Flooding associated with Hurricane Matthew in the Fall of 2017 exacerbated a cholera outbreak in Haiti that emerged in the wake of the 2010 earthquake and has threatened the country since. In response to the particular vulnerability of pregnant women and young children, GHA provides health education about strategies to prevent cholera, focusing on the importance of rehydrating those sickened by cholera and how to prepare the hydration solution. With the recent spike in flooding (and therefore cholera transmission), GHA also mobilized its cohort of Traditional Birth Attendants (TBAs) to combat the epidemic in their communities by distributing information about prevention strategies and water purifying supplies. These supplies are used to treat contaminated water by killing the micro-organisms that enter the water supply through runoff.

Cholera is an infection characterized by watery diarrhea and death by dehydration. It is transmitted through ingesting the bacterium *Vibrio cholerae* found in water and food contaminated with fecal matter. Cholera is most prevalent in overcrowded areas where communities do not have access to safe water or sanitation facilities. Though 75% of those infected with cholera do not exhibit symptoms, they are at risk of infecting others by transmitting the pathogen through unsafe sanitation practices. Because of the way cholera is transmitted, transmission rates are not consistent, but spike with significant rain or flooding.

Due to the numerous natural disasters destroying infrastructure and increasing water runoff, Haiti has become highly susceptible to cholera outbreak. Haiti reported its first cases of cholera in October 2010. The outbreak originated in the Artibonite River and quickly spread to all regions of the country, with significant impact in rural areas with limited access to health services. By December 2010, an estimated 180,000 cases and 4,000 deaths were reported, making it one of the largest cholera epidemics ever recorded. To date, over 10,000 people are estimated to have died as a result of this on-going outbreak. Flooding from Hurricane Matthew carried contaminated fecal matter down the mountainside to the rivers and into the water supply, causing a spike in transmissions.

Pregnant women are particularly at risk of illness and death from cholera. Pregnant mothers with cholera often suffer from severe dehydration, negatively (continued on page two)
New Faces

The GHA Board has recently elected two new members: Baker Barnett and Julie Boggs.

Baker Barnett currently serves as the Principal of Leopard Capital, LLC. Prior to this work, he was a Finance/Accounting Associate for WSB TV and Radio. As a volunteer, Baker has served as a budget coach for Habitat for Humanity’s new home owners. He has also co-chaired the World Affairs Council’s Young Leaders fundraising committee.

Baker holds a Bachelor’s of Business Administration from the University of Miami and Master’s Degrees in Finance and Public Administration from the University of New South Wales, Australia, and Georgia State University, respectively. He is also a Chartered Alternative Investment Analyst (CAIA) Charterholder.

Julie B. Boggs retired in 2015 from the Westminster School where she taught for more than 30 years in the Lower School, served as the Lower School Diversity Coordinator, sat on the Admissions Team, and served as the Community Service Coordinator. In addition to serving on GHA’s Board of Directors, Julie currently sits on the boards of Children’s Literature for Children and Road Safe America and she also volunteers with several additional organizations in Atlanta. Julie’s lifelong interest in and commitment to social justice issues drew her to get involved with GHA.

Julie holds a Bachelor’s of Science in English from Vanderbilt University and a Masters Degree in Education from Georgia State University.

(continued from page one) affecting unborn babies who do not receive sufficient oxygen, blood flow, and other nutrients as a result of the mother’s illness. Accordingly, many babies die in the womb before their mothers, infected by cholera, can go to a clinic.

In the wake of the flooding caused by Hurricane Matthew, GHA worked to reduce the risk of cholera through the distribution of water purifying tabs and drops. GHA distributed materials used to treat contaminated water by killing the micro-organisms present in the water supply. These products are affordable, easy to use, and have had high rates of efficacy and satisfaction in areas with limited access to safe drinking water. GHA continues its efforts to educate people on avoiding cholera infection as well as dehydration caused by cholera.

As part of GHA’s continued efforts to support women and children in Haiti, we are committed to eliminating death from cholera, particularly in pregnant mothers and infants. The reduction of cholera in Haiti is a critical step toward improving maternal and child health. Thank you for supporting GHA’s work saving the lives of babies, young children, and pregnant women in rural Haiti.

GHA Combats Cholera in Haiti (cont.)
The Rev. Dr. Julia Thomas Gary, Director Emerita of GHA, passed away on February 19, 2017. Julia first joined the GHA board in 1989, serving as member of numerous committees as well as Treasurer and Vice President during her tenure on our Board. She was also recognized as Volunteer Fundraiser of the Year and acknowledged for the multiple volunteer leadership roles she assumed during her involvement with GHA. Her many years of board service and dedication to GHA has had a tremendous impact upon our organization’s mission and reach. Her fierce passion and incredible intellect played a central role in making GHA what it is today. We are grateful for her unwavering support over the years.

Her life, accomplishments, and spirit were celebrated by friends, family members, and GHA staff at a memorial service on March 4, 2017 at Agnes Scott College. An edited, condensed version of her obituary follows. The full version can be accessed through www.legacy.com or at http://bit.ly/2nK81te.

Born to Richard Collins Gary and Julia Branch Thomas Gary of Henderson, North Carolina, Julia equally valued intellectual growth and faith development throughout her life.

Springing from her deep commitment to faith and learning, Julia had two distinct and successful careers. She earned an undergraduate degree in chemistry at Randolph-Macon Women’s College in 1951, a Master of Arts in chemistry at Mount Holyoke College in 1953, and a Ph.D. in chemistry at Emory University in 1958. She started her academic career as college instructor at Mount Holyoke College and Randolph-Macon College. In 1957 she was appointed assistant professor of chemistry at Agnes Scott College, becoming a full professor in 1971. She was named dean of the faculty in 1969 and retired from Agnes Scott in 1984 as Dean of the College. She was named Professor Emerita of Chemistry and Dean of the College, Emerita, by the Board of Trustees.

Her second career began when she entered Candler School of Theology at Emory University, where she received her Master of Divinity degree in 1986. A longtime, active member of Decatur First United Methodist Church, Julia was the first woman to chair the Administrative Board and served on both the Finance and Pastor-Parish Relations committees. After her ordination, she served as pastor of St. Matthew United Methodist Church in East Point, Georgia, from 1987 to 1992.

Julia served on various higher education and community boards, including the Randolph-Macon Woman’s College Board of Trustees, the Decatur-area Emergency Assistance Ministry (DEAM), her Zonta Club, and Global Health Action, Inc.

Friends admired Julia for all that she accomplished in her two careers and loved her for the laughter she brought into their lives. She will be remembered for how much fun she was to be with and how she could light up a room with her wicked wit and inimitable voice.
Planning to Support GHA’s Future

Many supporters help GHA plan for their anticipated contributions by making pledges to GHA. This allows GHA staff more certainty in funding when they plan for future programming and permits you—our supporters—to inform GHA of forthcoming gifts earmarked for its benefit. Another great way to help GHA plan for our future is by including GHA in your estate plan. This can take the form of a direct bequest in your will or by naming GHA as a beneficiary of a particular investment.

For more information or to obtain a pledge form, please contact Jessica Palumbo at (404) 809-4471 or jpalumbo@globalhealthaction.org

GHA Expands Programs in China

In November 2016, China’s National Health and Family Planning Commission (NHFPC), GHA, and UNICEF launched a national program for left-behind children that is modeled on GHA’s program in Jiangsu province, China. This national program is anticipated to reach over 50,000 additional children in 12 provinces and is a part of China’s goal to “create child-friendly communities” to support the staggering numbers of left-behind children in the country.

GHA’s program in Jiangsu that provided the blueprint for the national program began in 2011 in two schools and now reaches left-behind children in 15 counties across the province. In 2016, over 12,000 left-behind children in Jiangsu received support and participated in activities through this program. The Jiangsu program for left-behind children will continue alongside the new national program.

The programs use community-based efforts to address the nutritional, health, and psychological needs of children struggling with separation anxiety, depression, and trauma on account of their parents migrating to cities far away in search of work. GHA supports these programs by providing “train the trainer” trainings and drafting content for training materials. Our partners in China then provide trainings and associated handbooks to teachers, health workers, and other local leaders. These trainings help attendees better understand (i) the challenges faced by the children, (ii) why behaviors consistent with the symptoms of traumatic stress occur among these children (e.g., fighting, property destruction, running away, disengagement, emotional detachment, dissociation, suicidal ideation, etc.), and (iii) how to best respond constructively to the needs of the children. Furthermore, the trainings provide an opportunity for GHA staff to introduce the concept of trauma-informed care as a core component of the program. This approach helps people who support left-behind children understand the long-term impact the traumatic event can have on the neurobiological development of children and learn ways to support children coping with traumatic stress.

On a recent trip to China, GHA staff had the opportunity to meet with a teenaged girl who had been part of the project since the initial pilot project in Lupu township in Jiangsu province. She spoke about how she relied on the GHA-trained school counselor for support. As a result of the support she received, she was better able to advocate for herself and her fellow students, spearheading an effort to extend the hours in which support services are available through the program as implemented at her school.

We look forward to the successes of what other children are able to do for themselves and their communities on account of the support received through these programs.