

UC Berkeley School of Public Health  
Interdisciplinary MPH Program

# alumni & student news

Fall 2011

*Alumni Update:*

## Anja Takla

**MD, MPH 2009**



Another city starting with B, I thought—this is promising! Almost all the places that have been important in my life start with the letter B: Bremen (Germany), where I grew up and worked for some years in internal medicine; Bergen (Norway) where I was first exposed to public health during my year abroad in medical school and decided— that’s it—that’s what I want to do!; Bern (Switzerland) and, especially, Beirut (Lebanon), where it dawned on me why public health is so important. And also there is Berlin, where I took my first course in epidemiology.

I decided to come to UC Berkeley and the Interdisciplinary Program because the program allowed me to explore epidemiology along with other areas of public health—including courses on Current Issues in the Middle East and Anthropology. These courses helped me better understand the health-related problems I had seen Beirut and throughout my travels elsewhere in the Middle East. I treasured the freedom to study in so many different areas.

After finishing the MPH I decided to take my epidemiology training a step further and put theory into practice. I was accepted into the German Field Epidemiology Training Programme at the Robert Koch Institute in Berlin. This is the German equivalent of the U.S. Centers for Disease Control and the training program is similar to the CDC’s Epidemic Intelligence Service (EIS). Within one year I was involved in three separate outbreak investigations: a measles outbreak in an asylum seeker shelter where we enforced containment measures onsite, a mumps outbreak in a primary school where we estimated vaccine effectiveness, and the enormous sprout-associated Shiga toxin-producing E. coli (STEC) outbreak this past summer. I conducted a study on STEC secondary household transmission and worked with local and state health authorities to establish an enhanced epidemiological surveillance during the FIFA Women’s Soccer World Cup in Germany. I also set up an active outbreak surveillance for mumps to further investigate the disease’s epidemiological shift to young adults and increasing proportions of two-times MMR vaccinated subjects among cases.

My work at the Institute allows me to combine research with applied day-to-day epidemiology. First and foremost, our projects and findings are intended to support the daily work of the public health authorities at the district and federal state levels. Ideally our findings will also help trigger policy or individual behavioral changes. But first we must ask the right questions and present our findings in a clear and appropriate way. The Interdisciplinary Program has prepared me well for these challenges.

When friends asked me ten years ago what I would do with a Masters in Public Health, I replied: “Well, for example, you can work at the Robert Koch Institute in Berlin and participate in the control of infectious diseases at national level.” And here I am ten years later, doing just that, and it’s just as fascinating as I thought it would be. In addition to the work itself, I love interacting with people at different levels of the public health system and with the general public—listening to different German dialects and sometimes weird and absurd but real outbreak reports. And yes, I’m living in another city starting with the letter B!



You are cordially invited to the  
University of California at Berkeley  
School of Public Health  
Interdisciplinary MPH Program

*Third Annual*  
**Interdisciplinary**  
*Student and Alumni*  
**Potluck Picnic**



**Saturday, May 5, 2012**  
**12-2 pm**  
**Codornices Park**  
**1201 Euclid Avenue**  
**Berkeley, CA**

Spouses, significant others, children  
and pets are all welcome!

An invitation will be emailed in April 2011

For information please call 510 643-2700

**Interdisciplinary  
Alumni and Student News  
is published by**

UC Berkeley School of Public Health  
223/225 University Hall  
Berkeley CA 94720-7360  
phone 510 643-2700  
fax 510 643-8236

Editor, Designer and Production: Laura Spautz

Executive Editor: Nap Hosang

**INTRODUCING OUR NEW  
ON-CAMPUS/ONLINE  
PROFESSIONAL MPH DEGREE  
PROGRAM AT UC BERKELEY**

The School of Public Health is pleased to introduce our new MPH online offering. The On-Campus/Online Professional M.P.H. Degree Program—the very first online graduate degree program at UC Berkeley. The program's curriculum is modeled after the Interdisciplinary MPH program and Dr. Nap Hosang is heading up the effort.

Designed for working professionals, the program features expert faculty who develop students' understanding of the core areas of public health, including biostatistics, epidemiology, environmental health, social and behavioral science, and management of health services. Students experience the same quality and rigor as the School's nationally acclaimed on-campus M.P.H. program, with the added advantage of a flexible format that allows them to work while pursuing the degree. The online learning experience uses leading-edge educational technology to optimize interaction and collaboration with instructors and peers.

The application deadline for Summer 2012 admission is January 15, 2012. Students will be able to start this program in Spring and Fall semesters as well. For more information, please visit our website:

<http://onlinemph.berkeley.edu>

Current students:

# Colleen Martin

JD, Candidate for MPH 2012



When I walked out of the California Bar Exam nearly 20 years ago, I thought that I would never take another exam for the rest of my life. So it was with some surprise that I found sitting for another test this past summer—in statistics, no less.

My fellow lawyers were shocked when I decided to step away from my work in the courtroom to get an MPH at Berkeley. After working for years in San Francisco, Richmond and Oakland as a criminal defense lawyer, I had come clearly see that public health challenges contribute to crime and violence. In meeting with clients and their families, I saw that all too often, people caught up in the criminal justice system also struggled with poor health, poor nutrition, mental illness and substance abuse— all while living in polluted and dangerous neighborhoods. The criminal justice system is designed to punish individual behavior— not to address communities in distress. While it was incredibly rewarding to advocate on behalf of individuals, I grew frustrated with the limits of what I could do as a criminal defense lawyer. I decided I wanted to move upstream from dealing with the effects of violence and crime on individuals to thinking critically about the social, behavioral and biological causes of crime and violence.

When I thought about going back to school, UC Berkeley was my only choice for two reasons. First, I had moved to Berkeley from Chicago more years ago than I like to count— mostly to escape Chicago's dismal weather. After I

graduated from Berkeley's Boalt Hall School of Law, I could not bring myself to leave the East Bay and all it has to offer. More importantly, UC Berkeley's focus on social justice and addressing health disparities was exactly what I was looking for. I was initially hesitant to apply to the interdisciplinary program. Looking at all the MDs in the list of alumni made me wonder how welcome a lawyer would feel in the program. But I am finding my place here. I still get quizzical looks from people on campus when they learn of my unorthodox career path, but I hope I've dispelled the notion that lawyers can't be quantitative. Meanwhile, Nap seems to have gotten over his initial fear of having a lawyer as class ombudsperson. I've appreciated learning new perspectives from the doctors, medical students and social workers, and the biomedical engineer and environmental scientist in our cohort. My classmates are remarkably diverse, dedicated and compassionate. Our seminars have been a great time to share experiences and points of view. Berkeley is an epicenter of the social change that's in the air right now and it's an exciting time to be on campus. In addition to skill-building in seminar, I've been learning about the multi-generational health effects of social status, brain development during adolescence, and homicide in Oakland. One of my favorite things about the interdisciplinary program is the opportunity to take classes all over the university. This semester, I've been able to study public policy and next semester I'll take a class in education or social welfare.

Undertaking the interdisciplinary program has definitely been a family project. Throughout, my husband Mark has encouraged me; he knew that leaving my career to go back to school was particularly daunting for me. My sons James and Owen have been supportive too, and we've had more than one family discussion about which is harder—fourth grade spelling, seventh grade geometry, or epidemiology. My kids frequently tell me that they're happy that I "finally know how it feels to be in school all day." For my part, I'm glad that they can see that learning is a life-long project and that you make big changes at any time in your life.

(continued on page 4)

## Career Café

February 9, 2012

5:30-8:00 pm

Alumni House



Current School of Public Health students meet with alumni and other public health professionals to discuss career opportunities in the field of public health. For more information please call 510 643-6382 or email [phaa@berkeley.edu](mailto:phaa@berkeley.edu)

So far, this year has been one of risks and challenges. I don't know what the future holds for me; I don't anticipate going back to practicing law—at least not immediately. While I miss having clients and being a direct advocate, I appreciate the opportunity to think more systemically about the challenges we face as a society. I'm taking this time to ponder my next steps. This year is going by quickly. I feel I still have so much to learn, but I am anxious to begin contributing to solutions.



*Alumni Update:*  
**Alice Mills**  
**MD, MPH 2005**



*Public  
Health  
Heroes  
Gala  
Awards  
Reception*

*March 21, 2012  
6:30–9:30 pm  
Hotel Nikko  
San Francisco*

For more information,  
please email  
[phaa@berkeley.edu](mailto:phaa@berkeley.edu)



**Husband Steve, son Christopher, and Alice**

Greetings Interdisciplinary MPH Friends! I hope you are well. It's nice to have this opportunity to say hello and share a little bit of my journey with you.

Initially, my path in medicine seemed quite traditional and straightforward. Following medical school and a residency in Family Practice, I became an outpatient primary care physician, seeing patients in the office for acute and chronic conditions. While I loved my patients, colleagues and staff, part of me longed for something a little different. In addition to caring for individual patients, I was also interested in the “bigger picture” of how to understand and care for the health of a community. As I continued to reflect on this, it became clear that I wanted to pursue additional training in public health.

Often, students or colleagues in medicine ask me what I gained from my time in the Interdisciplinary MPH Program. I begin by telling them that I left with a new perspective on health—looking at health on the population level and also examining the multiple determinants of health. I share with them about being introduced to different research tools that have helped me in all aspects of my work. And I tell them about the amazing group of people (like you) that I interacted with and learned from while attending the UC Berkeley School of Public Health.

After completing my MPH I moved to the Pasadena area in Southern California for a year, due to my husband's work. Since it was only a year, I spent the time doing per diem clinical work and helping a little with some research projects. When my

(continued on page 5)



husband's job moved us to San Diego, I considered my next career step and — to my own surprise— decided to pursue a second residency. This time, it was a residency in General Preventive Medicine at the University of California, San Diego (UCSD), which included coursework at San Diego State University (SDSU). Through funding from the American Cancer Society, I spent the two years involved in clinical work, research and teaching, with a focus on cancer prevention and control. This second residency allowed me to integrate my clinical, public health and research interests. It was also a good introduction to the San Diego area and all the different institutions here. (Thankfully, I did not need to be on-call!).

Following completion of my Preventive Medicine training I joined the faculty at UCSD in the Department of Family and Preventive Medicine. I love my job and especially the opportunity to be involved in different aspects of preventive medicine and to work with many wonderful people. My current clinical work is with newly-arrived refugees to San Diego County through a partnership with the County Public Health Department. Along with other clinicians from UCSD, I assist with a refugee health assessment program which includes screening, educating and referring patients to appropriate healthcare and community resources. In this setting, I also enjoy being a preceptor to residents and medical students. I continue to be involved in cancer prevention research, primarily looking at trends in tobacco use and in smoke-free homes in the U.S. Soon I hope to add breast cancer research and outreach to my cancer focus. In addition, I am the Assistant Director of the UCSD General Preventive Medicine residency program. In this role I help our residents build on past training and gain new tools and experiences that will allow them to reach their career goals in medicine and public health. Our graduates find themselves in a wide range of settings, from community clinics to government agencies to academia. At the UCSD School of Medicine I have opportunities to work with residents from other specialties, as well as medical students and pre-med students.

Outside of work, I love spending time with my family in beautiful San Diego – although it's cloudy and rainy as I write this! Steve and I have a four-year-old son named Christopher. He's a happy, energetic little boy who is at a very fun age right now. We enjoy going to the San Diego Zoo, the parks, the library and just hanging out with friends. I hope that some of you will drop me a quick note – I'd love to hear how you are doing (almills@ucsd.edu). Best wishes to you in 2012!

*New Faculty:*

## Josh Bamberger MD, MPH 1998



**Josh Bamberger joined the Interdisciplinary program as a lecturer and faculty advisor in 2011**

Since I finished my MPH in 1996 I haven't strayed far from Berkeley. My MPH year was the first of two years in my Preventive Medicine Residency (PMR). In my second year, Jim Seward and George Rutherford, who are still running the PMR program, helped to arrange my twelve-week rotation at the AIDS Office in San Francisco. By the end of the rotation, I found myself as a co-investigator leading the San Francisco Health Department's study of HIV post-exposure prophylaxis (PEP)— a highly controversial program at the time. AIDS activists would line up to criticize our project as giving license to gay men to have more unprotected sex, while patients demanded access to these potentially life-saving medicines. The skills developed during my MPH studies were well used as I travelled from the CDC in Atlanta to the *Assemblée Nationale* in Paris to Durban, South Africa, presenting data and trying to form coalitions where equity and harm reduction could be driving forces towards improving the health for people at risk for getting HIV. As so often happens, the big controversies of the past seem almost quaint today as HIV PEP has been endorsed by the CDC, and today HIV pre-exposure prophylaxis is being offered widely without a placard of protest in sight.

(continued on page 6)

In the 90s, towards the end of our PEP study, we opened a storefront clinic to offer nursing case management to HIV infected homeless people so that all San Franciscans could benefit from the advances in HIV treatment. This program, which we called Action Point, continues today as part of our primary care clinic providing mental health and medical care to people living in supportive housing. Over time, it became clear that offering antiviral medications to people with AIDS who were sleeping in shelters or on the streets was like shooting an elephant with a BB gun. We made great strides in improving the immune system of our patients but the high mortality rate hardly changed as trauma, overdose and cardiovascular disease continued to take their toll on these vulnerable people.

Now we can show that by offering a homeless person a home we can counteract the lethal impact of homelessness while simultaneously delivering on our societal responsibility to give every person what they deserve— a home. Hooray for supportive housing! We have found that the more beautiful the housing, the more powerful the impact on health. Public health magic! Now I have the honor of coordinating access to over 1200 units of permanent supportive housing in San Francisco and being the medical director of a health center providing integrated care to some of the most medically- and psychiatrically-impaired members of our society. It's also blast to be able to integrate policy, advocacy, supervision, research and medical practice into my work life. Sometimes the politics of the work is bruising, and the most recent economic downturn has been a struggle. But it is truly a thrill just to look at the many buildings in San Francisco that are now home to people who have never had a place of their own.

Since the beginning of this academic year, I've had the pleasure of returning to the School of Public Health and working with Nap to help coordinate the Interdisciplinary seminar. I hope to help new cohorts of students explore the *humanity* in public health and focus on the practice of *tikkun olam*: healing the world.

Current Students:

# Gaurav Singh

MD, Candidate for MPH 2012



I completed my undergraduate education at UC Berkeley about ten years ago. Majoring in molecular and cell biology, my focus was on basic science and preparation for medical school across the bay at UCSF. During my time in medical school and as an internal medicine resident at Stanford, I acquired the knowledge and clinical skills to care for ill patients. By the end of my training, I was confident that I could adeptly diagnose and treat pretty much any sick patient entering the hospital with almost any medical ailment— from complicated infections to serious cardiovascular diseases. But I realized that I was unable to skillfully address basic issues such as ensuring essential health care for uninsured patients without ready access.

During my residency training I experienced a variety of clinical settings from major academic centers to a continuity clinic serving indigent patients in East Palo Alto. The difference in the care provided was astonishing. On one hand I was caring for patients with complicated medical conditions who were receiving the most advanced treatments—some of which only slightly improved their health. On the other hand I was caring for patients who were struggling to receive basic medical care that could dramatically improve their health.

Such disparities occupied my thoughts but I was unprepared to settle them, let alone approach them. Wanting to impact health on a larger scale, I frequently relied on my basic science and clinical background to immerse myself in research during my education and training. But by the end of residency, I was keenly aware

(continued on page 7)

that my path thus far was disconnected from the “real world” of the countless uninsured and the rising epidemic of chronic diseases.

My desire to explore this rift in health care and find ways to reconcile these issues brought me back to UC Berkeley as an MPH student. Where would I be able to acquire the knowledge and skills I now needed to influence the health outcomes for many more patients than I could care for clinically? Berkeley, of course!

Berkeley, the hub of intellect and diversity, is the ideal setting for learning about the various facets of public health. The Interdisciplinary MPH Program particularly caught my attention as I sought flexibility and a broader education— from planning clinical research and critically appraising journal articles to understanding our health care system and ways to address disparities. My aim is to integrate my clinical and research knowledge with the instruction and skills I acquire this year to confront real world problems.

My experience so far has surpassed my expectations. Although one year seemed at first insufficient to cover the many diverse aspects of public health, it is amazing how much we are able to accomplish and learn in this brief period of time. From biostatistics and epidemiology to core courses in health policy and management and environmental health, as well as a master’s project, it started as whirlwind tour of public health. But things have started to come together—concepts in one class transfer to another, connections with fellow students and faculty are formed, and we are now well on our way to becoming public health leaders.

Many thanks to Nap, Laura, Josh, and Marc for their support and guidance!



*Alumni Update:*

## Emily Buzzell

**MSW, MPH 2010**



While I was getting my MPH at Berkeley I spent my Sundays volunteering with the meals program at Glide Memorial Church in San Francisco. I quickly befriended James, a client of the program, who lived in a seedy, rundown hotel in the Tenderloin district. When James wasn’t eating his meals at Glide, he was struggling with mental illness, a substance abuse disorder, loneliness, and the fear that his family in Haiti had died in the earthquake. Nonetheless, he was one of the warmest people I have ever met and his greeting of “Hey Emily—give me a hug!” made my time volunteering on Sundays wonderfully fulfilling and worthwhile.

Around the same time, Josh Bamberger of the San Francisco Department of Public Health visited the Interdisciplinary class and told us about his work in the Direct Access to Housing (DAH) program. The DAH program follows the Housing First model and provides permanent, supportive housing to chronically homeless people who have complex medical conditions, mental illnesses, and substance abuse disorders. My classmate, Tony Battista, collaborated with Josh to research health outcomes of people living in DAH’s supportive housing units. They found that when you put a roof over someone’s head without requiring that they be clean, sober and seeking employment, etc., health outcomes improve. In addition, taxpayers save money, and homelessness is one step closer to becoming a thing of the past.

In part because of my friendship with James at Glide, and because I was so energized by Josh’s and Tony’s work with the DAH program, I reached out to Josh and asked how I could get more involved. Josh put me in touch with Delivering Innovation in Supportive Housing (DISH), an organization that partners with DAH to house chronically homeless San Francisco residents in single resident occupancy units at hotels in the Tenderloin. I ended up working with DISH to facilitate a weekly discussion group among residents at one of their hotels. I had a lot of fun as I

(continued on page 8)

got to know the handful of residents who came downstairs every Monday morning to eat blueberry muffins, drink coffee, talk about the Giants in the World Series, and discuss ways to make their community more engaging, lively, and cohesive.

The discussion group ended too soon. I got my degree last December and moved back to the east coast to be closer to my family. But I'd had so much fun working with DISH that I wanted to do similar work on the East Coast. Tony Battista had gone to medical school at George Washington University, so I asked him if he knew of any Housing First initiatives in Washington, D.C. He pointed me to Pathways to Housing, an organization that provides housing and outpatient mental health services for chronically homeless people living on the streets of D.C. After setting up a meeting with one of the staff psychiatrists one thing led to another, and I was soon hired as a Service Coordinator on one of Pathways's Assertive Community Treatment teams.

I've been in my position since March and this has been one of the most fulfilling, rewarding, and eye-opening times of my life. I'm on a team with other service coordinators — a nurse, a certified addictions counselor, and a psychiatrist. We have a case load of ~75 clients and provide wraparound services to help our clients manage their housing, mental health, financial, physical health, substance abuse, legal, and social

needs. Each day is different and my clients never fail to surprise me. On moment I'll be counseling someone on how to develop coping mechanisms for their paranoid schizophrenia and the next I'll be in a grocery store teaching someone why it is unhealthy (and gross) to put half- and-half on their cereal.

My job is sometimes exhausting and frustrating, but I've developed some good outlets for countering this. I've joined a couple of running groups—sunrise runs around the Washington Monument are a regular treat and I also recently completed the Marine Corps Marathon. I've made a great group of friends and I've enjoyed seeing the local sights, checking out good restaurants, and retreating to the Appalachian Mountains from time to time.

I still miss Berkeley and often wonder how James and the folks at DISH are doing. There was a day here in July when the heat index went up to 122 degrees – unheard of in the Bay Area! And D.C. has a horrendous selection of bubble tea places.

I'm really grateful for my start in the MPH program at Berkeley – it's what got me to where I am today!



**OPEN HOUSE**



**Save the date for Cal Day –  
UC Berkeley's annual open house**

**Saturday, April 21, 2012**

**9 am – 4 pm**

**OPEN MIND**

