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**Clinton Global Initiative University 2008 Meeting  
The International Overlooked Emergency: Mental Health In  
Post-Crisis Communities: Discussion and Commitments  
Clinton Global Initiative University  
March 15, 2008**

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**MALE SPEAKER:** And please welcome back our moderator, Dr. Kathleen Allden.

**KATHLEEN ALLDEN, M.D.:** Okay, welcome back everyone. I'm sure you've had great discussions. We have here many questions from the audience, and I am so sorry we won't get to all of them, but let's get started. We'll do the best we can.

I am going to begin with Shin. Shin, what can be done to promote constructive, culturally sensitive, and inclusive mental health work within cultures which traditional view mental illness as taboo or unimportant.

**SHINPEI TAKEDA:** Okay, I think it depends on our approach, how we approach and how we create that relationship with whoever you're going to work with. Like I said, I think, my approach has always been not to approach people as, oh, you're the victim of torture, but to really hear their story and connect with them as one-on-one, and then re-approach them with respect. And respect, I think we can use the word resiliency, and they have been tremendous--these people have survived very difficult times. I will not understand it, but starting from the humble place, and they're really looking--you have done an amazing things. I have a lot of respect and I want to hear. I will never understand it, but I want to hear and I have a lot of respect for it. So, that's a great approach, I think for us to really get into different culture,

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because I think, even if it different culture, you can always relate to other people as a human.

And I think also, it's not just the cultures in Thailand or U.S. culture, I think even all of us have different cultures, micro culture I think we can say. We have different ways to cope with things. We have different ways to manage difficult times, and I think it's important for your friends and for you to talk to, find that out and talk that with your friend and find other people's culture-specific way to manage difficult times.

**KATHLEEN ALLDEN, M.D.:** Okay, moving on to Daryl. Daryl, with the expected closing of hospitals within the Veteran's Affairs Healthcare System, who will take care of the recent cohort of Iraq war veterans who may develop PTSD, post traumatic stress disorder?

**DARYL PAULSON, PH.D.:** Well, that's very simple, that's us. We're going to do it. You do what you can do, for the veteran doesn't have time right now for the PTSD to really sink in, and he's called back. So, be ready, it's you, it's up to you.

**KATHLEEN ALLDEN, M.D.:** That's very important, Daryl, pointing out that they're doing more than one tour of duty in Iraq.

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Mindy, what roles can we, as university students, play to aide in alleviating or rather solving this overlooked mental health crisis in our own community?

**MINDY KRONBERG:** Advocacy. Working in your community, I'll give the example of Katrina. Funding is becoming less and less for Katrina because people forget about it. If you live in a community that there has been a disaster, you let other people know. As a college student, you know people throughout the country. You talk to people and you advocate for what you believe in.

Two, don't underestimate the power of yourselves. In volunteering, not only are you helping with the physical concrete things, you are providing a huge inspiration to the community that you come in to. Three, peer counseling, helping yourself, talking to each other. That's the first line of defense, it's not mental health clinicians, it's each other.

**KATHLEEN ALLDEN, M.D.:** Thank you. We are going to go back to Shin. Shin, what was the most striking photograph taken by a student and where are the photos of your students being exhibited?

**SHINPEI TAKEDA:** For me, one of the most striking photos that I have encountered was in Thailand, where this young children--young kid, he is about eleven-years old and it was assignment leaving. Remember I told you about the old home leaving, arriving new community, that's the assignment we do.

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And one of the assignment in leaving, he decide to dress up more as if he was escaping the village in Burma and coming to Thailand and he writes a story about it. So he gets almost half naked and then running around. It's a photo of a leg just running, and he talks about how he ran from the bullets and all that.

But that's not the end. I think it was amazing to see him showing that to his father and showing that to his friends and showing that to his teacher, and saying this is what happened. And he just laughing about it and he just has ownership over that story. And we take it further in that photo, we take it further and we brought it to United Nation Headquarter. We exhibited with National Geographic Society's building and we had other people see it. And I also believe that when other people see that, they can really understand that human story behind the what's called conflict.

**KATHLEEN ALLDEN, M.D.:** Thank you very much. I'll take a question for myself. It says for Kathleen. In international settings, how do you work successfully with famine relief and medical emergency staff and what are critical success factors?

A guiding principal in developing mental health interventions is you, first, try to integrate mental health within the primary healthcare system. And this has been a principal since the 1970s and becoming stronger and stronger, and we're trying to develop that more and more.

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We have additional questions here, so I am going to continue with our panelists, if you are willing to continue. Daryl, there is something you didn't get to during our first discussion about personal narrative and reconstructing meaning. Can you just define for us the principal that you documented in your recent book, and we don't have much time, but if you could just give us that.

**DARYL PAULSON, PH.D.:** When I got back from Vietnam and especially after we left the scene, I was crushed. Every one of my friends that had died for Vietnam or what did that die for? So, I found a thing that was right of passage and it started with a call, then it went into the initiation. And then what most veterans forget, which most of all of us that have suffered from that forget, is that there is a return to integrate it. That was forgotten, and that's what I did.

**KATHLEEN ALLDEN, M.D.:** Mindy, here is another question I think you can help. What can be done on a university level to level pre-disaster, to prepare people mentally to handle trauma and recognizing warning signs. This has got to be a big question on the campuses.

**MINDY KRONBERG:** That's so important. I think everybody in this room is doing it right now. We're listening, we are talking amongst ourselves, and we are thinking about how to prepare. We want to learn from other disasters, we are each talking about different disasters. We want to learn from those

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and students can form committees. Students can form committees along with the faculty at their schools who are doing the disaster preparedness, but I think the students' perspective is so important because a lot of time that's sometimes forgotten.

**KATHLEEN ALLDEN, M.D.:** We only have one minute left, but I don't know if you can answer this Shin, but give it a try. How do you find responses to art therapy different between cultures, and you have a half-minute to answer this question.

**SHINPEI TAKEDA:** Well, I think it's also about the terminology, art therapy, mental health. But it's also, I think if you set out to do this work, you have to ask your question why you're doing it, and then you have to create a relationship and start from this really humble place. Like I said, I think this is something that's missing from--so we are very smart and learn a lot about this, and I was like that.

But when I went there, it took me a little while to really deconstruct all the theories and everything that I learned. I realized when I got there that I don't know anything. In front of these kids, they are going through all this and that, I didn't know anything. And that was very humble place and from there I don't believe that I am helping them, I just create this space, a safe space where these children can take photographs and talk about them. I'm not fixing anything, I'm not solving anything. But I think it's

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for you guys who is going to have a lot of access to a lot of different things. It's very important to be able to create and be aware of creating the space, and start from the humble space.

**KATHLEEN ALLDEN, M.D.:** Okay, thank you. Now we have our themes.

**FRANKKI BEVINS:** Alright, once again, you guys did a very impressive job with probably with a little bit more of a challenging topic to bring back to students and university campuses in particular. Starting off with our themes, we had create supportive environments for survivors of conflict by strengthening social networks; destigmatize mental health treatment, e.g., mental health awareness day or week on campus; support peer counseling on campus for students who experienced trauma; create therapeutic programs using art, sports and music to address mental health, so we can think about taking Shin's concept of the AjA Project, taking it to sports, different forms of art therapy; integrate long term--oh, sorry, encourage students to choose professional training in mental health treatment; integrate long term follow-up in campus programs, this would be an advisor, RA check-ins may be including it in that kind of training and the roles that they specifically take on.

Moving on to our gems, we have offer hotlines, or group therapy sessions to allow students to connect anonymously or

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with peers. Again, jumping off of the morning session, you could think of hotlines traditionally with phones, but you could also think about the internet, chat rooms, and different forms of communication that are opening up today's technology; create interdisciplinary crisis center on campus using faculty in multiple fields; host speaker series of people with personal experiences with trauma and mental illness. So you could imagine a speaker series with someone like Daryl, perhaps one of the lost boys from Sudan from this morning, kind of creating a panel like that just to bring awareness from personal experience; organize letter writing campaigns between youth in the U.S. and it post crisis situations; exert pressure on universities to ensure affordable access to drugs developed on campuses; create a wellness café where students can learn a skill, relax and de-stress. And as a side note, there was some specifics listed including learning massage therapy and different ways to relax, also a tie-dye station, so [laughter] we all relax in many capacities; and reframe mental issues as a loss of productivity to bring them to the forefront. So again, public, advocacy work as a key element and component to this.

Alright, I will turn it back to the panel to respond to all of your ideas.

**KATHLEEN ALLDEN, M.D.:** Thank you. This is a very creative and wonderful list of new ideas. We'll try to respond to them as best we can. I want to start myself by saying

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something I thought about throughout this conference, and the individual who wrote about the theme encouraging students to train. And if you are interested in mental health work, or you are interested in humanitarian assistance, or doing the kind of extraordinary work that we've heard amongst the panelist today, I have a bit of advice. Integrate humanitarian work from day one as you plan your academic career. And as you plan your future career, training will be the key. You may not be able to do it on a full-time basis, but if you make that commitment from day one throughout your career, you'll be successful, and I think that's what we are seeing amongst our panelists, today.

We have a number of themes here where we can jump off. Why don't we start destigmatizing mental health by mental health awareness. Stigma is a very big issue and I will turn again to Shin to kick that off as well because this is something that you've mentioned already. I want to see if Shin can weave into the response his work with survivors of the atomic bomb in Japan. I've worked a bit in Japan, myself, and know that this population is a stigmatized population and so, maybe you could respond in that regard.

**SHINPEI TAKEDA:** Okay. Well, something that we didn't mention is that factor of time, and I think the factor of visibility. I think she talks about it in her articles. But I also am a filmmaker and I also interview atomic bomb survivors in Japan that happened sixty-two or three years ago. And this

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is sixty some years later, it's still very difficult for them. And when they start speaking, a lot of tears, a lot of intense stories.

So, it's very important for us to understand the time component of these, what we call post-crisis, or what it could do. So, I think you could imagine what's happening now in the Middle East and how long it's going to take, perhaps. But as for the visibility, it's not something you can see. And I think some of the work we do is trying to bring out these stories and images. But I don't call it mental health exhibit or refugee kits, I call it, it's works. I can call it art or art works, or images, or stories. So it's not, I don't think, getting too much stuck with this idea of mental health. Because this definition itself is very, as I have said, culturally, differently defined depending on the culture. And I think some of the veteran's, I think, that go in to therapy can be seen as very stigmatizing. So, I think that really making much more creative way to approach this is as important.

**KATHLEEN ALLDEN, M.D.:** Okay, I wanted to move on to Mindy and then I have a question for Daryl, too. But Mindy, there is many things in this list of themes in gems having to do with students helping themselves. So could you take that over?

**MINDY KRONBERG:** Thank you, I am glad you asked that. Absolutely. Going back to talking about preparing for

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disaster, it starts with mental health pre-disaster. We know that if you have issues prior to disaster, it just makes it worse. The vast majority of us have had some sort of trauma, some sort of difficulty. So, working together with your peers is so important. I love your gems. If you open the relaxation café, would you please invite me? [laughter] That's it.

**KATHLEEN ALLDEN, M.D.:** There is a theme here about bringing people to campus or raising awareness of mental illness or emotional distress that runs through these gems and themes. Daryl, could you comment on that, because you've done a lot of consciousness raising.

**DARYL PAULSON, PH.D.:** Yes, it's very important that not only the personal self, but the familiarity with your culture comes out in working with this because being who we are, we constantly check in with our culture. If they don't say they understand or they are not warm to us, then we tighten up, we condense, so it's very important.

**MINDY KRONBERG:** Also, if I could just add to what we've all said. Talking about the peer counseling, that really does destigmatize. Talking about the fact that we all have our traumas, what Daryl just said, I think that destigmatization is so important, if each of us can go at it for our own mental health.

**KATHLEEN ALLDEN, M.D.:** I notice in many of these themes that you, as students, are bringing the theme of mental

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health to your own immediate life. And during our discussion leading up to this panel, there was some discussion of violence on campus. And we were wondering if this was on the minds of all of you because of how much this has been in the news.

And being prepared for disasters such as that is something that I thought the panel could take up. And I will ask each of our panelist to comment on that sort of self help disaster preparedness for ourselves as individuals and for our own communities and family members.

**MINDY KRONBERG:** I do a lot of talks about self care. And yesterday I did a talk about self care in Lafayette. I was on my way home and my colleague got a call that there had been a student who was shot in his neighborhood that went to his school. We want to be prepared, but we have to take care of ourselves first. We have to be ready to deal with the crisis. We have to be relaxed. We have to be healthy, and doing the things that you are talking about. Having the hotlines, using the hotlines yourself, having the series, the groups, the education and the cafes, the taking time for yourself is so important, because at those times, you'll be ready for the crisis and accepting your emotions. You are going to have traumatic emotions, that is normal. And if you have peers to discuss them with...

**KATHLEEN ALLDEN, M.D.:** Daryl, how did self help work within the VA context?

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**DARYL PAULSON, PH.D.:** Well, what we do, or what you should do is you ask the person what's bothering them but you don't take on a strong personality. You don't take on, well you should be doing this, you should be doing that. You sit and you get behind the person. Find out what's wrong, and act just as you regularly do. And then as trust develops, they come out and tell. And then whatever happens, don't freak out. [laughter] Don't freak out, because the person will just go.

**KATHLEEN ALLDEN, M.D.:** Shin do you have a comment on that?

**SHINPEI TAKEDA:** Yeah, I think it's the same thing. I think it's important to just treat people, human to human. In this meeting, in this conference, I had a wonderful time meeting some of you, but I felt a bit like I was discarded and nobody really saw me. And I wanted to get to know people as human to human, and I think sometimes in this, these things are valuable in this society and then people will listen to you. But I think there is also in this type of work, it's also important to relate to other people as human to human.

**KATHLEEN ALLDEN, M.D.:** Another theme that comes up here is if you're going to be doing peer support, and counseling and setting up programs is taking care of the providers of mental health and self care, self help. And I know Mindy has had some experience with providing help for first responders, and I think that is a valuable lesson she may

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want to just briefly comment on responders taking care of themselves, providers taking care of themselves in an organized way.

**MINDY KRONBERG:** It's so important, you can do it, and I think responders can be defined as psychologists. It can be defined as friends of the people who have been traumatized. We talk about organizational self care, having support networks. So if you are in your university, have the university take care of itself, take care of its students and support the mental health days. Support time off so it's not--you're not always on, you're not always working, writing papers, et cetera, so, that you are taking time to be healthy. Because when you are healthy, then you can help others. If you're not taking care of yourself, you are not going to be effective.

**KATHLEEN ALLDEN, M.D.:** Well, we have just one moment to wrap up and I want to say thank you very much for all of your input and [applause] I thank our panelist as well for their excellent feedback and you for all of your inquiries.

[Applause]

**FRANKKI BEVINS:** Alright, we're going to take a quick moment to acknowledge three different student commitments in particular. So Dr. Allden, if you would like to come up and present?

**KATHLEEN ALLDEN, M.D.:** Andrew Lobokoff [misspelled?]  
[applause]; Andrew is from Petro Mohyla Mykolayiv State

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University. His commitment is to help combat the spread of HIV Aids by using theater and art to teach students about preventative methods. During the international outreach camp, this year Ukrainian students group will train fourteen of their peers in ways to use theater and art to educate others about preventing the spread of HIV Aids, the human and civil rights of people living with HIV Aids and art theory. After these fourteen students are trained, they will go on to teach informational classes about HIV Aids and art theory to sixty more of their peers at an art festival. The students trained at the festival will then have the opportunity to apply for youth engaging society grants to work on their own projects using the information and methods they learned.

Congratulations. [Applause]

Alright, our next individual that we will recognize is Pandetreo, Morira Pandetreo [misspelled?] of University of California Berkeley. [Applause] Morira's [misspelled?] commitment is to assess the feasibility of using mobile phone technology and geographic information systems to report and predict outbreaks of malaria in India in order to better understand the impact of climate change on human health. Current strategies for controlling infectious disease epidemics in the developing world focus on control and not prevention. Improving the ability to identify high risk areas with GIS based system will enable India to focus on disease prevention.

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Teaming with the National Institute of Malaria Research, National Informatics Centre, and Infores [misspelled?] India, Ltd., the group held preliminary test last summer using GIS based model and found strong links between adverse environmental factors in prevalence of Malaria. The group is reaching out to many of the information technology companies in India to assess the feasibility of creating a large GIS based disease outbreak prediction system which would save the Public Health Administration millions of dollars on therapeutic treatment by allowing that to allocate funds to high risk areas.

The group will also initiate a study to test the feasibility of using mobile phones to report incidences of Malaria from rural primary health centers to central Government authorities. If this method proves effective, more accurate reporting of outbreaks will hopefully allow the Indian Government to more effectively allocate public health resources. Wonderful. Congratulations. [Applause]

We have two individuals to recognize, Lizzie Dupont [misspelled?] and Johann Vandervault [misspelled?], both of University of Texas in Austin. [Applause] Their commitment to create a cultural exchange between deaf students in Austin, Texas and Bamako, Mali addressing public health issues and sexual education. Mr. Vandervault and Ms. Dupont [misspelled?] are creating a three way partnership between l'ecole deficient

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autotif [misspelled?] and Bamako, Mali, where Ms. Dupont has worked, The Texas School for the Deaf in Austin and the American Sign Language Department at the University of Texas Austin.

Students in Austin and Mali will prepare videos for each other addressing health issues faced by both groups and incorporating educational information provided by the project organizers. These experiences of producing the videos will provide the students with practical information and instruction in safe sex and HIV Aids and STD awareness in a manner that is responsive to the specific challenges faced by deaf youth. This cultural exchange has a potential to spread throughout the six schools for the deaf in Mali and to other nations like Burkina Faso, Mauritania, and Morocco, where American sign language adapted for Francophone, West Africa is also used. Wonderful. [Applause]

**FRANKKI BEVINS:** Alright, thank you all so much. Can we have one last final round of applause for our fabulous panel. [Applause]

Thank you, and thank you all for joining us today in the global health track. Just a quick announcement here. You all need to proceed to Fogelman Arena directly there. The President will be starting right on time. You'll be seated in the black chairs on the stadium floor. At the end of the session, please stay in your seats for a group photo. So,

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again, once the session is over, just stay seated, they are going to take a group photo of everyone at that point. Thank you. [Applause]

[END RECORDING]