The Need for Trauma-Informed Care Curricula at Institutions of Higher Learning:

A Call to Action

October 20, 2016

TOOLS FOR DEMOCRATIC PRACTICE:

IT’S NOT JUST VOTING, IT’S SOLVING PROBLEMS

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Health Management & Policy
Dornsife School of Public Health,
Drexel University
**REASONS FOR EMBRACING TRAUMA-INFORMED HIGHER ED?**

- Healthier campus social norms
- Improved individual and organizational health
- Better teamwork
- Better academic outcomes
- Workforce development – lower turnover, few workmen’s comp cases, fewer injuries, better morale

*Human history becomes more and more a race between education and catastrophe.*

H. G. Wells

*Outline of History, 1920*
THE CENTURY OF "MEGADEATH"

As humans, our situation is urgent
For our living world, our situation is urgent.

Ninety-seven percent of climate scientists agree that climate-warming trends over the past century are very likely due to human activities, and most of the leading scientific organizations worldwide have issued public statements endorsing this position.

THE CENTURY OF “MEGADEATH”
For our living world, our situation is urgent

Social evolution has long overtaken biological evolution.

Leaving us unprepared to fully understand or deal with the social situations we have created.

Can we consciously evolve quickly enough to avoid extinction?
WHAT WE ARE UP AGAINST

BIOLOGY
• Fight-flight-freeze response
• Short-term survival responses not long-term planning

PSYCHOLOGY
• Resist loss = resist change
• Vulnerable to massive and contagious denial of reality – absence of critical thinking

SOCIOLOGY
• Globally connected but still tribal – go to war about anything
• Much more difficult to integrate what we know

MORALITY
• Remain at early stage of moral development, far behind our technological achievements

IDEAS CAN CHANGE THE WORLD FOR BETTER OR FOR WORSE

HUMANITY 980m

ACIDENTS 294km
DRUGS 11.5km
WAR 1.5km
POISON 9m
LIVER 5m
STOMACH 4m

MURDER 1.7km
IDEOLOGY 1.6km
AIR POLLUTION 1km

Other cardiovascular 0.9km
Over the last twenty years I have come to appreciate an important meta-idea: that the power of ideas to transform the world is itself accelerating.

Ray Kurzweil, 2005, inventor of the flatbed scanner, futurist
*The Singularity is Near*, p.3

THE BIGGEST TRAP OF ALL: EITHER/OR WHEN IT IS BOTH/AND
Integrating the life-preserving great ideas of the last four centuries is the current work for scholars of today. That work may just save a world that desperately needs saving.

A science without memory is at the mercy of the forces of the day.

Franz Samuelson
*History, Origin Myth and Ideology: Discovery of Social Psychology, 1974*
DEMOCRACY:  
THE BIG IDEA OF THE 18TH CENTURY

GERM THEORY:  
BIG IDEA OF THE 19TH CENTURY
Trauma as a CENTRAL ORGANIZING PRINCIPLE of human thought, feeling, belief, and behavior that has been largely overlooked in existing explanations of and responses to human behavior.

First global expression of rights to which ALL human beings are inherently entitled

Universal Declaration of Human Rights, December 10, 1948
INTERCONNECTED GLOBAL BRAIN: BIG IDEA OF THE 21ST CENTURY

Once a photograph of the Earth, taken from the outside, is available.... A new idea as powerful as any in history will let loose

Sir Fred Hoyle, 1948
English astronomer noted primarily for the theory of stellar nucleosynthesis
Humanity could be on the threshold of an evolutionary leap, a leap that could occur in a flash of evolutionary time a leap such as occurs only once in a billion years. The changes leading to this leap are taking place right before our eyes – or rather right behind them, within our minds.

Peter Russell, 1982
The Global Brain: The Awakening Earth in a New Century

BUT....

An interconnected, complex, adaptive, living world

FILLED WITH PEOPLE WHO HAVE HAD ADVERSE INDIVIDUAL, GROUP AND INTERGENERATIONAL EXPOSURE TO TRAUMA, ADVERSITY AND VIOLENCE.
"the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, which either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment, or deprivation”  World Health Organization, 2004
VIOLENCE SPREADS, PERSON TO PERSON, FAMILY TO FAMILY, COMMUNITY TO COMMUNITY, GENERATION TO GENERATION

UNTIL FINALLY OUR SOCIAL NORMS CHANGE
Unhealed combat trauma — and I suspect unhealed severe trauma from any source — destroys the unnoticed substructure of democracy, the cognitive and social capacities that enable a group of people to freely construct a cohesive narrative of their own future.


Unhealed combat trauma diminishes democratic participation and can become a threat to democratic political institutions. Severe psychological injury originates in violation of trust and destroys the capacity for trust. When mistrust spreads widely and deeply democratic civic discourse becomes impossible.

The trampled soul may be so broken as to be unable to imagine a future and unable to struggle for it; or the trampled soul may be so bloated with vengeance and the determination never again to be helpless that nothing short of domination is tolerable.

Jonathan Shay, *Odysseus in America*, p.250

**IMPLICATIONS OF THESE BIG IDEAS:**

CHANGES IN THE WAY WE

- THINK
- FEEL
- UNDERSTAND
- ACT
- TOWARD:
  - OURSELVES,
  - EACH OTHER
  - THE WORLD AROUND US
UNDERSTANDING CONNECTIONS

IT’S ABOUT CHANGING THE WAY WE VIEW THE WORLD.
THE COMPLEX AND SENSITIVE REQUIREMENTS OF BRAIN DEVELOPMENT

THE COMPLEX INTERACTIVE NATURE OF THE BRAIN, MIND, BODY, SPIRIT

HOW RELATIONSHIPS DETERMINE WHETHER DEVELOPMENT UNFOLDS APPROPRIATELY

HOW ADVERSITY AND TRAUMA BEGINNING IN CHILDHOOD IMPACT THE PERSON THROUGHOUT THEIR LIVES.

HOW ADVERSITY AND TRAUMA CAN IMPACT SUBSEQUENT GENERATIONS
THE POISON IN OUR LIVES

Areas of the body affected by stress

- Brain and nerves
- Muscles and joints
- Heart
- Stomach
- Pancreas
- Intestines
- Reproductive system
ACROSS THE LIFEPAN

Behavioral Problems
Physical Illness
Emotional Dysregulation

Trauma & Loss
Chronic Hyperarousal &
Chronic Inflammation
Adverse Childhood Experiences
Family Dysfunction
Social Dysfunction

TRAUMA TOUCHES EVERYONE’S LIFE

Lifetime Prevalence of Trauma Exposure in the U.S.

- Kessler, 1995 Males
- Kessler, 1995 Females
- Norris, 1992
- Resnick, 1993

0% 10% 20% 30% 40% 50% 60% 70% 80%

NATIONAL COMORBIDITY STUDY (KESSLER, 1995)

61% males; 51% females one or more traumatic event by age 24

Females 2-3X more likely to develop PTSD

Developmental Victimization Survey, Finkelhor, 2005

AGE 2-17

71%
Urban youth - by the age of 23 years, the lifetime occurrence of exposure to any trauma was 82.5%, with males (87.2%) more likely to be exposed than females (78.4%). (Breslau, et al. 2004)

Interviews of more than 95,000 adults about a child in their household, to find out about the prevalence of adverse childhood experiences nationwide and for each state in the U.S.

National Survey of Children’s Health, 2011-2012
We found that more than half of adolescents have had at least one of these adverse childhood experiences, and nearly one in ten have experienced four or more.

**Number of Adverse Childhood Experiences Among Adolescents Ages 12-17, by Percent**

<table>
<thead>
<tr>
<th>Number of ACEs</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>45.8%</td>
</tr>
<tr>
<td>1</td>
<td>26.0%</td>
</tr>
<tr>
<td>2</td>
<td>12.8%</td>
</tr>
<tr>
<td>3</td>
<td>6.0%</td>
</tr>
<tr>
<td>4</td>
<td>4.1%</td>
</tr>
</tbody>
</table>

Source: NSCH, 2011-12

**National Survey of Children’s Health, 2011-2012**

Our findings suggest a need for research and intervention efforts to prevent adverse childhood experiences and to mitigate their consequences. They also suggest that the ACEs measure represents a potential screening tool to identify children and youth at risk for negative outcomes.

**Prevalence of indicators of negative well-being, by number of adverse childhood experiences (teens 12-17)**

<table>
<thead>
<tr>
<th>Measure of well-being</th>
<th>0 ACEs</th>
<th>1 ACE</th>
<th>2 ACEs</th>
<th>3+ ACEs</th>
</tr>
</thead>
<tbody>
<tr>
<td>High externalizing behavior</td>
<td>18%</td>
<td>26%</td>
<td>33%</td>
<td>41%</td>
</tr>
<tr>
<td>Low engagement in school</td>
<td>25%</td>
<td>33%</td>
<td>44%</td>
<td>48%</td>
</tr>
<tr>
<td>Household contacted due to problems at school</td>
<td>13%</td>
<td>23%</td>
<td>31%</td>
<td>38%</td>
</tr>
<tr>
<td>Grade repetition</td>
<td>6%</td>
<td>12%</td>
<td>14%</td>
<td>21%</td>
</tr>
<tr>
<td>Does not stay calm and controlled</td>
<td>24%</td>
<td>34%</td>
<td>40%</td>
<td>44%</td>
</tr>
<tr>
<td>Does not finish tasks started</td>
<td>27%</td>
<td>36%</td>
<td>44%</td>
<td>49%</td>
</tr>
<tr>
<td>Diagnosed with a learning disability</td>
<td>9%</td>
<td>13%</td>
<td>16%</td>
<td>23%</td>
</tr>
<tr>
<td>Fair or poor physical health</td>
<td>2%</td>
<td>4%</td>
<td>4%</td>
<td>6%</td>
</tr>
</tbody>
</table>

**National Survey of Children’s Health, 2011-2012**
The Relationship of Adverse Childhood Experiences to Adult Health Status

A collaborative effort of Kaiser Permanente and The Centers for Disease Control

Vincent J. Felitti, M.D.
Robert F. Anda, M.D.
The ACE Score is used to assess the total amount of stress during childhood and has demonstrated that as the number of ACE increase, the risk for the following health problems increases in a strong and graded fashion:

<table>
<thead>
<tr>
<th>Alcoholism and alcohol abuse</th>
<th>Illicit drug use</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depression</td>
<td>Suicide attempts</td>
</tr>
<tr>
<td>Intimate partner violence</td>
<td>Incarceration</td>
</tr>
<tr>
<td>Early Smoking</td>
<td>Smoking</td>
</tr>
<tr>
<td>Multiple sexual partners &amp; STDs</td>
<td>Adolescent pregnancy</td>
</tr>
<tr>
<td>Unintended pregnancy</td>
<td>Fetal death</td>
</tr>
<tr>
<td>Heart disease</td>
<td>Stroke</td>
</tr>
<tr>
<td>Liver disease</td>
<td>COPD</td>
</tr>
<tr>
<td>Autoimmune disease</td>
<td>Cancer</td>
</tr>
<tr>
<td>Obesity</td>
<td>Poor health-related quality of life</td>
</tr>
</tbody>
</table>
ACES SCORE OF 4 OR MORE

Twice as likely to smoke
Seven times more likely to be alcoholics
Six times more likely to have had sex before the age of 15
Twice as likely to have been diagnosed with cancer
Twice as likely to have heart disease
Four times as likely to suffer from emphysema or chronic bronchitis
Twelve times as likely to have attempted suicide
Ten times more likely to have injected street drugs

THE PHILADELPHIA ACE STUDY

A collaborative, started by the Institute for Safe Families (ISF) and now carried on by Health Federation, to develop and implement research, practice, and policies in urban pediatric settings based on the Adverse Childhood Experiences (ACE) study.
Original ACE Study Population is not Representative of Urban Populations

<table>
<thead>
<tr>
<th>Demographics</th>
<th>ACE Study</th>
<th>Philadelphia</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean age</td>
<td>56</td>
<td>34</td>
</tr>
<tr>
<td>Race/ethnicity</td>
<td>79% White</td>
<td>41% White</td>
</tr>
<tr>
<td></td>
<td>5% African American</td>
<td>43% African American</td>
</tr>
<tr>
<td></td>
<td>5% Hispanic</td>
<td>12% Hispanic</td>
</tr>
<tr>
<td>High school graduates</td>
<td>94%</td>
<td>36%</td>
</tr>
<tr>
<td>College graduates</td>
<td>43%</td>
<td>13%</td>
</tr>
<tr>
<td>Percent below FPL</td>
<td>Not measured</td>
<td>25%</td>
</tr>
</tbody>
</table>

Prevalence of Expanded ACEs

<table>
<thead>
<tr>
<th>Expanded ACE Indicators</th>
<th>Respondents (N = 1,784)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Witnessed violence</td>
<td>40.5%</td>
</tr>
<tr>
<td>Felt discrimination</td>
<td>34.5%</td>
</tr>
<tr>
<td>Adverse neighborhood experience</td>
<td>27.3%</td>
</tr>
<tr>
<td>Bullied</td>
<td>7.9%</td>
</tr>
<tr>
<td>Lived in foster care</td>
<td>2.5%</td>
</tr>
</tbody>
</table>
Overlap Between Exposure to Conventional and Expanded ACEs

17.2%  
13.9%  
49.3%

- No ACEs
- > 1 Conventional ACE
- 1 Conventional ACE & > 1 Expanded ACE
- > 1 Expanded ACE

PHILADELPHIA ACES TASK FORCE
http://www.philadelphiaaces.org/
THE POWER OF THE ACES STUDIES

- ACEs are common
- ACEs are highly interrelated
- ACEs pile up and have a cumulative impact
- ACEs account for a large percentage of health and social problems
- People with exposure to ACEs are everywhere

Stress, Adversity and Trauma Touches Everyone’s Life

- The more it happens....
- The longer it lasts.....
- The earlier it starts.....
- The more trust is betrayed....
- The more it’s at the hands of other people....
- The more challenging its effects
Violence becomes embedded in their views of how family members behave toward one another.

The estimated rate of intergenerational transmission of intimate violence is 30%, five times the rate of intimate violence in the general population.

Substantial research shows that PTSD in one generation may produce myriad of mood and behavioral disorders in the next.

ACE’s Study results suggest that as the number of violent experiences increases, the risks of victimization among women and perpetration by men also increase by about 60% to 70%.

A scientific consensus is emerging that the origins of adult disease are often found among developmental and biological disruptions occurring during the early years of life.

**WHAT ACES IS TELLING US:**

**AIMING AT INDIVIDUAL CHANGE IS NECESSARY BUT NOT SUFFICIENT**

**MAJOR PUBLIC HEALTH PROBLEM**

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**VIOLENCE DESTROYS TRUST; BETRAYED TRUST DESTROYS RELATIONSHIP**

Violation can be:
- Physical
- Psychological
- Social
- Moral

Violation of any kind creates bad feelings
- the need to retaliate, and ultimately, violence.
Violence is a group phenomenon. The violent person is the weak link in a complex web of interaction that culminates in violence after a cascade of previous, apparently nonviolent, events. When violence has occurred, the entire group has failed to prevent it, not just the individuals immediately involved.

The bystander is not innocent.

VIOLENCE AS A SOURCE OF COLLECTIVE INFECTION

Since violence is contagious, a key question is:

*How do we increase “SOCIAL IMMUNITY” to the “disease” of violence?*
TRAUMA-INFORMED COMMUNITY

IN HIGHER ED THAT MEANS....

COMMUNITY
ADMINISTRATION
FACULTY
OTHER EMPLOYEES
FAMILIES
STUDENTS
WHAT WE NEED TO ASSUME

That a substantial proportion of the school community will have or will be exposed to adversity /or trauma

That everyone experiences and reacts to stress, although everyone does it differently

That the past is impacting on the present all the time, and both past and present are determining the future

That we need some simple tools – universal precautions – that do not depend on diagnosing a mental health problem

HEALTHY SYSTEMS

Minimize reliance on rules

Maximize reliance on norms
TOOLS THAT EVERYONE CAN USE
KNOWN/UNKNOWN EXPOSURE

- Relentless stress
- Toxic stress – adverse childhood experiences
- Traumatic stress

PRESENT CHALLENGES

- IMMATURE BRAINS
- DYSREGULATION OF EMOTIONS
- DIFFICULTIES WITH CONCENTRATION, FOCUS, TASK COMPLETION
- INTERPERSONAL CONFLICT
- LACK OF SOCIAL SKILLS
- DIFFICULTIES MANAGING AGGRESSION
HOW MANY PLATES?

- School
- Home
- Family
- Friends
- Children
- Jobs

MALADAPTIVE COPING

- Substance use: Addiction, Anxiety, phobias, Agoraphobia, Self-harming, Fighting
- Avoidance of triggers: Depression, suicidality
- Pain as a distraction: Addiction to trauma
- Avoidance of grief: Alienation from others
- Risky behavior: Reenactment, revictimization
- Controlling behavior: Criminal, antisocial behavior
- Dissociation: Empowerment through violence
A growing proportion of the U.S. workforce will have been raised in disadvantaged environments that are associated with relatively high proportions of individuals with diminished cognitive and social skills.

Knudsen, Heckman et al. (2006)  
Proceedings of the National Academy of Science
Organizations, like individuals, are living, complex, adaptive systems and that being alive, they are vulnerable to stress, particularly chronic and repetitive stress. Organizations, like individuals, can be traumatized and the result of traumatic experience can be as devastating for organizations as it is for individuals.
When two or more systems – whether these consist of individuals, groups, or organizations – have significant relationships with one another, they tend to develop similar thoughts, feelings and behaviors.

K. K. Smith et al, 1989
Expecting a protective environment and finding only more trauma.


SANCTUARY TRAUMA
PRESENT

• GRADUATION
• HEALTHY WORKERS
• HEALTHY MANAGERS
• HEALTHY FAMILIES
• CONTRIBUTING MEMBERS OF A PEACEFUL, CIVIL SOCIETY

Past

PRESENT

FUTURE

HOPED FOR FUTURE

From diverse backgrounds
With a wide variety of experiences
On the same page
Speaking the same language
Sharing a consistent, coherent and practical theoretical framework

HOW TO DEVELOP TRAUMA-RESPONSIVE ORGANIZATIONS?

BUT HOW?
pattern of shared basic assumptions that a group has learned as it solved its problems...and that has worked well enough to be considered valid and taught to new members

How we do things around here

Organizational Culture

Accumulated Wisdom
Largely unconscious

UNIVERSAL PRECAUTIONS
It's not “What's wrong with you?”

It’s “What happened to you?”

Foderaro, 1991; Bloom, 1994
OUT AT SEA WITH COMPLEX PROBLEMS

Values are our anchors

NONVIOLENCE
Are we morally, socially, psychologically and physically safe with each other?

EMOTIONAL INTELLIGENCE
Do we keep asking questions until we achieve understanding and get the whole story AND it makes sense?
SOCIAL LEARNING
Does our system guarantee that each of us learns the maximum knowledge from our mistakes and we stay away from the blame game?

OPEN COMMUNICATION
Are there blocks in our communication network? Are our feedback loops broken?

DEMOCRACY
Does everyone have an opportunity to truly participate? Do we synthesize as much as we argue?

SOCIAL RESPONSIBILITY
How do we balance the needs of individuals with the needs of the group? Are our decisions just?
GROWTH AND CHANGE
Do we help people change by honoring their loss and envisioning the future?

SHARED VALUES
Deliberately Creating Culture
SHARED LANGUAGE

SHARED LANGUAGE
Assessment
Psychoeducation
Planning
Emergent situations
Problem-solving
Evaluating progress
Managing change

S.E.L.F.
SHARED LANGUAGE

10/20/2016
S.E.L.F.
SHARED LANGUAGE

- Gets everyone on the same page
- Very dynamic.
- Applicable to children, families, staff and organization

S.E.L.F.
SHARED LANGUAGE

- A way of organizing your thoughts, your emotions and your actions
- There is no specific order so you can use it the way that you think
- Phases you move in and out of, not stages you climb
What are the Safety issues for my group?
• Physical, psychological, social, moral

What are the Emotions of my group?
• Mad, Sad, Scared, Shamed

What are the Loss issues my group?
• What losses has the community already had?
• What will the community have to lose to change?

What are the Future issues my group?
• Why change? What is the desired outcome(s)?

SAFETY

Physically safe
Safe with self
Safe with others
Safe within a system of values, purpose and meaning
SAFETY
UNIVERSAL EDUCATION AND TRAINING
OF EVERYONE IN THE SYSTEM

Attachment
Nervous development
Disrupted attachment
Traumatic stress
Healthy relationships
The body and stress
Abuse and its effects
Adaptation and its effects
Adaptive & maladaptive coping
Healing and recovery
Family dynamics

SAFETY
Boundaries

Come on in
Stay away
I am uncomfortable with this and I don’t know why yet
You violated my boundaries
Sorry, I violated your boundaries
CREATING GROUP SAFETY

Who are you?
- Identity

What are you feeling right now? (just one) and not “good” or “fine”
- Overcome alexithymia

What is your goal for today’s meeting?
- Mobilize imagination

Who (at the table) can you ask for help if you need it?
- Prosocial norms
**THE FIVE KEYS TO GOOGLE SUCCESSFUL TEAMS**

**PSYCHOLOGICAL SAFETY:** Can we take risks on this team without feeling insecure or embarrassed?

**DEPENDABILITY:** Can we count on each other to do high quality work on time?

**STRUCTURE & CLARITY:** Are goals, roles, and execution plans on our team clear?

**MEANING OF WORK:** Are we working on something that is personally important for each of us?

**IMPACT OF WORK:** Do we fundamentally believe that the work we're doing matters?

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**EMOTIONS**

- Words for emotions – address alexithymia
- Words instead of actions: Actions speak louder than words!
- Honor emotions – don’t be dominated
- Manage
- Contain contagion
SAFETY PLANS

FIVE SIMPLE THINGS YOU CAN DO ANYWHERE TO LOWER YOUR STRESS LEVEL

MY SAFETY PLAN

SANDY
1. Breathe Deeply
2. Picture the smiling Buddha
3. Look at Banon’s pictures
4. Pace - move
5. This too shall pass......

STOP THE ACTION
USE S.E.L.F.
Make a plan

TIME IN
TIME IN!

- Sensing danger
- Managing threat
- Conflict management
- Loss and repair

S.E.L.F. PSYCHOEDUCATIONAL GROUPS
All change requires loss before gain
Grieving
Saying goodbye
Refraining from reenactment
Moving on

NEVER HAVING TO SAY GOODBYE

VICTIM

RESCUER

PERSECUTOR
MANAGING THE DRAMA TRIANGLE

- Gather group – start with Community Meeting
- Use SELF to understand conflict and reenactment
- What will we have to lose in order to change?
- What are the losses we are not dealing with?
- Make a plan, write it down, schedule follow-up

SAYING GOODBYE

- TRANSFORMER
- COACH
- CHALLENGER
Changing trajectories
New attractors
Different choices
Imagination
Vision
Baby steps
Manage from the future

The image a society has of itself can play a crucial role in the shaping of its future. If we fill our minds with images of gloom and destruction, then that is likely to be the way we are headed. Conversely, more optimistic attitudes can actually promote a better world. A positive vision is like the light at the end of a tunnel, when, even though dimly glimpsed, encourages us to step on in that direction.


SHARED FUTURE
TRAUMA-INFORMED COMMUNITY

It's not “What’s wrong with you?”

It’s “What happened to you?”

Foderaro, 1991; Bloom, 1994
PRIMARY: Trauma-informed

- Universal knowledge about trauma, adversity and its effects with universal precautions.

SECONDARY: Trauma-responsive

- Policies and practices in place to minimize damage and maximize opportunities for healthy growth and development in populations at risk and in the staff who serve them.

TERTIARY: Trauma-specific

- Therapeutic interventions that specifically explore the trauma in the initial phases of therapy and then utilize those discoveries as a foundation as the therapy moves into current issues.

TRAUMA-INFORMED COMMUNITY
TOWARD A TRAUMA-INFORMED PHILADELPHIA

Philadelphia ACEs Task Force
www.PhiladelphiaACEs.org

CAMPAIGN FOR TRAUMA-INFORMED POLICY AND PRACTICE (CTIPP)
www.CTIPP.org

The Sanctuary Model
www.sanctuaryweb.com

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