Alumni Update:

Nnemdi Kamanu

MD, MPH 2004

5:21 AM: “Maaaah-maaaah…!” We jump with a start: reveille has been called by an 18-month old. Two hours and an Elmo DVD later, I head to work as the Chief Medical Officer for the District of Columbia Department of Health’s HIV/AIDS, Hepatitis, STD and TB Administration, also known as HAHSTA. I’m armed with flavored water. I made a tenuous promise before my internal medicine residency to have no caffeine - and have actually managed to keep it.

The adorable 18-month old creation mentioned above is Zachi, who came out of a relationship with a lovely man whom I met, became engaged to and married all within eight months, and across three different continents. We met the United States, got married in the city hall in Zanzibar, Tanzania, and then had another marriage ceremony in the Hague in the Netherlands — with fellow MPH graduates Anke Hemmerling, Madhavi Dandu and Shahram Ahari all sharing that day with us. Then we had a traditional celebration in Nigeria.

Nap may have thought it was MPH admissions essay fluff when I, a junior faculty member at University of California, San Francisco (UCSF) seeing HIV/AIDS patients at San Francisco General Hospital (SFGH), stated that my passion was HIV/AIDS in sub-Saharan Africa (how trendy). But during the last week of class when I showed him my new job description, working with the nascent State Department Office of the Global AIDS Coordinator on the President’s Plan for AIDS Relief (PEPFAR) as a program officer and technical advisor, he seemed to be — as much as he can be — truly surprised.

Still under the rubric PEPFAR, I moved to Dar es Salaam, Tanzania, a year later as chief of the HIV/AIDS care and treatment section within the Centers for Disease Control Global AIDS Program (CDC GAP) office. As most know, PEPFAR is the United States Government’s plan for the international HIV/AIDS effort. The initial 2003 authorization for PEPFAR allocated 15 billion dollars over five years, and the 2008 reauthorization has more than tripled that amount. Through the support of this program, millions of have been placed on treatment, received care and support services, and benefited from prevention programs. There has been controversy about certain ideological aspects of PEPFAR, but the results achieved for people infected with HIV/AIDS in several African, Asian and Caribbean countries are undeniable. In Tanzania, we worked with host country governments and leadership to implement HIV care and treatment, and tuberculosis and Prevention of Mother to Child Transmission (PMTCT) programs. We focused on achieving good health outcomes, as well as program sustainability and integration into the existing health system. Now back here in the U.S., I miss being in Dar. There is still so much to be done there.

As has been widely publicized, Washington, D.C., the capital of the richest country in the world, has HIV prevalence rates comparable to those of many poorer nations—on par with some countries in West and Central Africa. Here in the District of Columbia we are in the midst of a “severe and generalized” HIV epidemic. Three percent of the population over age 13 is infected with HIV. UNAIDS and the CDC have defined a severe epidemic as one in which over 1% of the population is infected. Several of our sub-populations in D.C. have rates much higher than that. Seven percent of our 40- to 49-year olds are infected with HIV. The epidemic here is “generalized” because our mode of transmission is largely heterosexual.

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One of our goals is increased HIV testing to help infected people learn their status early in the course of their infection, and testing is the nexus between prevention and care. In D.C., studies suggest that between one-third and one-half of people who are HIV-positive are unaware of their infected status. We have therefore moved from a policy of not just providing testing but also promoting it. We’re actively encouraging residents to learn their HIV status, building systems to make HIV testing a routine part of health care. Just as patients are screened for high glucose or cholesterol, they should be screened for HIV/AIDS. But this approach requires a paradigm shift to viewing HIV/AIDS as a chronic disease.

We are also concentrating our efforts on what we call the “Four Rs” of HIV care: Recruitment—enhanced services that help patients navigate the health system and obtain access to care providers; Recapture—successfully reconnecting to services those clients who have been “lost to care”; and Retention and Results, which focus on encouraging patients’ adherence to medical appointments and treatment to fully realize the benefits of care.

Between Tanzania and Washington, D.C., I moved to the Hague to join my husband and worked for the European and Developing Countries Clinical Trials Partnership, an organization created by the European Commission (EC) under Article 169 of the EC Treaty to fund clinical trials and capacity-building activities in African countries for the development of new interventions in HIV/AIDS, TB and Malaria, and promote integration of European national research programs. I learned so much there too… but alas, there is only so much space to share our stories!

As I approach the end of my third decade and look back over my career, I can see how my formal learning experiences have progressively expanded my view of public health. First, medical school at Yale showed me that an important part of being a doctor is improving the health of the underserved. Next, my UCSF/SFGH residency allowed me to start putting that idea into practice. These experiences, along with the Interdisciplinary MPH program, have opened up what seem to be unlimited possibilities for my future career path.
As the daughter of immigrants and activists, I’ve had a long-standing interest in social justice issues. It was during college as a volunteer at an abortion clinic, that the connection between health, autonomy and equity became clear to me. Our health is directly related to our trajectory in life, and observing the direct impact of unintended pregnancy on opportunity and poverty for women motivated me to continue to seek meaningful ways to advocate for reproductive health rights.

I’ve been intrigued and moved by the conversations I’ve had with all kinds of women who are facing a medically-complicated or unintended pregnancy. It’s an incredibly emotional and difficult decision to choose an abortion, and their words reflect the responsibility they feel. For me, it’s been a privilege to have their trust and I’ve enjoyed how I can both empower them and learn from their strength. The concept of choice and autonomy fascinates me. As I heard about their experiences, I was better able to appreciate the vast differences that exist in choice for all of us, and how financial, social, political and health factors shape those choices.

These women’s stories emphasize the importance of education and health care access, and also the need to reframe the conversation we have in the U.S. around abortion and other polarized issues, including immigration. This dialogue rarely reflects the reality women face. Honesty about these issues is necessary if we are to address social inequities and the epidemic of unintended pregnancy in the United States.

My experiences have led me to medical school and a residency in obstetrics and gynecology at Oregon Health and Sciences University in Portland, Oregon. I was fortunate to train with a remarkable group of physicians who valued medicine as a means to work towards social justice.

During my training, the Oregon Health Plan was implemented and legislative changes occurred that affected the budget of the university hospital where I was training. Health care access for many of our patients was greatly impacted. This was particularly true of the 1996 change in welfare law that prevented legal, documented immigrants from accessing standard Medicaid during their first five years of residence in the United States. With respect to obstetrical care, this meant they could have coverage for a delivery only, and no prenatal or postpartum care, or contraception. This had devastating consequences for patients who were struggling to make a new life for themselves after fleeing political turmoil in their home countries.

During my intern year I had to tell a severely ill diabetic, woman who was pregnant with her eighth child that we could not do the post partum sterilization surgery she wanted. This was a pivotal moment for me. With my feelings of helplessness, frustration and anger, I started making phone calls. I eventually designed and carried out a research project investigating the financial consequences of a hospital policy that restricted access to postpartum contraception for new immigrants. The hospital policy was reversed.

At UC Berkeley, I have been able to gather new tools to evaluate the economic and health implications of policy and basic health care management. The expertise available in these areas is outstanding. I’ve been fortunate to have great mentorship both here and through my fellowship in family planning at the University of California, San Francisco. The classes I have taken have enabled me to complete additional cost benefit analyses of family planning care and to better understand the complex world of health insurance and policy.

Following my MPH at Berkeley, I hope to continue to work as an obstetrician gynecologist clinically and to conduct research that generates clinically and fiscally sound evidence-based policy.

A note from Nap Hosang, Program Director

Things are going great with the program. This year there are ten women and two men in the class and the dynamic is wonderful. In spite of the California budget shortfall, the program is not under threat, and we are thankful.

This is the second year of the 42-unit Interdisciplinary MPH. There is probably a lot of stress and sleep deprivation among our students but they seem to be coping well. It never ceases to amaze that we are able to attract such truly talented professionals.

I look forward to seeing many of you at the alumni dinner in May 2010, and I take this opportunity to wish you and your families a peaceful and happy holiday season.
Current Students:
Cora Hoover
MD, Candidate for MPH 2010

I’m a family physician, and I decided to enroll in the Interdisciplinary MPH program after practicing for five years in outpatient county clinics in San Mateo, working with low-income and uninsured patients. I’m a native New Yorker. I moved to the Bay Area in 1992 and managed to stay here for medical school (UCB/UCSF Joint Medical Program) and residency (Santa Rosa). I love it here and am thrilled to have the opportunity to attend a top-notch public health program without having to move away or travel!

When I applied to the Interdisciplinary program, my goal was to focus on chronic disease management. I had collaborated on child obesity and adult metabolic syndrome education programs at my clinics. These were the most enjoyable parts of my work, but I felt I lacked the skills to plan the best possible evidence-based interventions and to evaluate their effectiveness. Since enrolling in the MPH program, my interests have both broadened and deepened. I’ve gained a better understanding of the role of health care and health services in the larger public health arena, and have renewed the passion that brought me to medicine and primary care medicine, in the first place: achieving social justice by improving health. This may sound idealistic, but public health is an unabashedly idealistic field. The trick is to learn analytical and practical skills to put those ideals into action.

I have made an effort to get involved with several different projects and organizations over the last five months. These experiences have helped me focus my interests in the field of public health and health policy. Over the summer I began to explore my interest in health policy with a mini-internship in the Lucille Packard Children’s Hospital Office of Government Relations. It was a great opportunity to discuss the early phases of the health care reform debate, as well as California’s state budget crisis, with health policy “insiders.” At Nap’s suggestion, I wrote a paper discussing current public insurance programs for low-income children in California, and was able to receive independent study credit for the internship. When fall started, I connected with Dana Hughes, a professor at the UCSF Center for Health Policy research. She is conducting an evaluation of the adult indigent Coverage Initiative program in San Mateo County where I used to work and I will be helping with some of the analysis and writing.

Dana also put me in touch with the California Primary Care Association (CPCA), the umbrella organization for California’s community clinics or safety net clinics. I’m working with them for my yearlong master’s practicum project. The first of two projects involves exploring ways that CPCA can broaden its policy focus from health services to prevention and public health. The second will involve advocating for a definition of the patient-centered medical home that takes into account the special services offered by safety net clinics to improve quality and access for diverse patients.

I have really enjoyed my courses so far, especially a seminar in health care disparities and the introductory epidemiology course. I’m looking forward to taking a bunch of electives in the spring, including courses in social epidemiology and health impact assessment.

On any given weekend you can find me hiking with my husband Peter on Bay Area trails. Even with the semester in full swing we’ve been trying to take the time to relax and enjoy the outdoors. In the last few years I’ve learned about local wildflowers and plants and became interested in botanical art. One of the highlights of my time on campus has been taking a botanical drawing class at the Jepson Herbarium. I mention this to demonstrate that despite having to complete 42 units in a year, I’ve had time to enjoy life and even learn something outside the public health realm.

I’m thinking about what I would like to do when I graduate this spring. I expect to return to clinical medicine, likely in a limited capacity, but would also like to continue to work in the health policy field. I’m especially interested in the health care safety net and the ways that high-quality primary care can address health disparities, and the ways that health providers can get involved in advocating for prevention at the community, state, and federal levels. These issues don’t get enough attention in medical training, and I’d love to try to pass along some of my enthusiasm to medical students and residents in the future. Check back with me in a year’s time and I will let you know how it feels to be an M.D. and M.P.H.!
Coming to UC Berkeley School of Public Health has brought my life full circle. At home where I grew up in the East Bay we always had a copy of UC Berkeley’s Wellness Letter on our coffee table, and when I arrived at the School of Public Health I found the latest edition waiting for me in my student mailbox. I’m also living back at home with my family.

I became interested in health as a social justice issue at a very young age. My grandfather was the county medical director for three decades and a passionate proponent of universal healthcare. His enthusiasm for the subject enlivened all our family functions and every Thanksgiving dinner included some sort of healthcare debate.

When I went off to college in D.C., I knew I wanted to become involved in healthcare reform, but I was unsure how to do it without becoming a doctor. I was pleasantly surprised to find that many of my undergraduate public health courses were taught by lawyers and with that, I found my profession. Everything has clicked for me since then — although law school doesn’t just “click” — it’s more of an acquired taste.

Graduating from law school and coming to UC Berkeley has been quite a shock to my system. I made it harder on myself by taking the California Bar Examination four weeks into an intense summer of biostatistics. The first few months of the MPH program were a blur and I don’t remember much of July at all. But now that my mind has had some rest and I’m not waking up panicking about not understanding the rule against perpetuities, I’ve begun to enjoy myself.

I’m very happy I’m in the Interdisciplinary MPH program. It’s exciting to be studying with a group of people who have such rich backgrounds and varied experiences and so much excitement about their future pursuits. Our collaboration and camaraderie extends far beyond the classroom walls. The faculty and staff here are exemplary, but it is the students who really make this such a fantastic program. I’m looking forward to finally finishing my formal schooling next semester, but when I do I’ll miss working with this wonderful group.

I love being home in the Bay Area. You simply can’t beat the perfect combination of mild weather, good food and amazing outdoor activities. There’s also the upbeat nature of the San Francisco progressives who keep pushing for change. But I look forward to returning to D.C. Although the weather is dreadful, the energy of the D.C. health policy arena gets in your blood and you somehow learn to manage the icy, wet winters and sticky hot summers. D.C. is probably one of the few places where talking about “dual eligibles” and “doughnut holes” over drinks is par for the course. I still vacillate among a thousand future career opportunities… would I like to work on the Hill, engage in direct client services, or go straight to a health policy research organization?

The combination of a law degree and the MPH has certainly broadened my perspective and my horizons. And I have greater understanding of what needs to be done and how to get it done.

### Brief Alumni Updates

#### Kristine Penner, MD, MPH 2003

I graduated from residency in Ob/Gyn at UCLA this Fall and will be starting my fellowship in Gynecologic Oncology at UCLA. I love Los Angeles, and have truly enjoyed the process of residency. My coResidents are amazing people. My research during residency focused on factors that predict the success of medical treatment of early endometrial cancer with high dose progesterone. I will be continuing that research during my fellowship. The department has developed a relationship with a hospital in Uganda and I am hoping to go back there this upcoming year as to assist them with starting a cervical cancer screening program.

#### Juliet Melzer, MD, MPH 2000

I’ve been working mostly with resistant TB. I spent one year as a health advisor and TB advisor in the Médecins Sans Frontières (MSF) headquarters in Toronto. Last year I returned to the U.S. for family reasons. Now I’m in Buffalo, New York (my family home), and I do some consulting for MSF.
Class of 2009
Graduation & Commencement

Back row: Jeff Dahm, Rhianna Babka, Jared Garrison-Jakel, Sandra Spence, Alex Ayzengart

Front row: Chanda Ho, Mini Swift, Peter Sherris, Hideto Saito, Heather Zornetzer, Michelle Shuff

Heather Zornetzer, Mini Swift, Sandra Spence

Chanda Ho, Hetty Eisenberg, Rhianna Babka, Michelle Shuff
WE’D LIKE TO HEAR FROM YOU....

Please clip and send to Interdisciplinary Alumni and Student News, UC Berkeley School of Public Health, c/o 50 University Hall, Berkeley CA 94720-7360.

Name__________________________________________________________

Address changes (mailing, email)___________________________________________

Update on work and family information_______________________________________

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