

**DD: Describe yourself in three words.**

OK: Let me try. The first one can be hardworking, the second one is optimistic and the third one is dreamer, I think I'm a dreamer.

**DD: Hi everyone, welcome to the Global Health Lives podcast. I'm Delan Devakumar and today I'm joined by Dr Ozge Karadag who is a senior research scholar in the Earth Institute in Columbia University in New York. Ozge is a leading public health doctor and academic who has worked on youth health, mental health, refugee health and now Covid-19. Ozge, thank you for joining me today.**

OK: Thank you for the invitation, I'm happy to be here.

**DD: So, we first met in an idyllic setting in a German forest, attending a meeting on migration, then you kindly invited me to Turkey to talk about migration at the WHO and at a public health conference. And I remember being impressed, immediately about how you were just juggling multiple things and you had this in-depth knowledge of migration, in particular migrants from the Middle East into Turkey and into Europe, but also how this interacted with other aspects of public health. Can you first tell me about this work on refugee health and what drew you to it?**

OK: Actually, I've been working in the public health field for the last 20 years and I was always interested in working with different, vulnerable, disadvantaged populations. So, I worked with the Earth Institute, people living with HIV, people living with a disability or a mental disorder, minorities like sexual and gender minorities, sex workers, elderly. And I finally started working with migrants and refugees, actually, it's mostly related to the fact that Turkey had this influx of refugees starting with the Syrian conflict in 2011 and then, of course, I was working at the University as a public health academic and in a very short time we had millions of refugees. So, right now, Turkey hosts the largest number of refugees in the world with more than four million.

**DD: It's a massive number.**

OK: Yes, it's a massive number and, of course, as a public health professional it's, you really feel the need to do something about this, especially for their health, to promote their health, to

prevent diseases, to advocate for better environments, etc. So, I'm really interested in working in this field, in the migration field, and I've learned a lot during this work.

**DD: How did Turkey accept the migrants' move from Syria? Because I know that in the UK, with very much smaller numbers, there was a lot of controversy sometimes about accepting people coming to the country.**

OK: So, I mean this was, of course, a political decision, so the Turkish government was really open and there was an open border policy during, especially the first several years of the conflict. So, millions of people arrived in just a short time and, of course, it wasn't easy to manage all that migration flow and of course with all the service needs of people and, of course, most of them were very traumatised. So, it wasn't an easy task but it was a political decision and I think Turkey did a good job.

**DD: So, you were born in Ankara and grew up in Bursa and Istanbul, other big cities in Turkey, your parents were in the health field, your mother was a nurse and your father is still working as a paediatric surgeon, and you had this amazing education. That's where you certainly learned your work ethic.**

OK: Yes, I mean I was really lucky, I think because I was in the supportive environment, my parents were really supportive and they wanted me to go to the best schools and then, of course, they, you know, bought me all the books that I wanted to read etc. So, I was really lucky, I think and I used that luck or chance, let's say, to do my best. I had the chance to go to a really top, top schools in Turkey. Of course, that contributed a lot to my professional life.

**DD: So, then you went to medical school and went to the University of Istanbul, one of the top medical schools in Turkey and there you joined multiple societies and groups. Can you describe how you were infected by this global health virus?**

OK: Yes, that was actually a good story. So, of course after entering medical school I really loved the school and I knew that that was the right decision for me, to learn everything about human beings, from biological perspective, mental and social perspective. So, of course, in the third and fourth grade I started thinking about graduation and the specialty that I would like to move forward with, etc. So, in those days I was also looking for an association or some kind of a non-governmental organisation that I could actually join and work with. And then I

discovered that there's other medical students association and I started to attend their meetings, Turkish Medical Students Association and I really loved the spirit there. So, these students were mostly interested in global health issues, medical education, so they were not just studying and entering exams or trying to get good grades, but they were also interested in global problems.

I started working in some of the projects, especially on youth peer education, prevention of HIV Aids, sexual and reproductive health and then I became a national officer on reproductive health issues. So, we were trying to design new projects, get funding, so I learned a lot about fundraising and working with different partners, working as a team. And then, as the national officer of the Turkish Medical Students Association, I started attending the IFMSA meetings, the international meetings of medical students. I then started being part of international projects and there, after learning more about UN work and how they worked with young people, then I joined a UNFPA funded project, which was called Y-Peer, Youth Peer, which was an international network of youth peer educators, so I became a youth peer educator at the international level and then I became a trainer of trainer.

**DD: If you can talk a little bit more about the youth peer education, just describe a bit more about what that is.**

**OK:** So, youth peer education is an approach that you can use, actually, in both formal and informal settings, you can use peer education approach everywhere that youth is present. So, it's where you train young people on certain health topics and then they educate their own peers. And in that way, actually, sometimes you see that young people learn more from their peers than they learn from adult or senior trainers because they trust their peers and they can really be affected by, especially more from youth that have more leadership skills, and then, in informal environments, or with more interactive educational methods, then sometimes they learn more quickly in a more friendly environment, let's say. So, I really found this approach very useful and I could see the impact of these peer education programmes. And then, of course, after graduation I continued working as a consultant for that network. I became a member of the UNFPA's global youth council. So, I was really involved in all of these projects and was really happy to be part of those projects. So, of course, at the sixth grade I was like, okay, now what should I do? Should I just move forward with clinical work? Or should I do public health, global health? And that was a really tough decision to make.

**DD: So, then you started working in psychiatry but soon stopped, can you just talk briefly about your experiences and what led you away from clinical psychiatry into public health?**

OK: So, I was, of course, very interested in social issues, social determinants of health, mental health, etc, so I thought it could be good to first study psychiatry and then do public health, global health afterwards. I was successful in getting a psychiatry residency position.

The whole training, the residency programme was four years then but after two years I stopped. For me, I realised that I was more interested in the healthcare system itself, rather than clinical work or, you know, in the treatment side. In those years, actually, I really learned a lot about mental health and the healthcare system and how primary healthcare, secondary and tertiary levels function in the country. I mean in those two years I realised that I was more interested in the problems with primary healthcare and the problems with monitoring psychiatric patients and problems in social care and that there were, actually, barriers in accessing certain services.

So, I also had difficulty while working in psychiatry inpatient and outpatient clinics and I continuously was focused more on why, for instance, drug addicts or chronic schizophrenic patients were admitted to those clinics again and again. I mean the same patients, they got treatment, they actually were, you know, symptom free and then they were discharged but after a couple of months they were back to the clinic. I was continuously questioning this. So, I was thinking like, if the primary health care could be stronger, if these patients were monitored by family physicians, if they had social care available around them, then probably the admission rates could be lower for inpatient clinics.

So, after two years I decided, okay, I should maybe stop and move forward with public health directly. So, I thought, *okay, I mean I learned a lot and now it's time to change my field.*

**DD: Just briefly, could you talk a little bit about how mental health services are set up in Turkey? What are the community services available?**

OK: So, actually, of course this was, I mean when I was working in psychiatry inpatient and outpatient clinics, the system was a bit different than now. So, the psychiatry patients, people with mental health problems, they could only apply, I mean they could only go to secondary level, or tertiary level care. So, there was no care available at the primary healthcare level.

And there were no community mental health centres in Turkey. But then, in years, it got much better, actually, it improved so many family physicians they got additional training on mental health and how to care for people with mental health problems and then, actually, the ministry established many community-level mental health centres, outpatient clinics and day hospitals. So, it's now, more community oriented, more linked with social care and it's much better after 15 years.

**DD: Thank you, so then you finally made that switch to public health, which was your long term goal, you worked with UNICEF, with UNAIDS, you did a PhD at Hacettepe University, and then you rose through the ranks to Associate Professor. You were always interested in community participation, I guess, to link back to what you were saying about community mental health, working in health care and the health research more broadly, can you describe that work that you did in community participation?**

OK: So, actually, while I was working with different vulnerable, disadvantaged populations, I also realised that, I mean giving a chance for those people to have a voice, you know, to change things, to make real social change or to empower them creates a huge difference in what you are doing. So, I started reading more about community participation in healthcare and community participatory research. Actually during my PhD I also took classes, certain courses from sociology, anthropology and other social sciences where I learned more about qualitative research and how you work in communities. I actually was more aware of the power of communities and how they can contribute to public health work.

So, I was very, very interested in all of those participatory methods and also co-design approaches if you are trying to, you know, design a programme or design an mHealth application or public health intervention. And then I started using those community participatory techniques, how researchers can work with communities and how they can decide, actually, on the design of research or the intervention, how you can work with communities to implement those interventions or other research steps and how you can evaluate them. I was already in peer-to-peer programmes but after that I started using community participatory research methods, especially PhotoVoice, I really love that's a method where you use photography to collect data and to talk about problems and solutions.

**DD: I suppose, linked to what you were saying before about the peer-to-peer work, these kind of community interactions, if you're going to make changes, it needs to come from those**

**people, the interventions that they want and then if you can help them to progress, whatever the intervention, whatever field you're looking at, that's most likely to be effective.**

OK: That's really important because as an expert you can design a programme, a project, or you can start delivering certain kind of service, etc. But if the community doesn't know the importance of that intervention or service or if they don't feel the need to use it, if they don't trust you then they basically do not use it. So, it's really important that you work with those communities and increase their awareness on the certain public health problem or the service that is newly introduced. And then if you really gain their trust then they continue using that service and they actually communicate that message to other people in the community.

And you can, of course, as an expert or professional move to another place, but even if you go then those communities with increased awareness will continue doing that, let's say, preventive behaviour or using the service. And so, I mean, after all those projects and years I spent with different populations, I now can say that it's really important for public health professionals to use these methods and to be with communities more, not to sit on the desk and do reviews or secondary data analysis. But it's really important, I think, to be in the field and see how people live, what they think, what they suggest as solutions, so I really believe in the power of that collaboration.

**DD: So, then you moved to Columbia University, where you're based now, and the work was initially on refugee health but that quickly started to include Covid-19 as well. You are one of the leads on the Lancet Covid-19 commission, can you tell me about the kind of work that you've been doing and what it's like to run one of these commissions?**

OK: During this pandemic we, as public health professionals, learned a lot. I feel I was lucky to actually be invited to work for this Covid-19 commission of the Lancet and I'm now a member of the scientific secretariat and work with maybe more than 200 experts from all around the world, these people are either physicians, high-level UN experts, academics and they have global health experience, they have experience from their own countries, regions. And I really learned a lot because there are different task forces working on different topics, like for instance the origins of the disease and then how green recovery or global co-operation, there are different task forces on mental health and inequalities, humanitarian work. So, working in those different task forces and working with experts from different disciplines, from

different regions of the world, I really learned a lot, both in professional terms and, of course, also about public health, global health, pandemic preparedness and how we will build back or maybe build forwards better.

So, this maybe the last one and a half years, was probably equal to ten years of regular public health professional life, that's how I perceive it. It's like a concentrated package where you learn about all aspects of public health, global health work. And I feel very lucky that I'm working in this nurturing environment.

**DD: So, your next venture is contributing to the World Happiness Report and this also links to a speech you gave at the World Health Summit in 2018 as a young physician leader, can you tell the listeners about what the World Happiness Report is and then what you believe are the priorities for global health going forward?**

OK: So, the World Happiness Report is actually an interesting report, you can see the countries listed according to the happiness and, let's say, wellbeing status of their citizens. And, of course, for preparing that list the council uses a lot of different indicators, so it's not just one indicator, it's not just mental health problems, it's not just the wellbeing level, but there are a lot of indicators just like you see in UNDP reports and development reports, it's a complex mixture of indicators. So, the report has different sections and the council who prepares the report is a multi-disciplinary council formed by different experts around the world. Mainly, of course, people working on mental health, wellbeing, psychologists, psychiatrists, public health people, economists. And the work is really important and I'm a newcomer to the council and now I'm trying to learn more about how the council work and how the report is produced. And I am working as the co-chair of the Vulnerable Populations Thematic group in the council and I'm actually looking forward to learning more and contributing to this work.

So, basically, with this report the council would like to show governments what kind of policies and practices make people happier. So, I really find this work very important and I think if policy makers, decision makers, they can look at these indicators and if they can work on these policies, then they can have happier people living in their countries.

**DD: The Happiness Report, the kind of idea is shifting away from these economic indicators, GDP to a much broader concept of what it is that people want and what's important to people.**

OK: Of course, of course. So, it's not just money, but it's the environment, it's the green spaces, it's services or access to those services that make people happy. Of course, it's gender equality and better educational opportunities, so you see that it's not just GDP that is important for a country's development or, of course, for people's mental health and wellbeing. There are different indicators, both at the individual, society and environments level.

So, when I come to your second question, the priorities for global health I think with this pandemic it's certain that climate change is our biggest priority because our existence depends on the climate. And, of course, with this pandemic we understood that one health approach and not just thinking about human health but also considering environment's health and animal health is very important for our own existence. And, of course, this pandemic will be over one day, just like previous pandemics. So, of course, with the vaccination efforts and with better treatment opportunities with better public health interventions we will soon see better days and more, let's say, normal days.

But, of course, when it comes to climate change, if we do not do enough to protect the environment and to reduce the impact of climate change or, you know, if we do not do enough to reverse this path or progress then it won't be as easy to go back just like we did in the pandemic because if we are passing a certain threshold for the environmental pollution or for climate then it's very, very difficult to go back for humans. That's why I think climate change and environmental health and one health approach, those are really important for our own existence. But then the second stage comes, the inequalities, I think. Social inequalities, health inequalities, those are very, very important for global health and, of course, universal health coverage because, again, the pandemic showed us how important the universal health coverage is. If people have access to services, if there are, let's say, equal opportunities, if the health inequalities is less, if the social inequalities are less then we have healthier societies. So, I think those are my own priorities, just like many other public health, global health professionals.

**DD: Thank you. So, then, in addition to all this work that you do, you also play the violin, you sing in a choir, you do photography, you're taking cooking classes, you have a young son who is a similar age to my son, how exactly do you fit all of this into the day?**

OK: So, I think time management is key to this because, actually, when you start living with certain, let's say, way of thinking that, actually, in one day you can do a lot of different things, and



then you start doing that so you make plans for the day, you organise your day and you manage your time better. Then you start seeing that you can, actually, spend time with your children, cook and do something at home or you can work, you can read something, and then the other day you can go and visit friends, you can go out and socialise. And then the next day you can go to a theatre. Of course, during the pandemic these were all affected but I'm just thinking about regular times. Seven days, 24 hours, that's a long time and you can actually put a lot of different things in the box if you learn how to manage your time and you get that skill. Of course, the other thing is that I actually prefer not spending my time too much on social media, I'm not spending too much time watching TV, so I think my priorities are different. So, it really depends on the person, but if you know what you really like and enjoy, then it's possible to do different things at the same time.

**DD: So, thank you, Ozge for joining me today, you're rightly regarded as one of the leaders in public health and global health. Something I saw when I visited Turkey was you're an inspiration, there, to young health professionals and I'm really glad that the work that you do and achievements are now spreading to other parts of the world. Thank you for joining me.**

OK: Thank you so much, Delan, it was a pleasure being part of this and thank you for the invitation again.

**DD: Thank you to my guest, Ozge Karadag, the episode was produced by Sruthi Mahadevan and myself, the theme song is Paper Stars by Liam Aiden. This is a Global Health Lives podcast, thank you for listening.**