the first 53 people diagnosed with it in South Africa a few years ago.

It is examples such as this one—or the rapid spread of the highly infectious SARS

virus in 2003 from Hongkong to Taiwan to the U.S. and Canada—that illustrate how health challenges threaten not just the poor but everyone, everywhere.

Global health matters because in our co-dependent economies, with shared resources and a shared biology, our lives have never been more intimately intertwined. In fact, if a disease agent such as the one that caused the 1917/18 influenza pandemic would hit the world today, there would be no food deliveries within a few days, no medical drugs (most of which are imported), and almost no nation would be able to come to another’s rescue as they would all be responding to the emergency at the same time.

Health Takes Center Stage

The Harvard physician and historian of science Jeremy Greene says that in recent years, promoting access to health and alleviating suffering has emerged as the one moral imperative upon which many around the world can agree. As a result, there is a striking mix of players in the field today. Health ministers, evangelical missionaries, human rights advocates, military generals, teenage social entrepreneurs, neo-liberal and progressive economists,

medical anthropologists, epidemiologists, WHO bureaucrats, and pop and movie stars all find common ground in global health.

The many agendas that come together—from national security concerns to empathy and altruism to the promotion of economic stability to the desire to export democratic ideals, including fairness and equality—have enabled health to move from a back burner issue to center stage. Worldwide financial assistance from developed to developing nations, for example, more than tripled recently, from \$7.6 billion in 2001 to \$26.4 billion in 2008, with most of the increase going to health-related interventions.

Also, 30 years ago there were only three major international bodies designing international health policies and projects—WHO, the World Bank and the International Monetary Fund—as well as a few key non-governmental organizations. Today, there are thousands of non-governmental organizations (NGOs) of all sizes plus several new big players, from the Gates Foundation to the Global Fund to Fight AIDS, Malaria and TB. To put this in perspective: the Gates Foundation’s annual global health budget recently surpassed that of WHO.

A Way Forward

While the year 2000 did not bring health for all, it did bring another major conference and another visionary proclamation: the Millennium Development Declaration and its eight goals, which aim to broaden the ideal of fairness and equality to all parts of human life, including nutrition, health care, and education as well as infrastructure and social, economic, and political rights.

If nothing else, the Millennium Development Goals (MDGs) brought home the Alma Ata wisdom that everything is connected, and that challenges in health can not be addressed without understanding economic, political, social, and environmental challenges and vice versa. Slow progress on the MDGs over the past decade also has put the focus back on primary health care for all and the right time for a visionary approach has finally come.

“Today, primary health care is no longer so deeply misunderstood,” says WHO director-general Margaret Chan. In an essay published in the British medical journal *The Lancet* [*The Lancet*, Volume 372, Issue 9642, Pages 865 - 866, 13 September 2008], she explains that primary health care honors the resilience

and ingenuity of the human spirit and makes space for solutions created by communities, owned by them and sustained by them. By offering a way to organize the full range of health care, from households to hospitals, with prevention equally important as cures, Chan concludes, “Primary health care increasingly looks like a smart way to get health development back on track.”

The Role of Photojournalism

The photographs in this book take us on a tour of some of the world’s most persistent health problems. They remind us that whenever we see a statistic or discuss health and development, there are real people behind the numbers and debates.

As the global health community struggles to learn from the past and make good on its goals, these images ensure that a broader public is connected to the historic effort. Ashburn, Chavez, and Rochkind ask us to witness individual stories and the profound impact unhealthy living conditions and the lack of access to health care have on people and their lives. They ask us to acknowledge and to care.



Kristen Ashburn

HIV/AIDS in Sub-Saharan Africa

As a photojournalist devoted to stories that make an impact on our world, Kristen Ashburn considers her work in this project a memorial to all those lost in the AIDS pandemic and a tribute to all the children left behind. While the people in her photographs radiate a deep sense of vulnerability and pain, it is clear that these images also provide a sense of empowerment to her subjects. By inviting a documentary photographer into their lives, they assert ownership over their stories; their gazes, whether direct or averted, silently shout, “I am. I exist.” Looking into the expressive eyes of a sick child or a struggling mother provides an electric jolt the viewer will not soon forget.

After three decades of battling this pandemic on a global scale, why does the issue still boil down to access? HIV/AIDS is preventable and treatable; in fact, people diagnosed with it can live long and full lives. But the people included in these photographs clearly do not have access to adequate resources or treatment. Ashburn’s captions offer further insight: the new baby suckling his mother’s breast did not survive after his mother died; the pregnant woman who should have been celebrating the upcoming birth of her baby discovered her HIV-positive status during a prenatal check-up; the adorable little boy clad in a hat and a tie grasping his mother’s waste is dependent on drugs donated by an NGO. Ashburn’s important contribution, then, lies in providing what access she can through her influential photography.

Ashburn’s images are rich with dichotomies. They are immediately provocative yet intimate, quiet yet incredibly powerful. The compelling interplay between light and shadow gives her images a gravity and a weightlessness, the people portrayed both earthly and ethereal. The beautiful recurrence of sunlit windows and doors seems to offer her subjects a passageway from this world to the next, more peaceful than morose. Her pictures undoubtedly depict suffering on an unbelievably personal level, but these images also speak to the viewer on the most basic human level. There is absolutely no barrier between the viewer and the person(s) in the photographs, no artificial access point. What one sees, one feels in one’s bones.

Florence Alfonso, 24, lived 30 km from the hospital and had to walk or take a three-hour bicycle ride to reach medical care. Her husband died of AIDS while she was pregnant. Florence died in November 2006. Her six-month-old son Moses died three weeks later. Nsanje rural area, Malawi.

Ashburn began photographing the impact of AIDS in southern Africa in 2001. Since then her work has taken her to Iraq a year after the US-led invasion, as well as to Israel and the Palestinian Territories where she produced stories on Jewish settlers in Gaza, suicide bombers, Palestinian youth, and PLO Chairman Yasser Arafat during his house arrest in Ramallah. She also covered the immediate aftermath of the tsunami in Sri Lanka, Hurricane Katrina in New Orleans, and the spread of tuberculosis in the penal system in Russia. Her work has appeared in many publications, including *The New Yorker*, *Time*, *Newsweek*, and *Life*. She lives in New York City.



Maria Vindi, 32, worked as a nurse in South Africa before falling ill. Her family lacked the resources to buy anti-retroviral drugs, which were not yet provided by the government. She spent her savings treating opportunistic infections. Tafara, Harare, Zimbabwe.



Caroline Mudzviti, 10, is an HIV-Positive orphan. She suffered for years from opportunistic infections such as tuberculosis. Chivu, Zimbabwe.

Kristen Ashburn

All of Ashburn's images were taken between 2001 and 2007.

Joyce Maduviku, 21, learned of her HIV-positive status during a pre-natal check-up. Her daughter was born HIV negative due to participating in a mother-to-child transmission program. Joyce died a year after giving birth from an AIDS related illness. Chitungwiza, Zimbabwe.



HIV positive patient in the female ward of the Mashambanzou Care Trust Hospice. Waterfalls, Zimbabwe.

Stella Forty, 42, lies dying of AIDS on the floor of her home. When she died in 2006, her husband was left to care for their five children. Nsanje, Malawi.



Kudzanayi Maekera, 30, a patient at Mashambanzou Care Trust, dying of multiple opportunistic diseases. Waterfalls, Harare, Zimbabwe.



An HIV-positive sex worker with client. She supports her family by selling her body. Zimbabwe.

Chipo, 6, stands by the side of her mother, Christina Kamusere, 29, as she lies dying of AIDS. Mbvuku, Harare, Zimbabwe.



Kristen Ashburn



Otilia Taskani, 38, and son Nigel, 9, are both HIV-positive. They receive their medicine from Parirenyatwa Hospital, a government hospital. They are on second line regimen treatment because they failed on first line treatment. Nigel is also on Fluconazole for life because he was diagnosed to with cryptococ meningitis in 2004. Glenview, Harare, Zimbabwe.



Dominic Chavez

Access to Clean Water in Africa and Haiti

Upon viewing Dominic Chavez' images, it becomes apparent that the people in these pictures are fighting for their lives on the "hidden frontlines," as Chavez himself describes it. These hidden frontlines obscure themselves because they are not always reported the way issues in war-torn countries are. Many people around the world are unaware that a severe dearth of clean water produces a myriad of health problems, not to mention poor sanitation and environmental decay. The photographs included in this section clearly make the viewer aware of these problems by inviting them into the daily lives of the men, women, and children in Sierra Leone, Ethiopia, and Haiti who bathe in and drink the same water being polluted by garbage dumps and industrial chemicals.

Chavez tells a moving story from his many days spent with the head of the Reproductive and Child Health Department in the Ministry of Health and Sanitation in Sierra Leone. Dr. Samuel Kargbo witnessed a group of men carry a woman into his hospital in eastern Sierra Leone, who, upon arriving, told him they had carried this woman for three days. She was pregnant. When the nurses rushed her to the operating table, she died. He relayed to Chavez that he will never forget her and that the events of that day motivate him every day. Chavez exhibits a similar dedication to global health through his striking images, asking us to remember the lives of those who died from a lack of access to clean water, those who are still fighting for themselves and each other, and those who have yet to be born.

However, the images are not meant simply to shock or terrify the viewer. Instead, Chavez notices the intimate, humanistic details of the lives of these people: the playful spirit of children jumping across a dirtied canal in Sierra Leone; the delicate, tiny hands of two precious girls suffering from severe dehydration; the quotidian ritual of bathing in Ethiopia; the ragged, stuffed Pooh Bear being dragged along on adventures with his playmates. The viewer is left with a direct connection to the people in the photographs, a recognition that these people on the hidden frontlines have stories like everyone, but they are surrounded by extraordinarily difficult circumstances. Chavez does not want us to look away from this war zone of global health.

Two young girls find little comfort in Kroo Bay, a slum in Freetown, Sierra Leone. This unsettling environment creates a long list of health conditions due to the lack of clean water. Some of the biggest issues they face are polio, ringworm, typhoid fever, and malaria.

Since 1991, Chavez has covered a wide range of domestic and international issues. He has reported from the front lines of Iraq and Afghanistan to the war-torn streets of Angola. He has recorded the effects of the ongoing drug war in Colombia and documented many health issues facing the nations of Africa. Chavez has produced six books: *Well Being* with Johns Hopkins University, *From the Ground Up* with the Elizabeth Glaser Pediatric AIDS Foundation, *Airborne* with the World Health Organization, *A Line Drawn in the Sand* with Harvard University, *Passion Beyond Normal* with CGIAR, and *AIDS in Nigeria* with Harvard University.

Dominic Chavez

All of Chavez' images were taken between 2010-2011.



An Ethiopian man takes his weekly bath in the Akaki River in Addis Ababa, knowing the river is sometimes used as open waste disposal site for the city. In addition to this unfortunate fact, the river is also used as a source of drinking water for the rural population living outside Addis Ababa.

Children sit on the ground along with family members and neighbors at Witto Payam Village in South Sudan where many of the children face severe diarrhea and many other health issues, including nodding disease.





Young kids overlooking their neighborhood, Kroo Bay, a slum in Freetown, Sierra Leone, filled with shanty structures, overrun with garbage and extreme sanitation issues. This unsettling environment creates a long list of health conditions due to the lack of clean water. Some of the biggest issues they face are polio, ringworm, typhoid fever, and malaria, not to mention a high incidence of child malnutrition.



Ethiopian men make industrial glue with goat hides along the Akaki River in Addis Ababa. Due to the pollution and chemicals being discarded into this river, it has been known to sometimes change colors from commercial businesses, such as leather factories and slaughter farms.

A view of a tent city next to cinder block homes in Port-au-Prince, Haiti, July 14, 2011. High numbers of people throughout Port-au-Prince have been fighting a cholera outbreak.



David Rochkind

Tuberculosis in South Africa, India, and Moldova

David Rochkind's arresting image of a crowded residential building in Mumbai, India tells the viewer almost everything he or she needs to know about tuberculosis. Although Rochkind includes no humans in this photograph, the human condition is present in every detail. The viewer might first notice the sheer number of apartments, indicating the concentrated living quarters within the building. Then one notices the colorful laundry strung up on clotheslines and the old pipes running vertically across the photograph, belying the risky potential for poor hygiene in such a structure. Finally, the viewer realizes that a building of this many floors is sure to have a working elevator. Not until one reads Rochkind's caption does one understand that the elevators don't always work, which significantly limits the ability of elderly and sick patients to get up and down the stairs to go to health clinics and to receive treatment. Without saying anything directly, he's saying everything pictorially.

This image—combined with the other poignant images that do include people, from India, South Africa, and Moldova—creates an emotional understanding of the tuberculosis epidemic across nations, an issue to which Rochkind passionately commits himself through his photography and his educational website, www.tbepidemic.org. In his words, he wants his work to be more than “just a visual representation of statistics,” more than a superficial cause of discomfort to the viewer. He encourages an empathetic connection to the people who have tuberculosis and who are affected by it every day. Rochkind captures private moments that often show the patients and their families at their most vulnerable. He is consistently humbled by how open, kind, and optimistic these individuals are despite grappling with a disease that kills nearly two million people annually. He moves beyond geography and ethnicity in his images of tuberculosis by focusing on universal human tendencies: praying, hugging, working, sleeping, thinking, wishing, hoping.

Rounds. A doctor visits a patient at the Group of TB Hospitals in Mumbai, India during the daily rounds.

Rochkind's major projects have included work on Hugo Chavez's self-styled Bolivarian Revolution; the Western hemisphere's most polluted town, La Oroya, Peru; the global tuberculosis epidemic; and Mexico's drug war. Rochkind's work has been published in numerous media outlets, including *The New York Times*, *Stern*, *Le Monde Magazine*, *Rolling Stone*, *Time*, *Newsweek*, and others. He has also done work for a variety of development agencies, including CARE, UNHCR and The Carter Center. Rochkind recently developed all of his photography and multimedia work on tuberculosis into an interactive educational website and accompanying curriculum for use in high school classrooms. His first monograph, *Heavy Hand, Sunken Spirit: Mexico at War*, will be released in the fall of 2012 by Dewi Lewis Publishing.

David Rochkind

All of Rochkind's images were taken between 2008-2010.



Moldova. Angela Orlovsky is coinfectd with HIV and TB. Moldova has one of the highest rates of multi-drug resistant tuberculosis (MDR-TB) anywhere in the world. This deadly strain of the disease can emerge as a result of low quality health systems, poor quality drugs, lack of accessibility to treatment, and low patient compliance. After the fall of the Soviet Union, Moldova's health care system crumbled, poverty rose, and the country became more vulnerable to the emerging TB crisis. It is now estimated that 44% of all TB patients in the country are infected with MDR-TB. Angela died a few months after this photo was taken.

Housing. It is common for large families to live in one small apartment in crowded buildings like these in Mumbai, India, increasing the possibility of transmitting TB. The elevators in these buildings usually are not maintained and do not work, making it difficult for very sick or elderly patients to get up and down the stairs to go to the health clinics and get their medicines.





Mirror. E.M. worked in the gold mines for 12 years when he was released after a medical test showed he had TB and HIV. He is now very weak and gets assistance from home health care workers, though he says the workers do not bring him enough medicine for his daily dose. He is unable to get to the health clinic on his own and is totally dependent on the workers. This is the second time he has had TB.

Prayer. Women sing during a service at the African Gospel Church in Bakuba, South Africa. TB is very contagious and it can be dangerous for miners carrying the disease to go home untreated, as they may pass it on to their family members.



Wife. Thembinkosi Nodyontylo, 50, worked in the mines for 30 years when he was released in 2004 after a medical exam showed he had TB. His wife died of TB in 2007 at the age of 31, and he regularly visits her grave to pray.

Landfill. Workers at a local garbage dump in Mumbai, who scavenge for trash that they can sell, try to put out a fire so they can continue working. Local NGOs say that there is a huge problem with TB among the workers in the dumping ground, as well as the families that live near it, owing it to poor nutrition and hygiene, which can make them more susceptible to developing active TB.



Resources

Aeras is a non-profit product development organization dedicated to the development of effective tuberculosis (TB) vaccines and biologics to prevent TB across all age groups in an affordable and sustainable manner. Aeras utilizes its broad capabilities and technologies in collaboration with numerous partners and stakeholders to support the development of vaccines and other biopharmaceuticals to address TB and other significant public health needs of underserved populations. www.aeras.org

The Center for Global Health & Development (CGHD) at Boston University is a multidisciplinary research center, embedded in the heart of Boston, that engages faculty from across Boston University to help solve the critical global health and social development challenges of our time. The mission of the Center is to conduct high-quality applied research and to advocate for the use of this research to improve the health of underserved populations around the world. Collaborating schools at Boston University include Public Health, Medicine, Management, Engineering, and Law. Through our work with scientists at other universities and organizations, we also seek to strengthen individual and institutional capacity worldwide. www.bu.edu/cghd

ghdLAB and Global Health Delivery at MIT Sloan was created to address pressing challenges in healthcare delivery. In 2007 MIT Sloan School of Management Senior Lecturer Anjali Sastry began a collaboration with colleagues at MIT and Harvard that has grown to include practitioners and academics in Africa, India, and elsewhere. The centerpiece of this effort, ghdLAB, blends classroom learning and action-based field projects to apply management tools in organizations at the front lines of healthcare in resource-limited settings. Over 150 experienced MIT graduate students have conducted some 40 unpaid projects in Kenya, Uganda, Tanzania, South Africa, Ghana, Sierra Leone, Zambia, Malawi, and India. Partner organizations set their project's focus and students document and share their learning. Back at MIT, they participate in a dialogue about the needs and opportunities in global health. The website offers insights, resources, and ideas from students and faculty. <http://globalhealth.mit.edu>

The Harvard Humanitarian Initiative (HHI) is a university-wide center involving multiple entities within the Harvard community that provide expertise in public health, medicine, social science, management, and other disciplines to promote evidence-based approaches to humanitarian assistance. The mission of the Initiative is to relieve human suffering in war and disaster by advancing the science and practice of humanitarian response worldwide. HHI fosters interdisciplinary collaboration in order to:

- Improve the effectiveness of humanitarian strategies for relief, protection, and prevention;
- Instill human rights principles and practices in these strategies;
- Educate and train the next generation of humanitarian leaders.

www.hhi.harvard.edu

Management Sciences for Health (MSH), a global health nonprofit organization, uses proven approaches developed over 40 years to help leaders, health managers, and communities in developing nations build stronger health systems for greater health impact. MSH works to save lives by closing the gap between knowledge and action in public health. Since its founding in 1971, MSH has worked in more than 100 countries with policymakers, health professionals, and health care consumers to improve the quality, availability, and affordability of health services. Working with governments, donors, nongovernmental organizations, the private sector, and health agencies, MSH responds to priority health problems such as HIV & AIDS; tuberculosis; malaria; maternal, neonatal and child health; family planning and reproductive health; and chronic non-communicable diseases such as cancer, diabetes, and lung and heart disease. Through technical assistance, research, training, and systems development, MSH is committed to making a lasting difference in global health. www.msh.org

The MGH Center for Global Health integrates research, education and front-line medical care to prevent avoidable deaths and alleviate the pain and mental anguish resulting from diseases, natural disasters, war, and human rights violations throughout the world. Its initiatives span dozens of countries in the developing world over many medical specialties. With its base at Mass General, an epicenter of medical research and health education, the Center is able to leverage the hospital's vast resources and talent in a variety of ways to advance its agenda. www.massgeneral.org/globalhealth

The Pulitzer Center on Crisis Reporting, founded in 2006, is a leader in sponsoring the independent journalism that media organizations are increasingly less able to undertake on their own. The Pulitzer Center's mission is to raise the standard of coverage of global affairs and to do so in a way that engages the broad public and government policy-makers. The Pulitzer Center is a bold initiative, in keeping with its sponsorship by a family whose name for more than a century has been a watchword for journalistic independence, integrity and courage. www.pulitzercenter.org



Photographic Resource Center
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Founded in 1976, the Photographic Resource Center (PRC) at Boston University is an independent non-profit organization that serves as a vital forum for the exploration and interpretation of new work, ideas, and methods in photography and related media. The PRC presents exhibitions, fosters education, develops resources, and facilitates community interaction for local, regional, and national audiences. Cited by *The Boston Globe* as “one-stop shopping for the photo buff,” the PRC’s gallery hosts several exhibitions each year, emphasizing new ideas and trends in contemporary photography. Ranging from provocative theme-based exhibitions to the highly anticipated juried and student exhibitions, the PRC expands our understanding of the human experience through its stewardship of the photographic arts.

Global Health *in Focus*

Photographs by Kristen Ashburn,
Dominic Chavez, & David Rochkind

February 9 – March 24, 2012
PRC Gallery

Through arresting images, three photographers document the heavy toll that global health issues take on the developing world. Their poignant photographs invite us beyond the grim, faceless statistics and bring us in close contact with people—mothers, fathers, children —confronted by enormous hardship.

Panel Discussion:
Why Global Health Matters

Wednesday, March 7, 2012, 6:00 pm
BU George Sherman Union Conference Auditorium,
775 Commonwealth Ave., Boston

Panelists: Jennifer Beard, PhD, MPH (BU School of Public Health); Dominic Chavez, featured photographer; Jonathan D. Quick, MD, MPH (President and CEO, Management Sciences for Health); David Rochkind, featured photographer

Moderator: Stefanie Friedhoff, Special Projects Manager, Nieman Foundation for Journalism at Harvard University