

HARVARD PUBLIC HEALTH

Spring 2015

THE MAGAZINE OF THE HARVARD T.H. CHAN SCHOOL OF PUBLIC HEALTH



Deborah Van Dyke, MPH '93 (left), examines a sick baby in Kano, Nigeria, in 2011, where the Global Health Media Project—the organization she founded—film ed a video on newborn care.

In rural South Sudan, the population barely tops four people per square mile. Vehicles are a rarity. And when night falls, a limitless silence descends.

Despite this isolation, Deborah Van Dyke, MPH '93, was rattled awake late one evening by a woman pounding urgently on her door. It was 2008. Van Dyke—a family practice clinician—was working as medical coordinator for Médecins Sans Frontières, the international aid organization, at a makeshift rural clinic. Her visitor, a local nurse, breathlessly explained that a birth in a nearby medical tent had gone wrong. The pair grabbed a flashlight and raced through the dark to intervene.

“The baby was blue, floppy. He wasn’t breathing,” Van Dyke recalls. “The doctor and midwife trying to resuscitate him were doing chest compressions and suctioning the infant’s mouth and nose.” What they forgot to try in the heat of the moment was the one simple intervention that could actually save the child. Van Dyke stepped in with a bag and mask—a device used to squeeze air into a patient’s lungs—and positioned it securely on the infant’s face. After a few seconds, he was breathing. “That’s all it took,” she says.

As the newborn gained consciousness, Van Dyke had an epiphany: “All over the world, so many lives could be saved if health workers could learn critical skills through the teaching power of video.”

That idea formed the seeds for Van Dyke’s future mission. After her return from South Sudan, she founded the Global Health Media Project (GHMP), a nonprofit devoted to creating educational videos for caregivers in the developing world. With the help of professional filmmakers and a dedicated group of volunteers, she has spent the past four years producing dozens of short pieces that demonstrate simple but critical medical

A PICTURE OF HEALTH

Alumna’s instructional videos transform frontline health care globally

practices for health workers in the developing world—from inserting an IV to examining a placenta to recognizing sepsis in a newborn.

“The list of topics we could address is nearly endless,” says Van Dyke. “Right now, we are looking at preterm care, midwifery skills, emergency obstetric care, infection prevention, family planning, and management of chronic disease. In the future, we want to cover major diseases with our series of animations that ‘make invisible germs visible,’ including TB, malaria, HIV—even the common cold.”

UNICEF, Save the Children, the World Health Organization, and other aid groups all use the videos as educational tools, and they’ve been shown on national television in places like Ghana and Namibia. To date, the videos have been viewed in 225 countries and territories and downloaded by more than 2,000 organizations around the world.

Sending video into areas without running water and electricity—let alone Internet access—can be a challenge. While these films are now often taken to the field by NGOs and shown on tablets, laptops, and even mobile projectors, Van Dyke is planning for a future in which technology and economics will make it more and more possible to deliver video lessons directly to practitioners via mobile phones. *continued*

KNOWING THEIR AUDIENCE

No matter what topic they're covering, all of GHMP's videos follow a similar structure: they're short, simple, and clear. Van Dyke says this pared-down style is critical for communication.

A video explaining how to spot infant breathing problems opens on a baby swaddled in a white cloth in her worried mother's lap. The child's chest sucks in and belly moves out with each breath, a symptom of possible pneumonia. Over the next few minutes, a male caregiver in fresh blue scrubs counts off the baby's breathing rate with a wrist-watch, then gently probes the infant's chest and abdomen. As the caregiver works, a narrator calmly explains the pro-

preparations, videotaping, and editing. First, Van Dyke says, she chooses compelling topics: "They need to both address a pressing global health need and be effectively conveyed visually." Finding the right location is a big piece of the puzzle as well. To capture a wide variety of procedures, the team must visit clinical sites that have a high daily turnover, health workers willing to take time out of their schedules, and patients who are open to being on camera.

Perhaps most important is identifying health care workers who might appear in the videos. Ideal candidates, Van Dyke says, are seasoned workers who already have



Left to right: Deborah Van Dyke (center) demonstrates “kangaroo mother care” to a young mother (left) in Nagpur, India, in 2012. Van Dyke watches monitors during a video shoot in Itahari, Nepal, in 2014. The crew was filming a segment on correct techniques for breast-feeding. Van Dyke (right, on monitor) talks with a breast-feeding mother in Itahari, Nepal.

cedure and possible treatment, pausing for long stretches of silence as the action unfolds on screen.

“We make videos because the teaching power is exceptional, and even more so for these caregivers, because many don't come from a ‘reading culture,’” says Van Dyke.

“We try to model compassionate care in our videos by showing—not telling—how to treat a patient with kindness and respect,” says Van Dyke.

“Instead, we show everything visually and translate narration into their language, so there is no barrier to comprehension.”

AN UNLIKELY FILMMAKER

Van Dyke is quick to admit that she's an unlikely filmmaker. “When I started, I had no film experience at all. I've just learned by doing. These are uncontrolled environments, so we need to be prepared to shoot anything, and to turn on a dime when something changes—when the mother gets tired, the baby has fallen asleep, or a health worker doesn't know a particular procedure.”

Assembling field shoots is no simple task. Each video represents months of painstaking work, including preshoot

excellent skills, a certain confidence that comes with years of practice, and a good bedside manner. Many practitioners aren't used to being on camera, however, so she arranges a separate scouting trip ahead of the shoot to brief them and strengthen their support for the project. Fortunately,

she hasn't had to work very hard to persuade caregivers to share skills and experience. “They know they'll be playing an important role in helping other health workers like themselves learn, all over the world,” she says.

LIVE ACTION, NOT STAGED

Workers who view the videos seem to universally agree. “The videos meet a pressing need for better care of newborns,” says Subarna Mukherjee, community health adviser for Last Mile Health, a small medical nonprofit operating in Liberia. “They are the next best alternative to actually witnessing a case firsthand, and they give workers here much more confidence in diagnosing problems.”

Left, Amrita Sreenivas; center and right, Tony Bacon

Van Dyke thinks that GHMP's collaborative approach is one of the reasons the group is so successful. Its videos show practitioners interacting with actual patients, not actors. Nothing is staged; the ailments, procedures, and treatments are all real. And, Van Dyke adds, so is something more intangible: the benevolent spirit of the caregivers she recruits.

"It's not just a matter of getting the medical aspects right," she says, insistently. "It's also about bedside manner and compassion. Providers are often overworked, so caring behavior isn't always the norm." This shortcoming can make people reluctant to access health care, she adds—including laboring women, who sometimes won't make the trip to a

health at the Harvard Chan School for more than 17 years. "I remember the tremendous value he placed on community health workers. He helped me see that that cadre of workers, with their reach into the remote villages, can make a tremendous difference in the quality of public health for the country as a whole."

A PERVERSIVE HUMANISM

GHMP made its first foray into animation with a film on cholera. In collaboration with Yoni Goodman—the animator behind the critically acclaimed film *Waltz with Bashir*—Van Dyke's team produced a gracefully rendered short film (*The*



STILL IMAGES FROM *THE STORY OF CHOLERA*:

1. At the health center, a boy tells a nurse that his father is sick. 2. He brings the nurse to his house. 3. The nurse recognizes that the father is sick with cholera.

clinic because they're worried they'll be treated disrespectfully. "That's why we try to model compassionate care in our videos by showing—not telling—how to treat a patient with kindness and respect."

EMPOWERING COMMUNITY HEALTH WORKERS

Van Dyke has cultivated this sort of professional warmth throughout her career. After graduating college with a forestry degree in the mid-1970s, she felt a sudden urge to change fields entirely and become a midwife. "I realized if I could do anything, I wanted to help give women a more humanized birth experience," she says.

After delivering babies on the Texas-Mexico border, she entered an accelerated nursing program and eventually spent two years at Yale, where she became a family nurse practitioner. Completing a stint at a clinic in Kathmandu, Nepal, she returned to the States to attend the Harvard T.H. Chan School of Public Health, where she studied international health. Today, she splits her time between GHMP and her family practice in rural Waitsfield, Vermont.

"I was so inspired by the people I met at Harvard, like Iain Aitken," who taught international maternal and child

Story of Cholera) explaining how cholera is spread and how it can be prevented by sterilizing drinking water and improving sanitation. Since its completion in 2012, the film has received dozens of accolades and awards, and has been translated into nearly 30 languages. The team is now working on *The Story of Ebola*.

Filmmaking is expensive, however, and at the moment, GHMP relies on individual donations, grants, and volunteer work to operate. With more reliable funding, Van Dyke says she could expand her team's efforts and even set up satellite offices in several developing nations, creating easier access to patients and film sites.

She doesn't let scant resources discourage her, though. Van Dyke still spends hours in the editing room each week, squeezing as much as she can out of her existing footage to create new videos that serve as "accurate, simple teaching tools, with a pervasive humanism," as she puts it. "That's our signature."

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