

UNIVERSITY OF CALIFORNIA, BERKELEY SCHOOL OF PUBLIC HEALTH

INTERDISCIPLINARY MPH PROGRAM ALUMNI + STUDENT NEWS

SPRING 2016

Berkeley  School of Public Health

Photo by Michele Ursino via Flickr

ANGELA AGUILAR

MA, PHD CANDIDATE
STUDENT UPDATE

The past few months in the Interdisciplinary MPH program have been a whirlwind experience. I've gone from being fully immersed in a PhD program in Ethnic Studies for the past four years, reading theoretical texts and writing long seminar papers, to being in a professional degree program, not writing long seminar papers (and spending lots of time on bCourses instead!). Needless to say, the scope of my work has changed drastically! Preparing to be a public health practitioner has taken over my academic life in a very welcoming way. My decision to apply to the IMPH program came from a gap in faculty and research expertise on the topics from which my dissertation project is developing. My research is broadly



focused on health inequity and reproductive justice in the U.S. in a historical perspective, and while I write about public health I was not

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engaging directly with public health. Once I began to study contemporary public health policies, practices, and programs in the United States, I saw that much of what public health is concerned with along the lines of health equity and addressing social determinants of health is very similar to what ethnic studies, at its core, is concerned with. The most important question that shapes the contours of my work is: why do some groups of people live healthier and longer lives than other groups of people experiencing similar socio-economic conditions? What do institutions and ideologies have to do with thriving communities? In order to produce the most accurate, responsible, and rigorous research in my current field, I decided to pursue an MPH.

My transition toward researching the fields of medical science and public health came from my work as a full-spectrum doula/traditional birth attendant. Through this work I am trained to support pregnant people across the spectrum of pregnancy, birth, and post-birth experiences. These experiences vary from miscarriage and abortion, pre-mature birth, still-birth, and full-term birth. My work takes place inside of homes, birth-centers, and labor and delivery rooms in large and small, public and private hospitals and I've supported people through medicated and non-medicated normal births. My calling to this work came after I gave birth to my son almost seven years ago. Having a doula to help facilitate the busy environment of a hospital so that my partner could fully support me as I birthed our son was an invaluable privilege and I was determined to make sure that anyone who wanted support would be able to access it, regardless of social and economic status.

The work and responsibility I have as traditional birth attendant parallels the work of public health practitioners: to understand the landscape of health policies, research, practices, and access in order to advocate for the health needs of the populations being served while monitoring equity in healthcare delivery. This past semester has offered much exposure to the public health processes that make resulting policies valid in every aspect of human

life and environment. Being in the company of a diverse group of professionals with varied life experiences is a rewarding opportunity to see the many faces of public health: physicians, epidemiologist, immunologists, activists/advocates, public policy practitioners, and environmental scientists to name a few. Differing perspectives make for enriching conversations about previous on-the-ground experiences, life lessons, and thought-provoking questions about the future of medicine and health in the U.S. and globally. I really enjoy the IMPH program because of the flexibility it offers in course selection; facilitating our ability to learn the skills we need to complete our final project.

This journey into public health has answered few questions for me. And I'm quite all right with that. Rather, it has opened up more lines of curiosity and inquiry, which are the most valuable tools for any researcher and advocate. When I finish the IMPH program in May, I hope to have contributed to critical questions about persistent and perpetual health inequities that public health as an institution must continue to address with more commitment and conviction. Public health is helping the future look promising, and I'm confident that my current and future colleagues and I keep the field on its toes by always working towards change that includes equity and equality at its core. ■

UPCOMING EVENTS

Interdisciplinary MPH —————
Spring Visit Day

March 7, 2016

Lunch

12:10 - 1:10 PM, Berkeley City Club

Program Breakout Sessions

1:30 - 3:00 PM, Location TBD

Save the Date

Spring 2016 —————
Interdisciplinary Program BBQ

April 16, 2016, 12-4 PM

YASUSHI SAKURAMOTO

MD, MPH 2015
ALUMNI UPDATE

“How can I reduce the number of preventable deaths?” This simple question has always crossed my mind as my ultimate goal, and factored strongly in my decision to become a medical doctor. When I was sixteen, my mother died of a subarachnoid hemorrhage, which might have been curable if doctors had operated earlier. This experience, along with the inspiring words of Doctors Without Borders— “I’ll go everywhere to help others as long as people need me”— made me recognize that many people are in need of life-saving medical assistance. Simultaneously, I realized that policy administration can have strong impacts on public health areas such as infectious diseases and medical crises, for better or worse, as well as being necessary to bring other countries’ advantages to my home country, Japan. Because of the impact that policy could have in reducing the number of preventable deaths, I gravitated towards policy administration in public health fields.

Before UC Berkeley, I worked as a medical official at the Ministry of Health, Labor and Welfare in Japan, mainly responsible for the countermeasures against infectious diseases and the national health insurance policy. During my time in the School of Public Health’s Interdisciplinary MPH program, I focused on infectious diseases and health policies, and completed a project to assess the factors influencing the skewed distribution of doctors’ choices of specialties globally. This project aimed to recommend new policies to incentivize physicians to pursue underrepresented medical specialties, thereby optimizing the use of human capital within the healthcare system in Japan and elsewhere. What I learned from lectures and the project varied, but what I truly want to stress is the magnificence of fellow students and teachers at Berkeley. I definitely felt myself broaden my perspectives through interacting and



discussing thought-provoking topics with individuals of diverse backgrounds. My fellow students were incredible and cooperative, as well as being enthusiastic for how we can make a difference in public health. If it hadn’t been for Berkeley, I would not have been what I am today, and I continue to express my gratitude for my esteemed colleagues and teachers.

After graduating from UC Berkeley, I began my studies in public policy and administration at the Maxwell School of Citizenship and Public Affairs in Syracuse University, NY, where I will receive an executive Master’s degree in Public Administration. The subjects I am learning at Maxwell include governance, democracy, economics, health finance, international relationships, conflict resolutions, development, management, leadership, and negotiation. Indeed, these subjects are quite different from what I studied at Berkeley, but they are still organically linked to public health issues and problems. In today’s highly globalized world, challenges facing public health are extremely complicated. For example, designing countermeasures against infectious diseases requires us to consider not only medicine and epidemiology, but also the scheme of information sharing, economic effects, political issues, capacities and

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incentives of pharmaceutical companies, relationships between media and public health advocacy, and human rights issues accompanied by quarantine. Vaccine-promotion policies are sometimes hindered by anti-vaccination groups and political dysfunction. In emergency situations such as earthquakes or emerging/re-emerging infectious diseases, we may need to consider the deployment of military personnel to secure traffic lines and materials. Emergency humanitarian aid requires a dispatch system in advance to become operative. Even if the WHO declares something scientifically correct, not all countries and regions would accept the statements, as international relations are sometimes chaotic. Thus, some public health issues may persist as protracted stalemates. All these issues are associated with international relationships, economics, management, negotiation, governance system, and public health matters. This is why I have turned to public administration after completing my MPH program at Berkeley.

I will return to the Japanese Ministry in Summer 2016 and work toward improving health systems in Japan and globally. As the UC Berkeley School of Public Health has described, “evidence-based public health moves from publication to public action as quickly as possible.” I therefore intend to apply public health and public administration perspectives to reflect scientific evidence in real health policies. I am especially intrigued about crisis management, including infectious diseases and universal health coverage in global health contexts. There are also substantial health-related outcomes associated with war, conflicts, poverty, human rights, resources and foreign policies. While it is certainly challenging to tackle these problems, I must believe that continuous and concerted challenge is much better than giving up, for both the public and myself. For now, learning academic perspectives of public health and public administration are fascinating to me. With the expertise and professional connections I have gained in the US, I will exert my experience and knowledge as a practitioner in the future. ■



DIRECTOR'S CORNER

2016 brings many changes to the Interdisciplinary Program. After over a decade of dedicated service to our program, Laura Spautz has moved to a different part of UC Berkeley. She is now a student advisor in a large undergraduate program, fittingly named Interdisciplinary Studies. She is thriving there and we wish her well!

Our new program manager is Svetlana Battle. Svetlana has been at UCB for nearly 10 years, and has a background in project management and social welfare. Prior to joining UCB, Svetlana was the executive director of a rehabilitation center for orphans in Russia. We're very fortunate to welcome Svetlana to our program.

Finally, we warmly welcome Harvey Kayman, MD, MPH, who is a retired pediatrician, public health director, and alumnus of the Interdisciplinary Program. Harvey joined our team as a student advisor last summer.

Please keep in touch and we hope you can join us at our annual BBQ in April.

Phuoc Le, '04, MD, MPH, DTM&H
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KEEP IN TOUCH

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HEATHER MACK

MASTERS IN JOURNALISM STUDENT UPDATE

You find yourself surrounded by people of astonishingly different backgrounds, expertise and personalities. Everyone has something to add to the conversation, and something to learn from others. Inspiration and curiosity fill the room. The world seems bigger every second.

If this sounds familiar, you must be at Berkeley. If this happens all the time, you must be in the Interdisciplinary MPH program.

As a journalist, I've come to the program from a somewhat different route than many other scholars, but I feel surprisingly at home. Although each of us chooses the Interdisciplinary track for different purposes, the decision to do so feels logical, almost natural. For me, it has been a way to finally get the subject education across the public health spectrum – from research methodology and critique of scientific literature to neuroscience and policy advocacy – that you just don't get being a journalist. It's basically like getting the scoop on a good story every day, with a few key differences: in journalism, we identify problems. In public health, we identify solutions.

Before I came to the Interdisciplinary program, I attended Berkeley's Graduate School of Journalism, and had spent years reporting, writing and producing radio stories in the Bay Area. I am accustomed to immersing myself in a topic on a story-by-story basis, extrapolating and distilling information in a way that enriches public understanding, and then moving on to the next. Rather than becoming a master of a single subject, I've had the privilege of exploring many, but I've worked to establish a niche: public health. Initially, I did not even realize that this broad and far-reaching discipline encompassed all the topics I was most passionate about – environmental issues, healthcare reform, social



inequality, public policy and science. It was through the individual exploration of each that I discovered how interrelated they were.

Journalists are outsiders, and I've gotten used to always knowing less than every other person in the room. But I get away with it, because that's my job – to find out as much as I can, assess the impact, and translate it to those not privy to the experience of others. Journalism allows you to be limitlessly curious, to meet an astonishing array of people, and to learn a lot without ever becoming an expert. However, that lack of expertise can obviously be a limitation when you are getting into complex stories that include sources like doctors, scientists and mountains of dense datasets. At the Interdisciplinary program, I can close this gap a little more with every course I take and person I meet. I can become an insider.

Coming to the program hasn't been without its challenges. I had just graduated from a very small program where I felt completely in my element, surrounded by friends and on a text-message basis with my advisers. Six weeks later, as my friends were finding fun reporting jobs, I was reporting to summer school for topics that I had no prior experience in – and I mean none. The learning

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SARAH KOHANSAL

PHD STUDENT UPDATE

UC Berkeley has been my second home over the past 10 years. When I look back in time, I realize how much being a graduate student at UC Berkeley has helped me to grow academically and personally. UC Berkeley's ambiance, people, and culture have been essential to the person I am today. Receiving my PhD from the Graduate School of Education in 2011 and now again as a graduate student in the School of Public Health seems surreal to me. I feel blessed and excited to be a member of this great institution again. Thinking about what brought me back to UC Berkeley, I simply can say that UC Berkeley makes me feel good and accomplished. I am constantly challenged and inspired by a diverse environment and the multi-dimensional perspectives. I feel like a child in a candy store and think how I am going to sort through all that is available to me and within my reach. Since this past summer that I started the Interdisciplinary MPH program, my feeling at UC Berkeley so far has been like experiencing something old and dear, yet very new and joyful. What drives my motivation to graduate in May 2016 is to become an effective public health professional able to put

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curve has been steep, sometimes staggeringly so, and I've never seen myself as the kind of person who can sit in a classroom every day, but, really, it's all been so worth it. If for no other reason than the incredible friends I've made and conversations we have, grueling courses like biostatistics can be endured!

The best part about the Interdisciplinary program is the freedom and the people. While the demands are high and the course requirements heavy, we get to explore virtually every field Berkeley has to offer. I've learned how each aspect of public health can amplify, complement or even compromise another, all the while discovering all the wonderful



into practice the wide range of lessons and ideas that I have learned and experienced. I would like to get involved in activities that focus on planning, managing, and creating an effective delivery of health care. More specifically I would like to contribute to improving the quality of health care, be a health educator and a problem solver, and advocate for equity in accessing health care for everyone. All of these will be possible to accomplish because I believe I am receiving training and education from an outstanding academic institution that strives to be a leader in research, teaching, and innovation. ■

people who do this work. Each class inspires me to learn more, to explore new topics and to have more questions. Now, with the intensive coursework and expanding community of public health students and emerging commonality between myself and my sources, I can broaden my network and to play a more dynamic role in empowering people with information.

When I chose to become a journalist, I did so for the promise of constant education and the opportunity to learn about anything I wanted. With public health, I can explore the entire world. ■