



Boston University College of Health
& Rehabilitation Sciences: Sargent College

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2011 Impact

ALUMNI AND FRIENDS CHANGING LIVES

**How a soccer game,
a syringe full of porridge,
and a missing tooth**

**helped spur three everyday people
to become humanitarians. Page 6.**

Humanitarians

**From Shy Kid to
Local Hero—Thanks to
a Missing Tooth.**

Plus, other alums inspired to help
at home and abroad. **Page 6.**

**BOSTON
UNIVERSITY**

Boston University College of Health & Rehabilitation Sciences: Sargent College



Dear Alumni, Parents, and Friends,

Our home might be in Boston, but our work—and that of our generations of alums—helps improve the lives of people across the world. In this issue of *Impact*, you will see the difference alumni, faculty, and students are making near and far.

Fidelito Gabriel ('01, SDM'05), a dentist whose career was inspired by not having the resources to replace a tooth lost in a childhood accident, is one

of those giving back—both in his native Haiti and adopted Boston. Gabriel shares his inspiring story in our cover collection, “Humanitarians.” It also features Andrea Capachietti (CGS'75, SAR'77), a humanitarian aid consultant and educator who travels the world to advocate for those whose voices are seldom heard. I was fortunate to meet Capachietti when she spoke at Sargent in 2010 about her work. Like many other Sargent alums, she continues to return to BU to share her expertise with the next generation of leaders. One recent alum whose progress I look forward to following is Mike Zales ('08, SPH'10), an AIDS activist who rounds up our cover story collection. Zales is working to kick AIDS out of Africa by using the world's most popular sport to educate, inspire, and save lives.

Also featured in this issue of *Impact* is the work of Julie Keysor, associate professor of physical therapy and director of the newly established Center for Enhancing Activity & Participation among Persons with Arthritis. The Sargent-based center, which is funded by a \$4 million National Institute on Disability and Rehabilitation Research grant, will study ways to keep those with arthritis active. You will read, too, about Clinical Associate Professor Diane Dalton, who is helping physical therapists stay on top of the latest treatment options for back pain.

Last year, I enjoyed talking with many of you at our annual luncheon and awards ceremony, a long-standing Sargent tradition. I then had the pleasure of seeing our alumni come out and participate in Boston University's reunion weekend in October—more than 4,000 BU alumni returned to see the exciting changes taking place across campus.

As you read through the stories in this issue of *Impact*, consider the work you do and the difference it makes. I ask you to think about your experiences at Sargent and BU, and encourage you to share them with us at saralum@bu.edu. I also invite you to visit us to see how we are growing and continuing, like you, to make a positive difference in health care and rehabilitation.

With warm regards,

Gloria Waters

Gloria Waters
Dean and Professor

Impact 2011

Boston University College of Health
& Rehabilitation Sciences: Sargent College

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Staying Active with Arthritis By Rich Barlow and Andrew Thurston

For the 46 million Americans grappling with arthritis, the pain shooting through bones, joints, muscles, and tissues can turn the everyday—a stroll in the park, holding a dinner plate—into the near impossible. A new national center at Sargent College dedicated to tackling arthritis, the most common chronic musculoskeletal condition among adults, could restore such simple pleasures—and many others.

Funded by a \$4 million, five-year grant from the National Institute on Disability and Rehabilitation Research, the Center for Enhancing Activity & Participation among Persons with Arthritis (ENACT) will explore ways of keeping arthritic people active and able to pursue their regular activities.

“Advances in medication over the past decade have been tremendous, and people with arthritis and rheumatic conditions are much better off,” says the center's director, Associate Professor Julie Keysor. “But people still have pain and functional limitation, so there's a huge need for effective rehabilitation programs.”

That's something Keysor knows from personal experience—she and her daughter both have the often disabling condition. Keysor's own combat with arthritis began in her mid-twenties after an injury and a series of knee surgeries. Of the more than 100 types of arthritis, Keysor suffers from the most common, osteoarthritis, which can also result from aging, obesity, or joint-stressing activities. Her daughter has psoriatic arthritis, a type that afflicts some people with psoriasis, although most children with the disease have juvenile rheumatoid arthritis.

The center, which includes an international advisory board and faculty from BU's Schools of Medicine and of Public Health, will soon begin research on rehabilitative and behavioral strategies for coping with the disease, focusing on three major studies. One will seek to help people with arthritis remain working. Another will research “physical activity adherence,” or ways to motivate people to stick with strength-training and aerobic exercises that can mitigate

arthritis. Finally, an epidemiological project will measure how patients fare after knee surgery. Researchers will be supported by four predoctoral fellows—an important step, according to those behind the center, because of a severe shortage of doctoral trainees in the field.

For those 46 million people in the U.S. with arthritis, including Keysor and her daughter, the center's work will be measured in simple terms—the opportunity to live active, pain-free lives.



Julie Keysor

Photo by Vernon Doucette

Get Research Updates

Join the Center for Enhancing Activity & Participation among Persons with Arthritis's mailing list at www.bu.edu/enact/contact-us.

Not a Minority Issue

By Andrew Thurston

Health care professionals are failing the 54 million Americans with disabilities, according to the author of *More Than Ramps*, Lisa I. Iezzoni. The Harvard professor of medicine and national expert on health care provision for people with disabilities gave the twelfth annual Dudley Allen Sargent lecture last fall.

“Disability in America is not a minority issue,” said Iezzoni. “If all of us are in some way going to be affected by disability at some point, why is it so hard to make health care fully equitable and accessible to people with disabilities?”

Iezzoni highlighted stark disparities in care: Women with major mobility problems are 70 percent less likely to be asked about contraception, 40 percent less likely to get a pap smear, and 30 percent less likely to be given a mammogram. She also noted that people with disabilities were “routinely excluded” from randomized drug trials, leading to an evidence gap about effective therapies.

“The bottom line is for you to make no assumptions about the patients you see,” said Iezzoni.



Lisa I. Iezzoni told an audience at Sargent that health care providers need to do more for people with disabilities, whether it's routinely offering mammograms or running inclusive clinical trials.

Improve Your Care

Lisa I. Iezzoni shares her advice on how to improve care of people with disabilities at www.bu.edu/sargent/iezzoni.

Photo by Patrick Singleton



VP for Operations Gary Nicksa and Dean Gloria Waters unveil a green building award at Sargent.

Eco-friendly Makeover

Improving duct air flow is exciting. OK, so exciting might be a stretch, but getting air to swirl more efficiently through the halls of 635 Comm. Ave. could play a big part in reducing Sargent College's carbon footprint. The College's home, including its air supply systems, is being prepared for a more eco-friendly future, as part of a new green building program.

Sargent has been chosen as a pilot location for the Sustainability@BU campaign, which aims to improve the University's environmental standing. Campuswide projects range from composting food scraps to constructing a geothermally powered office space.

“Sargent is the one school that bridges both [the Charles River and Medical] campuses, which is a real benefit,” says Dennis Carlberg, BU's sustainability director. Carlberg, an architect, says a “retro-commissioning and tune-up,” involving everything from improving duct air flow to “nighttime setbacks on systems,” is under way to get Sargent in line with U.S. Green Building Council certification standards.

Faculty and students are also being encouraged to consider their commitment to combating global warming—a lobby screen displays the building's day-by-day energy consumption.

“I think alums should be proud that their College is keeping up with the times and the needs,” says Carlberg. “These are the faculty, staff, and students really getting involved in shaping this program.”

Play Your Part

You can help Sargent College in its push to be BU's greenest—and track your own environmental impact online. The College has joined the Sustainability@BU Challenge, which records the environmental effect of small behavior changes.

Sign up for the free challenge at www.bu.edu/sustainability and you'll receive a new eco-action to follow every month. Most changes are simple and quick ones—swapping paper cups for a reusable mug, taking shorter showers—that have big results. Your environmental savings will be tallied online, so you can measure your shrinking planetary footprint. And, if you join the Sargent team, your results will be added to the College's monthly tally, helping move it up BU's green rankings.—AT

Join the Challenge

Measure your environmental impact—and take the Sustainability@BU Challenge—at www.bu.edu/sustainability.



Improvising Care in Ecuador

Sometimes you have to use a little imagination. Occupational therapy students on a two-week volunteer trip to Ecuador found that when you can't work with the latest equipment or gadgets, you have to think on your feet. Seeing children with cerebral palsy who were unable to play with toys, four students headed to a local hardware store and improvised. They bought foam tubes—more recognizable as “noodles” or swimming aids—to adapt the wheelchairs and allow the children to join in all of the fun.



Deb Greenstein ('09, '12); Kari Kleve, of St. Catherine University; and Jamie Schub ('13) improvise to adapt wheelchairs used by children with cerebral palsy.

The students had traveled to the South American country for a program mixing clinical site visits, presentations, and reflection sessions. They were joined on the trip, offered in conjunction with St. Catherine University, Minnesota, by three Sargent alums in professional practice, as well as two Sargent faculty members.

During the clinical visits, students volunteered at non-profit organizations supporting people with disabilities.

“We didn't go as experts; we went to learn, understand, and observe,” says Clinical Professor Ellen Cohn. She helped oversee the trip with Clinical Assistant Professor Sue Berger. If the students were challenged to help local experts tackle a patient need, it had to be met with what was at hand—or available in a local store.

“We tried to learn where the therapists felt they needed support or improvement,” says Amy Alaniz ('12), who hopes to find a position serving refugees and immigrants after graduation. “We worked with them to try to improve their service delivery in a way that was realistic, practical, and meaningful for them.”

The trip was also designed to highlight the roles that such factors as culture, poverty, and environment can play in attitudes and experiences of health care.

“We have a melting pot of cultures here,” says Berger of the United States. “My hope would be that students could take their experiences in Ecuador and apply them wherever they work.”—AT

Supporting Students

To learn about supporting projects like this one, contact Janine Dailey at saralum@bu.edu or 617-353-2286.

Volunteers in Haiti

By Patrick L. Kennedy

Last year, several Sargent alums volunteered their physical therapy services in earthquake-ravaged Haiti. Lauren Siegle Lyons ('00, '02), Barbara Mayberry ('75), Cara Triggs Rodriguez ('01), Dawn Baker ('94), and Victoria Wilburn ('05) worked in outpatient rehab clinics, orphanages, and hospitals in Port-au-Prince and the surrounding countryside. Anne Kent ('78), Laura Moulton ('04), and Clinical Assistant Professor of Physical Therapy Jean Peteet (SPH'83) worked in hospitals in Port-au-Prince. “It was a privilege to get to know many Haitians and to appreciate the courage and resilience that they have,” Peteet says.



Anne Kent (right) with a Haitian family

Photo by Jean Peteet

Join Our Efforts

To learn of upcoming volunteer trips to Haiti, write to jpeteet@bu.edu.

The Science Behind the Clinic

Children with a broad range of language disorders could soon benefit from research breakthroughs pioneered at Sargent College.

Michelle Mentis-Cohen, a newly appointed clinical professor, is planning to launch clinically based research projects that draw on her experience treating kids with language problems resulting from traumatic brain injuries, developmental disabilities, and more.

This is a return to Sargent for Mentis-Cohen, who first taught at BU during the 1990s before leaving to open a private practice specializing in pediatric language disorders. She says coming back allows her to bring “the wealth of clinical experience that I have had over the last ten years to my teaching.” With a career that's included lab work and patient care, she's also looking forward to teaching students about “the science that underlies clinical practice.”

That's a view shared by another new Sargent appointment, Clinical Assistant Professor Kathryn Webster. An expert in athletic training and exercise science, Webster will combine teaching duties with an on-campus clinical role; she'll also use her treatment skills on BU's athletes. Webster hopes to encourage students to “become better clinicians and more independent consumers of evidence-based medicine,” while pursuing her interest in the study of chronic ankle instability in physically active populations.—AT

TEACHING,
PRACTICING, AND
SPREADING THE
WORD ABOUT A
MORE EFFECTIVE
APPROACH TO
SOLVING BACK
PAIN.

By Patrick L. Kennedy



back pain

Staying ahead of

When it comes to back pain, things are not what they seem.

For example, your spine might have a herniated disc, without your even knowing it—up to 35 percent of us have the bulging or ruptured discs, without feeling any pain.

But, if you do have back pain, and an MRI shows that you have a herniated disc, *that doesn't mean the herniated disc is causing your back pain.* The pain's provenance may remain a mystery.

That, according to Diane Dalton, is just one of the many quirks of low back pain—all reasons health care practitioners should stop being so quick to order MRIs and prescribe catch-all medications.

Dalton is a clinical associate professor and orthopedic certified specialist who teaches in Sargent College's Doctor of Physical Therapy program and treats patients at Boston University's Ryan Center for Sports Medicine & Rehabilitation.

She's also a proponent of a new and more targeted, methodical system of managing back pain, one grounded in evidence.

"My biggest interest is changing practice," says Dalton. "Low back pain is very common. As many as 85 percent of adults will have at least one major episode of low back pain in their lifetime. So it's pretty prevalent. And the practice for treating it is very, very varied. That doesn't speak well to our ability to treat something that's so common."

Because the spine is such a complex structure, and low back pain is seldom attributable to any known pathology, the conventional reliance on patho-anatomical diagnoses has proven inadequate, Dalton says. Primary care providers and physical therapists will have more success using what's known as the treatment-based classification approach to low back pain.

In this system, clinicians sift patients into subcategories, and treat them according to what has been shown to work for other people in the same grouping (that is, other people with the same combination of symptoms and characteristics).

Patients are sorted into these subtypes based on data gleaned through a meticulous regimen of inquiry and investigation (patient history, detailed

questionnaires, movement tests). In the relatively few cases where certain "red flags" pop up, Dalton says—for example, in addition to back pain, the patient has also experienced rapid weight loss or bladder control problems—then he or she may be referred to an appropriate specialist to test for cancer or other serious conditions. But for the majority of cases, the focus is on determining combinations of variables such as "the location of the pain, whether the onset is recent, the patient's age," Dalton says.

For example, a study published in *Annals of Internal Medicine* in 2004 demonstrates that patients who had experienced pain for less than 15 days, had no pain below the knee, and had a hypo-mobile (stiff) spine—and *only* patients with those traits—benefited from a manual manipulation therapy called a grade 5 thrust, which physical therapists use to mobilize sections of the spine. So now, physical therapists can reliably predict that patients who match that profile are likely to benefit from that manual manipulation therapy.

"It's an actual change in the way we look at something, from start to finish," says Dalton. "The treatment-based classification was first described by Anthony DeLitto and colleagues in 1995 and has been tested and altered over the years. Still, its use is not as widespread as we would like it to be."

But Dalton is one of a growing number of adherents. And she's not only using the system to help her patients at the Ryan Center, she's also disseminating the research among the future clinicians who are her students.

Furthermore, Dalton has begun a continuing education program, to spread the word to veteran therapists as well. In weekly meetings last summer, she guided groups of working clinicians—many of them her former students—through the latest literature.

"One of the things I try to teach my students is that it isn't simply about what they're learning this minute," Dalton says. "It's also about staying up with the constant developments in the field, because what I teach this year is different from what I taught last year; probably only a small amount, but a *lot* different from what I taught ten years ago.

Advice for All

Diane Dalton keeps therapists up-to-date with developments in the diagnosis and treatment of back pain, but for those of us not in the field, some of the old basics still apply, she says. Warm up before exercise, use both backpack straps, and don't sit at your desk for long periods. And, when lifting, adopt a wide stance, maintain a straight back, and bend from your hips and knees—as ably demonstrated by Dalton.



"And this particular area, low back pain, because of the costs associated with it to our country"—billions of dollars every year—"has tons and tons and tons of research looking at it. So what we should be thinking about and doing changes all the time."

Keeping up with those changes is hard for the average, harried therapist. But "one of the great things about the system at BU," Dalton says, "is that it's easy for [teaching faculty] to team up with clinicians up the street [at the Ryan Center], and the clinicians to come down and teach in our labs, so the students are getting some real-life experience and guidance, and the clinicians are getting really good firsthand knowledge and staying up-to-date with the field."

And ultimately, Dalton adds, "the patients benefit."

The Keys to Better Treatment

For more information about the treatment-based classification approach to low back pain, or about possible continuing education opportunities, contact Diane Dalton at ddalton@bu.edu.

Humanitarians

Alums inspired to help *at home and abroad*

Photos by Cydney Scott
and Kalman Zabarsky

THE DENTIST ON DOT AVE.

By Patrick L. Kennedy

DENTIST FIDELITO GABRIEL SERVES THE CARIBBEAN COMMUNITY IN BOSTON AND OVERSEAS.

He was a shy kid with a big gap where his right front tooth should have been. A childhood spill in his native Haiti had knocked it out. As an adolescent, he couldn't afford a replacement. Too embarrassed to open his mouth much, Fidelito Gabriel hit the books after school, instead of hanging out on the streets with the other boys in his Boston neighborhood of Dorchester. (His family had settled there after immigrating to the United States when he was about eight.)

That studiousness paid off. "I won't say I was the best student, but I was pretty good," recalls Gabriel ('01, SDM'05), still soft-spoken, though his teeth have been fixed. He excelled at science, and through a program called Project Success, the high schooler got an internship researching pancreatitis at Beth Israel Hospital in Boston.

Sargent College granted Gabriel a full scholarship. He worked in the Muscle Biology Laboratory and, while in his classes, he felt challenged for the first time. Especially "given that I had a scholarship," he says, "I had to work really hard. But I stuck to it and took in everything they were trying to teach me, and it made me a much better person."

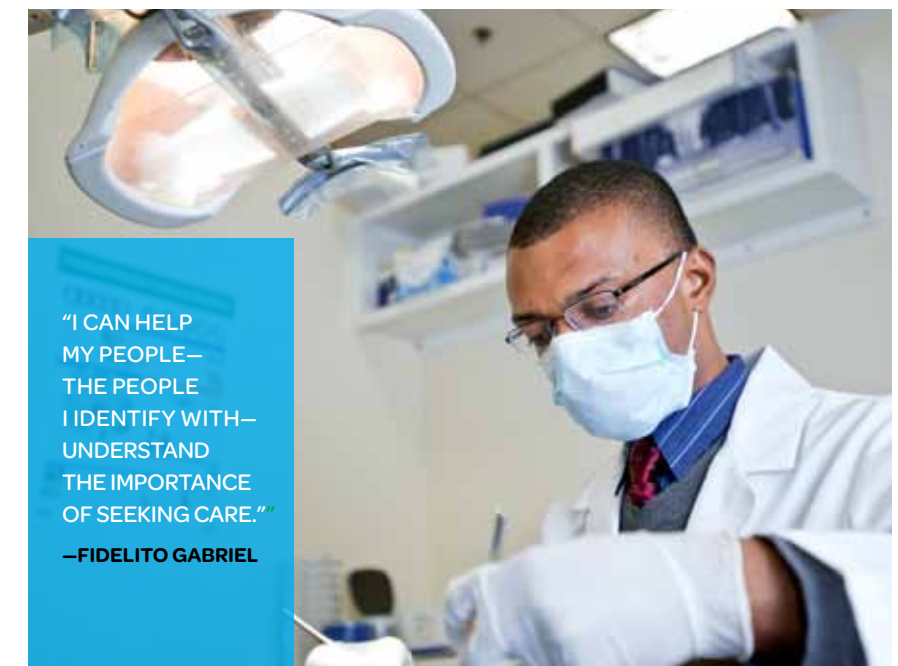
Gabriel then earned a Doctor of Dental Medicine from BU's Goldman School of Dental Medicine. He considered staying on for a PhD, "but I had to get working," he says. "I have family in Haiti that are depending on me." So he went into practice, even though initially "I wanted to do research with animals because I thought I didn't have the personality to interact with humans," he says with a laugh.

"But then I started working at the Codman Square Health Center, and I noticed the difference that I was making, and I ended up loving it." The community health center in Dorchester serves low-income patients.

"The majority of the immigrants there are from the Caribbean, and many of them are from Haiti," says Gabriel, who particularly remembers a woman who brought in her daughter with a broken tooth. "The same tooth," Gabriel says, pointing to his own false one. "The

Gabriel continues to serve low-income patients. He even gives pro bono consultations, usually reassuring second opinions in Haitian Creole.

With low-income patients making up 40 percent of his client load, and an ongoing renovation project after a fire damaged the Jamaica Plain clinic, Gabriel says his business just about "stays above water." But he still sends money to his mother and relatives in Haiti. (He's somehow managed to give back to BU as well.) Gabriel has also traveled to Haiti,



"I CAN HELP MY PEOPLE—THE PEOPLE I IDENTIFY WITH—UNDERSTAND THE IMPORTANCE OF SEEKING CARE."
—FIDELITO GABRIEL

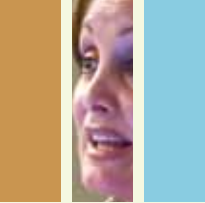
Photo by Cydney Scott

number 8." He made the girl a crown. "From then on, every time she came to the clinic, she would hug me."

In 2009, after about five years at Codman Square, Gabriel went into private practice. With two clinics, in Dorchester—on Dorchester Avenue, or Dot Ave. to locals—and nearby Jamaica Plain, he and his partners accept state insurance for the financially needy, so

as well as to the Dominican Republic, on several international missions, giving free restorative dental care in rural areas.

Having benefited from his Sargent scholarship, Gabriel says, "Now I'm in a position where not only can I provide service, but I can also help my people—the people I identify with—understand the importance of seeking care and trying to be healthy."



A VOICE FOR THE DISENFRANCHISED

By Corinne Steinbrenner

AN AID WORKER SPEAKS UP FOR WOMEN AND CHILDREN IN CRISIS ACROSS THE GLOBE—AND HELPS THEM FIND THEIR OWN VOICES.

When she arrived at the children's home in Romania, Andrea Capachietti (CGS'75, SAR'77) found infants and toddlers tethered to their cribs, being force-fed with syringes of porridge. The children were rarely held or touched, and Capachietti—part of a humanitarian aid team assessing caretaking practices at Romanian orphanages in the early 1990s—instantly recognized they were suffering from sensory deprivation, which can have severe neurological and psychological ramifications.

ages were trying to balance a huge ration of kids to too few caretakers.”

What struck Capachietti most about the situation was that these children had no advocates to insist on better care. “There was no one to represent these kids—no families, and really no one from the state,” she says. The visit to Romania was among Capachietti's early forays into overseas humanitarian aid work, and the experience shaped her decision to build a career in advocacy, raising her voice for women and children who are often the silent victims of conflict and crisis.

Since then, she has traveled to the Balkans to assess the needs of hospitals and to find homes for war orphans. She's visited Rwanda to educate women about their reproductive rights and Guate-

the Night, a nonprofit that rescues children and teens from prostitution.

Capachietti discovered her passion for humanitarian work during her years at BU. A longtime athlete with an interest in law, she was planning to become a sports attorney, negotiating contracts for professional athletes. Then her three-year-old cousin was diagnosed with a brain tumor, and when Capachietti visited the little girl at Children's Hospital Boston, she was surprised to see kids from all over the world receiving treatment there. She had never before realized how hard it was for many of the world's children to receive quality medical care.

“I wanted to know why these treatments and services weren't available everywhere,” she says, “and I wanted to understand more about the health professionals who were treating my cousin and the other children.”

Her curiosity led her to change her focus from law to occupational therapy, and she immediately found that Sargent College's wealth of practicums and internships perfectly suited her personality. “I had way too much energy sometimes to sit in a classroom,” she says.

Capachietti continued to the University of Southern California for a master's degree in special education and then began a clinical career in California hospitals. She eventually became unsatisfied, however, with “the clinical setting of four walls and endless paperwork.” Sensing that her true calling lay in the field of global health, she enrolled in a doctoral program in education policy and began working for international aid agencies.

Among her first humanitarian trips abroad was a visit to Sarajevo in the former Yugoslavia, where she found herself helping with medical evacuations for children with acute illnesses. “I discovered that I thrived in a little bit of chaos,” she says.

Another lesson she's learned in her global aid work is the importance of respecting local culture. “The first impression you make on someone in disaster and conflict is often the only impression you make,” she says. If aid workers aren't sensitive to local customs, they risk alienating the very people they've come to help, turning them off from receiving any kind of assistance.

Today, Capachietti juggles on-the-ground humanitarian aid work with teaching and lecturing, fundraising for disaster relief, consulting with nongovernmental organizations and foundations, and receiving postdoctoral training in global health, international development, and human rights.

During a recent lecture to students at Sargent College, Capachietti told the audience that she is shaping the next chapter of her career around the need to support women in their role as nation builders. She told the story of meeting a South African woman who was soon to become a Zulu chief—a rare position for a woman. The future chief spoke to a class Capachietti was teaching. “She told my students the following: ‘When the status and power of women are higher, so too is the quality of life in that nation.’ I emphatically agree.”

In many parts of the world, becoming a leader is challenging and risky for women, Capachietti says, but the results can be “amazing.” In her work with the nonprofit Women for Women International, for example, she has seen microfinance programs provide loans that lift women into self-sufficiency, and then seen those women lift their communities. This type of indirect aid is often the most powerful, she says. “Over and over in every aspect of my work, we prove that educating people to find resources—to educate themselves—helps them develop their own systems of recovery and self-worth.”

“WE HOPE THAT GRASSROOT SOCCER NOT ONLY EDUCATES YOUNG MEN AND WOMEN ABOUT HIV, BUT ALSO OFFERS THEM A SKILL SET FOR LIVING HIV FREE.”

—MIKE ZALES

Photo courtesy of Mike Zales



Mike Zales at a World Cup soccer game in South Africa.

KICKING AIDS OUT OF AFRICA

By Andrew Thurston

IN ZAMBIA, SOCCER COULD REALLY BE A MATTER OF LIFE AND DEATH. MIKE ZALES USES THE WORLD'S MOST POPULAR SPORT TO SPREAD THE WORD ON HIV PREVENTION.

This is a lesson in fidelity. The B in the ABC of avoiding AIDS: Abstain. Be faithful. Condomize.

On a dusty scrap of land in the Zambian capital of Lusaka, two lines of teens stand poised. They're taking part in a program run by Grassroot Soccer, a nonprofit that uses soccer-inspired events and activities to educate communities across southern Africa about the perils of HIV.

The first group of teens has to dribble a ball 30 yards before weaving through a series of cones—all without being caught by the second group. In this exercise in faithfulness, the ball represents a sexual partner and the second group of teens, HIV.

Defending a single ball, or partner, from the potentially deadly virus is easy

for most—the first line of teens even has a ten-second head start—but the drill gets trickier. Next time they have to make it with two balls, then three.

HIV catches up.

In Zambia, HIV often does. According to UNICEF, more than 15 percent of adults have the retrovirus (compare that to 0.6 percent in the U.S.), while the *CIA World Factbook* estimates that 56,000 Zambians die every year from AIDS. Young women are hit disproportionately hard—prevalence of the virus is nearly four times higher among female 15- to 24-year-olds than it is for males of the same age.

“HIV and AIDS in Zambia don't just alter the entire life of the individual who is positive; they have the potential to unravel much of the fabric of Zambian society,” says Mike Zales ('08, SPH'10), a monitoring and evaluation advisor with Grassroot Soccer. “The Zambian people are very community-oriented, but due to the nature of viral transmission—and the harmful myths surrounding HIV-positive people—stigma and discrimination still run rampant.” >>

A FUTURE ZULU CHIEF “TOLD MY STUDENTS THE FOLLOWING: ‘WHEN THE STATUS AND POWER OF WOMEN ARE HIGHER, SO TOO IS THE QUALITY OF LIFE IN THAT NATION.’ I EMPHATICALLY AGREE.”

—ANDREA CAPACHIETTI



Andrea Capachietti in Haiti

Photo courtesy of Andrea Capachietti

“I was horrified,” says the occupational therapist and pediatric health educator, but she soon realized the treatment was not deliberate abuse. “This was largely a result of a lack of staff and lack of training. The orphan-

mala to help sex workers gain access to health care. At home in Los Angeles, she has lectured at local universities, served on the advisory board for the local chapter of the International Criminal Court Alliance, and consulted for Children of



Photo courtesy of Mike Zales



Photo by Cydney Scott

“WE’RE LINKING KIDS WHO TEST POSITIVE AT OUR EVENTS DIRECTLY INTO TREATMENT AND CARE..... THERE ARE VERY FEW PROGRAMS I KNOW OF THAT ARE PROVIDING THAT LINKAGE.”

—MIKE ZALES

>> Zales has been in Africa with Grassroot Soccer since 2009, first in South Africa, now in Zambia, and helped perfect the exercise in fidelity, Breakaway from HIV. From his base in the Zambian capital, Zales pilots and measures the success of the nongovernmental organization’s programs, including HIV testing events—run in tandem with community soccer tournaments—and its flagship prevention curriculum, Skillz.

“We hope that Grassroot Soccer not only educates young men and women about HIV, but also offers them a skill set for living HIV free or for starting

“A LOT OF PEOPLE IN THE COMPOUNDS WE WORK IN, HIGH-DENSITY URBAN AREAS, ARE CURIOUS TO FIND OUT WHY SO MANY PEOPLE IN THAT CORE AGE RANGE OF 25 TO 45 ARE DYING.”

—MIKE ZALES

a new life if found HIV positive,” says Zales, who’s also working on education projects in two refugee camps and—in his down time—providing expert advice on maintaining patient records to a small pediatric HIV clinic. “Evidence shows that knowledge alone will not defeat HIV, but positive peer relationships, evolving gender norms, and community support and activism give us a multidimensional approach to combating the virus,” he adds.

Offered at weeklong camps and in eight 45-minute sessions in schools and communities, Skillz mixes traditional classroom learning with group discussions and on-field activities, including Breakaway from HIV. Zales monitors everyone who takes part with pre- and post-participation surveys to “see how

attitudes, knowledge, and communication regarding HIV have changed.” He’s also halfway through a two-year survey of 3,200 Zambian youth. The goal is to get a nationwide baseline that will help him compare “testing practices, sexual behavior, and sexual debut” between those who’ve taken part in the soccer-based programs and the rest of the population.

He expects the figures to show a positive impact. In neighboring Zimbabwe, where research on the program is more established, graduates were four times less likely than those who didn’t take part to have engaged in sexual activity and eight times less likely to have had multiple sexual partners.

It’s those kinds of numbers that first got Zales interested in Grassroot Soccer’s work. He started following the organization as part of a research project for Sargent College’s Introduction to International Health course and liked that it was “pretty strictly monitored and evaluated—a lot of these programs are not.” Impressed, he later applied for an internship with the organization; after a successful six-month stint, he was asked to stay on and continue his work.

Now a full-time employee with “medical school on my horizon,” he says (Zales studied human physiology at Sargent with that goal in mind) it’s an added bonus that his work allows him to tie the health policy research with frontline services: “We’re linking kids who test positive at our events directly into treatment and care, bridging that gap where people are usually lost on follow-up after testing. There are very few programs I know of that are providing that linkage.”

A key part of Grassroot Soccer’s success, says Zales, is its use of community role models and volunteers. Westerners like him are employed only in training and support roles; locals lead the lessons and soccer camps.

“It’s really locally based, locally run,” he says. “We’re invested in the community—we run focus groups, trying

to gain the trust of the community first, before going in and trying to change the way things are done.”

Even with local backing, Zambians can be a tough sell. Zales describes the culture as “pretty conservative.” Around 25 percent of the population is Roman Catholic, restricting the reach of ‘C’—condomize. But he says the country’s younger generation is beginning to reject old attitudes toward the virus and its prevention: “A lot of people in the compounds we work in, high-density urban areas, are curious to find out why so many people in that core age range of 25 to 45 are dying. They’re not willing to accept it.”

The soccer helps, too. Zales has traveled widely in southern Africa, from Tanzania down. Everywhere he’s been, someone has been kicking a ball.

“It’s an easy way to relate to people across all countries, all borders, all languages, because you can share something in common,” he says of the world’s favorite sport. “It’s a great community mobilization tool and that’s what Grassroot Soccer has done, it’s found a way to relate to communities half a world away.”

For a soccer-loving kid from New Jersey, talking “football” comes naturally. And, as a bonus, a very big bonus, he got to work in South Africa during the 2010 World Cup.

Thanks to a corporate sponsor, Grassroot Soccer was given 10,000 game tickets for kids who’d been through its programs. Aside from helping the organization “get out on a global scale” (it was suddenly hot property for reporters from media outlets like *GQ* and *The New York Times*), Zales says the event gave him memories to last a lifetime: Some of the children he escorted had “never even been to a soccer match before,” others had “never really seen grass before.”

Now those kids—freshly armed with the ABCs of AIDS prevention—have a great chance of outlasting his memories.



Mixed martial arts, lab research, and a dual degree—Jeffrey Wessell is making the most of life at BU.

Photos by Kalman Zabarsky

A HARD TIME SAYING NO

JEFFREY WESSELL HAS SPENT THE PAST FOUR YEARS DISCOVERING WHAT IT MEANS TO BE A DOCTOR—A BUSY SCHEDULE FOR THE RIGHT REASONS.

By Rachel Johnson

Just reading Jeffrey Wessell's schedule is exhausting. A double major in health sciences at Sargent and neuroscience at the College of Arts & Sciences—and “possibly a public health minor too”—he somehow also finds time to work a full-time lab position at McLean Hospital in Belmont, Massachusetts, run BU's Mixed Martial Arts Club, and write for an undergraduate neuroscience journal, *The Nerve*. “I have a hard time saying no,” he says. How does he do it? “Well,” he says with a laugh, “first, I got rid of Facebook.”

The drive to take advantage of as many opportunities as possible led Wessell ('11, CAS'11) to Sargent's health sciences program and the premed track. Although he's leaning towards psychiatry as a profession, he hasn't ruled out primary care or research. “If there's anything you want to put after your name to give you the utmost flexibility, it's an MD,” he says. “Those two letters open up so many things for you.”

Wessell, who has been taking graduate-level courses since his junior year, credits his Sargent professors with preparing him to be a good doctor—and not just intellectually. “A lot of the pre-meds who think they want to be doctors shouldn't be,” he says. “In the classes like Medical Ethics, we learn to question ‘What are we really here for?’ Prestige? Money? Parents? All too often, it can be the wrong reason.”

“When your job is to put someone else first, and drop everything else, and that person is your world for that moment in time, you shouldn't be worried about how big your paycheck is going to be on Friday. I just don't find that sustainable for being a good provider.” Wessell admits that when he started on the premed track, he also wanted to be a doctor for the wrong reasons. “Sargent helped to beat that out of me,” he jokes. “But I'm grateful for having that realization, from classes and

teachers making me really question why I wanted to be a doctor.”

Although his day-to-day life can be a bit stressful, Wessell won't consider cutting back. He enjoys his work at McLean Hospital, where he is helping to develop therapies to break crack cocaine addictions, just as much as he loves his Mixed Martial Arts competitions. And he relishes the opportunity to work in a variety of rigorous academic situations, despite the workload. “The proximity of all those students who are at that next level of education,” he says, “it's kind of like osmosis, it just rubs off on you. You learn to think like them, and it pushes you to learn so much more.”

WEB Extra

Read Jeffrey Wessell's article on the possibilities of using date rape drugs like Rohypnol, GHB, and Ketamine to treat depression at www.bu.edu/sargent/wessell.

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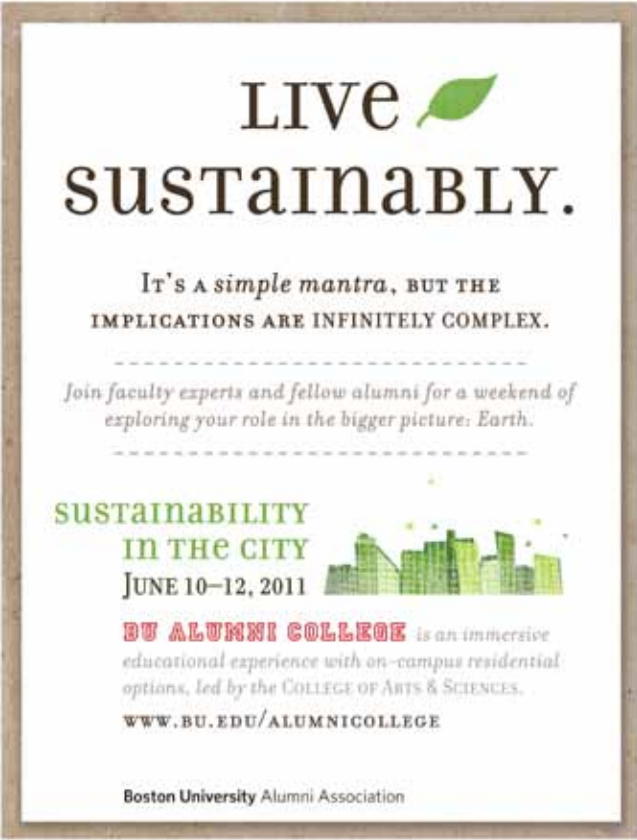
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