Professor of Public Health John Nwangwu uses his experiences investigating some of the world’s most deadliest diseases to breathe life into his lessons at Southern. “I suppose I’m a scholar by nature,” says Dr. Nwangwu. “I hate routine. It’s good to be doing something where you’re kept on your toes.”

Clearly, doing is Nwangwu’s driving force. In addition to teaching epidemiology and world health at Southern and serving as a consultant for the World Health Organization, Nwangwu has appointments at Yale University and the University of Connecticut. Among his primary research interests is the management of tuberculosis and HIV/AIDS in Nigeria. Closer to home, he has a grant from the NAACP to study health care for minorities in Connecticut. A certified fellow of tropical medicine and an expert on infectious disease, Nwangwu’s interests lean toward the out-of-the-ordinary. “The more exotic, the more challenging it is to me,” he says. He has gone to Uganda to study Ebola disease and to Senegal to look at Lassa fever. Research on the avian flu took him to Thailand in 2005 and to Nigeria in 2006. “The World Health Organization (WHO) sends me wherever they need me,” he adds.

Dr. Bernard Agaba, an ophthalmologist based in Nigeria, has known Nwangwu since 1994 and has worked with him in Nigeria and Haiti. “He is self-sacrificing, relates well with everybody, and develops a good team. He is a born leader,” says Agaba of Nwangwu.

Nwangwu’s research and humanitarian efforts have led him to small villages, far from a hotel or U.N. facilities. “I enjoy that; that’s what brings me close to...
the people, so I can really see what their life is like," he says. However, the trips can be wrenching. When he was in Thailand, for example, a small child tagged alongside his interpreter, grabbing her leg and talking. The interpreter didn’t want to reveal what the child was saying. “Finally, she told me that the little girl was complaining that it was not her turn to eat that day,” says Ngwagwu. “It was not her turn to eat that day,” says Ngwagwu. “He showed us that smallpox eradication benefited everyone in the world, as opposed to high-tech procedures, like open heart surgery, which serve only a small number. And the benefit from smallpox eradication was permanent, unlike a complex procedure, where you buy a person another couple of years. Finally, he demonstrated the low cost of eradicating smallpox.

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His childhood was indelibly marked by the Nigeria/Biafra War, which forced him and his family to leave his native Nigeria. His career was shaped by what he saw during that terrible time. “What was most pressing in my country during the war were things that could be corrected by simple public health measures — infections, environmental concerns, hunger,” he recalls.

After attending secondary school in England, Ngwagwu joined his parents, who had emigrated to the United States. He entered medical school and decided to specialize in public health for pragmatic reasons. He left Nigeria without knowing whether he'd ever go back — or if he would stay in the U.S. “Regardless of where I ended up, I wanted to know I'd be needed,” he says.

His thinking crystallized when he heard a talk by Dr. D.A. Henderson, who had spearheaded the worldwide eradication of smallpox. “He looked at it from various angles, including cost-benefit analysis,” says Ngwagwu. “He showed us that smallpox eradication benefited everyone in the world, as opposed to high-tech procedures, like open heart surgery, which serve only a small number. And the benefit from smallpox eradication was permanent, unlike a complex procedure, where you buy a person another couple of years. Finally, he demonstrated the low cost of eradicating smallpox globally — at the time the equivalent cost of perhaps four or five high-tech procedures.”

After medical school, Ngwagwu completed a master of public health degree at Loma Linda University in California and a doctorate at the Columbia University School of Public Health. He was working as an epidemiologist in California when Southern began its search for an epidemiologist to help inaugurate its public health program. He began teaching at Southern in January 1991.

When he isn't teaching or conducting research, Ngwagwu leads international public health volunteer efforts for an organization called Christian Medical Fellowship. Every summer, he takes a group of health professionals, including nonmedical people, to developing countries, where they provide free comprehensive care, ranging from public health services and primary care to general and specialized surgical procedures. The demand is intense, as revealed by figures released by the World Health Organization. Life expectancy in Nigeria is 48.2 years for females and 46.8 years for males. The national prevalence rate of HIV/AIDS is 5.8 percent, 90 percent of childhood deaths are caused by malaria, and outbreaks of cholera, meningitis, measles, yellow fever, and Lassa fever continue to plague the country. In 2006, Ngwagwu took a group of 42 to Adamawa, Nigeria, where they saw nearly 7,000 patients in two weeks.

“This is my way of contributing to the global need and giving back to my own people. It’s important to me that I’m not sitting back, that I’m making some contribution, when the state of the world is overwhelming,” Ngwagwu explains.

Judging by his students’ evaluations, it is this dynamic combination of scholarly pursuits and international activism that most excites them. Rather than follow a textbook description, for example, Ngwagwu uses his field experience to illustrate methods of controlling a disease outbreak. “In the classroom, I share stories and show documentary tapes from

Ngwagwu. “It’s random. Any of us could be living in the underdeveloped world.”

— Dr. John Ngwagwu

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One of her earliest child design experiences came at Calvin Hill, where the staff was struggling to help a child with problem behaviors. The child frequently lost control and had difficulty regaining his composure. Surveying the bright and cheery environment of the old firehouse where the center was based, Edwards had an epiphany. "There was nothing about this space that even suggested 'contemplative,'” she says.

Noting that the boy had no private place to go to regain his composure, Edwards set out to create one. Using fabric and lumber from the basement, she built a quiet place where the child could calm himself. "I started designing and building inside a structure,” she says.

Discussing the quiet space with the center’s staff was enlightening. "The discussion helped me see how unfamiliar the teachers were with seeing space as a teaching tool,” she says. "To me, it came naturally to use space as I would a book.”

Often, Edwards says, teachers and designers don’t understand how space and space-related dynamics, such as traffic flow, affect children. Many educators define learning environments in the numbers of books, chairs, and tables available to children — without considering the setting itself. "Space and setting literally have a constant impact on the life that takes place itself. "Space and setting literally have a constant impact on the life that takes place there. They are part of humanity, just as we are.”

Besides, today’s emerging diseases highlight how small our world is. Avian flu is a critical challenge, says Nwangwu. The World Health Organization (WHO) agrees, concluding that the world is not adequately prepared for an outbreak. WHO reports that in past pandemics, 25-35 percent of the total population was affected. Should a new virus cause mild disease, WHO estimates between 2 million to 7.4 million deaths worldwide. The impact of a more virulent strain of new virus would be exponentially more frightening. The 1918 pandemic, for example, killed at least 40 million people.

"All along, what experts have anticipated about the disease has come to pass,” says Nwangwu. "Global leaders are not paying enough attention to preparedness. There are resources, but politicians have so many other priorities.”

In addition to her work in New Haven, Edwards also helped shape early childcare and education in Fairfield County. She was executive director of the Westport Infant-Toddler Center, Children’s Community serving children six weeks to five years, and co-founder of The Parent Child Center, a nationwide model for comprehensive childcare and family support.

Along the way, Edwards also studied architecture. "I did very much consider pursuing an architecture degree, but decided against it,” Edwards says. Instead, she learned by working closely with experts in the field. "It was a good decision,” she says. "It enabled me to develop my theory of children’s environmental needs independently, based on my work and observations of children and the adults who work with them.”

Unlike their counterparts in Europe, American manufacturers and designers were slow to tap into the Baby Boomer-led market for child-centered products and architecture. As a result, Edwards said it was difficult early on to secure funding for CHILDESIGN. "I am proud of having founded CHILDESIGN long before it was chic to do so,” she says triumphantly, acknowledging the organization’s challenging start-up.

When the opportunity to write about her ideas presented itself, Edwards jumped on it, while the American child design marketplace slowly gained momentum. "It proved a very successful strategy — a gift that fell in my lap,” she says.

Edwards wrote two books. "The second, Product Design 2, put me in touch with the leading talents in the design world at the time,” she says. Other opportunities followed, including a keynote address at a major architecture and design conference, articles in design publications, and design exhibitions. Edwards served as contribut...