



UC Berkeley School of Public Health
Interdisciplinary MPH Program

alumni & student news

Spring 2011

Current Students

Adrienne Wollitzer MPH 2011



Unlike many of my medical colleagues, public health brought me to medicine, rather than the other way around. Working in rural Mexico, I witnessed the incredible gaps in health between the wealthy and the not-so-wealthy. I knew that I had to dedicate my life to alleviating those gaps.

When I returned to the US, I applied to medical school, and was honored to be accepted into the PRIME-LC program at UC Irvine. This is a new type of medical curriculum that includes both a medical degree and a year of public health training. Its aim is to train culturally humble, linguistically-competent physician leaders, dedicated to serving the Latino community.

After my third year of medical school, I came to Berkeley—my undergraduate alma mater—to do the public health part of my training. I had searched nationwide for a program that combined all of my passions: global health, community health education, nutrition, and primary care in developing countries. Berkeley was at the top of a short list of programs that fit the bill. But I also knew that attempting to “master” public health in a year was like trying to drink the entire Nile River from a shot glass. Too many one-year programs sacrificed true public health *training* in an effort to cram the curriculum into a short time frame. Some programs did not require a significant project or as many classes as Berkeley, and that seemed appealing on some level.

But the last thing I wanted was to spend a year sipping cappuccinos and having great conversations about world problems, without learning how to *do something* about those problems. I found that Berkeley’s 11-month program offers a unique opportunity to get a grasp on designing, implementing and evaluating *real* interventions—rather than simply learning enough buzz words to sound intelligent when I talk about public health.

There have been times when I questioned choosing such a rigorous program. In the Fall I was determined to do a global health project in Bolivia. But within a few days from flying in, riots broke out all over the country. I began wondering if I needed a real field experience. Should I just stick with cappuccinos and interesting debates in cafes?

I stayed in Bolivia and did my project. And I realize I’ve gotten more out of eleven months at Cal than I might have in a two-year MPH program elsewhere. I certainly do not know everything, and I hesitate to use my soon-to-be new title: “master” of public health. Becoming a *master* will be a lifetime accomplishment. But as of now, I have the vocabulary, skills, experience, and training to begin to call myself a public health leader.

Rita Hamad

MD, MS, MPH 2007



After more than two decades of school, I finally received my MD last year from UCSF. I'd completed the Interdisciplinary MPH in 2007 and I was ready to start changing the healthcare system, as I had envisioned since when I first applied to medical school.

Sadly, the first year of residency is not a great time to embark on such a mission. Eighty hours of my week are devoted to patient care or the paperwork needed to satisfy insurance administrators and charting requirements. The rest of my week is spent satisfying my bodily needs, like eating and sleeping.

Still, it's an exciting time to be a member of the health profession. I am an intern in Family Medicine at Contra Costa Regional Medical Center based in Martinez, California, with my clinic located at the Richmond Health Center, a few miles north of Berkeley. As a public system that serves the uninsured and underinsured, we have seen no shortage of patients who have lost their health coverage in the recent economic meltdown. Our hospital and clinics have been overflowing with people desperate for medical attention, testing our ability to provide timely and effective care.

Thankfully, our county is one of the beneficiaries of the recent healthcare reform legislation. Our dilapidated clinic in Richmond will soon be rebuilt to include more physical space and updated technology. Our hospital is installing an electronic medical record system, to be launched next year.

Most days I am absorbed in trying to learn the dose of antibiotics that I should prescribe to treat an ear infection in a three year old. So I can barely follow, let alone be involved in,

local policy initiatives. But I view my current indentured servitude as a stepping stone to making more meaningful change on a community level.

At the end of each long week, I have miraculously found the time to continue the research that I began as a student in the Interdisciplinary MPH Program and the UCSF-UC Berkeley Joint Medical Program. In 2008, I gathered longitudinal data among 2,000 clients of a microcredit organization in Peru. This organization provides small loans to individuals who are too poor to access the traditional banking system, allowing them to invest in businesses and support their families. I collected reams of data in an effort to find out whether participation in this program was associated with improved health among clients and their families. I also explored whether supplementary education about infant health might act synergistically with the funds to improve children's well-being.

In my few spare hours each week, I have been able to chip away at these research questions and publish some of my results. The first analysis suggested that women who have participated in microcredit for longer amounts of time may have reduced rates of anemia¹. The second concluded that the supplementary educational intervention improved parents' knowledge, but not child health status². I have recruited one of Berkeley's brilliant MPH students as a research assistant, and together we are assessing whether longer participation in microcredit is associated with improvements in child nutrition, since many clients claim they use their profits to invest in their children. My data also hold the potential to answer questions regarding effects on child education, mental health, and a variety of other variables....if I am ever allowed enough time outside of the hospital to work on them.

A medical resident's schedule is unforgiving. My few hours of research are a welcome escape, and I am reminded why I decided to enter the medical profession. As all of us in the Interdisciplinary Program are aware, (continued on next page)

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healthcare is not just about face-to-face interactions with our patients, which are alternately brutally frustrating or intensely rewarding. Nor is healthcare simply designing perfectly controlled, sterile research studies that are divorced from the everyday experiences of practitioners on the ground. Rather, healthcare is about using *all* of these components to intelligently use our limited resources, and to best serve the public's health — especially the most vulnerable among us.

¹Hamad R, Fernald LCH. Microcredit participation and nutrition outcomes among women in Peru. *J Epidemiol Community Health*. Nov 2010 [ePub ahead of print].

²Hamad R, Fernald LCH, Karlan DS. Health education for microcredit clients in Peru: a randomized controlled trial. *BMC Public Health*. Jan 2011;11(1):51.

Current Students

Mikah Owen

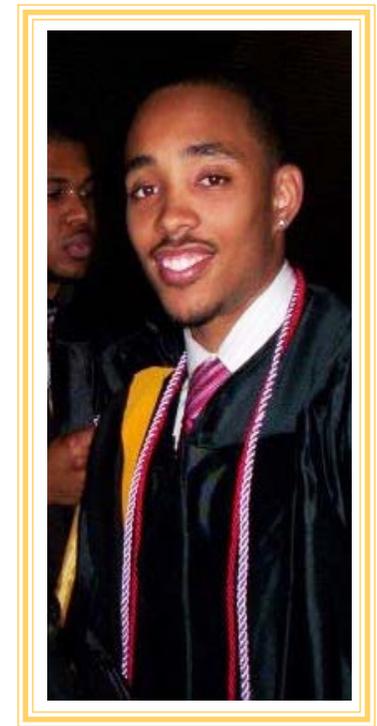
MPH 2011

Greetings, Interdisciplinary MPH alumni, staff, students, and friends. I hope this finds you all well.

I grew up in Sacramento, California. After finishing high school I went Xavier University of Louisiana to pursue an undergraduate degree in Biology. During my junior year of college, Hurricane Katrina devastated the city of New Orleans, an event that would permanently change the way I looked at the world.

In the aftermath of the storm I began to think critically about how Katrina impacted different people differently based on their socioeconomic status. I had always wanted to become a physician but I had little knowledge about public health, and the aftermath of Hurricane Katrina showed me how socioeconomic status impacts life chances and health outcomes. This newfound awareness led me to seek a medical school program where I could get both a sound clinical education and learn more about public health and the social determinants of health.

(continued on next page)



You're Invited!

Public Health Alumni Association Brunch "Jazzing It Up with Alumni & Friends"

Sunday | May 22 | 11 a.m.-2 p.m. | Sequoyah Country Club
4550 Heafey Road, Oakland, California 94605

Join the UC Berkeley Public Health Alumni Association (PHAA) for networking, music and fun at a Sunday brunch and silent auction/raffle to raise funds for scholarships for underrepresented public health students.

Special presentation by
Jane Garcia, CEO of La Clínica de La Raza
Public Health 2011: Keeping the Community Front and Center

Tickets:
General, \$45 in advance, \$55 at the door
Students, \$35 in advance, \$45 at the door
RSVP by Friday, May 13, 2011

For tickets and additional information, or if you are unable to attend but would like to make a donation, please contact:
Lucinda Bazile 510-981-4143, lbazile@lifelongmedical.org
or Eileen Pearl, 510-643-6382, phaa@berkeley.edu

All proceeds benefit the Public Health Alumni Association scholarship fund.





Lauren Harris

MA, MPH 2010

I found the perfect program: the Program in Medical Education for the Urban Underserved (PRIME-US) at UCSF medical school. The mission of the PRIME-US program is to nurture, support and equip medical students to provide effective healthcare to vulnerable urban populations. During my first three years of medical school and as a student in the PRIME-US program, I had the opportunity to learn about public health problems in urban underserved communities and potential solutions to those problems. This spurred my interest in the social determinants of health, and I decided to take a year off from medical school to pursue an MPH at UC Berkeley. I chose the Interdisciplinary program for its multifaceted, multidisciplinary focus.

My year at Berkeley has been fascinating. The program allows us to take a wide variety of courses on campus. I've been exposed to so many new concepts and have learned that virtually *everything* has an impact on health. The Interdisciplinary program also focuses on practical skill building and I have really enjoyed participating in sessions about public health negotiation, media advocacy, and effective leadership. I have no doubt that the skills that I have begun to develop will help me become a more effective public health practitioner in the future.

This year has also helped me to think more critically about problems in public health. I can't wait to get out into the real world and come up with new solutions to public health problems. I also look forward to seeing the future work of my Interdisciplinary classmates. I've enjoyed spending time with and learning from this great, diverse group of people. I have no doubt that they will go on to accomplish amazing things!



From time to time I get asked what it is like to work in global health. I feel compelled to give a scientific answer. A few psychology students at Berkeley run a study in which they expose Syrian hamsters to six-hour time shifts (the equivalent of a plane trip from New York to France) twice a week for four weeks. The hamsters' performance on learning and memory are then measured for up to a month later. At the end of the study, the researchers find that the jet-lagged hamsters have suffered learning impairments and loss of memory. The hamsters also have half the number of new neurons in their hippocampuses a *month* after they were brought back to their normal sleeping schedule. Multiply the time shifts by two, add in culture shock, remove the cozy little hamster nests, and you've experienced "global health."

Kidding aside, when working in policy at the international level it's not uncommon to feel like a very tired, confused hamster. Within the developing world, some conservative Catholic countries freely hand out birth control while others strictly forbid it. Some governments insist on carrying out million-dollar studies to test the effects of a life-saving drug on "their women," while others trust that it is safe based on studies conducted elsewhere. Often, you find yourself taking two steps in one direction and then three steps in a completely different direction.

I'm an anthropologist by training and two years ago the policy world was completely foreign to me. Before entering the Interdisciplinary MPH program, I spent most of my career approaching health issues from the grassroots level. Whether it was assisting midwives in the Amazon to effectively combine traditional and western medical techniques, or addressing specific misconceptions about HIV/AIDS among refugee youth, my work as an anthropologist was always local and research-related.

WE'D LIKE TO HEAR FROM YOU....

PLEASE EMAIL US WITH YOUR CURRENT WORK INFORMATION, AND MAILING AND EMAIL ADDRESS CHANGES. Send to: lspautz@berkeley.edu

Also, coming soon: **The UC Berkeley School of Public Health Interdisciplinary MPH Program Facebook page...** we will email you about it this summer



Jerome Chin

MD, PhD, MPH 2010



The transition from school to the policy world was anything but slow. A week after graduation last year, I found myself on a plane to Kenya, hired by the Berkeley Human Rights Center to find out from government officials, doctors, local chiefs, and forensic scientists about the country's response to the massive increase in sexual assaults that occurred during and after the post-election violence in 2007. These meetings helped identify gaps in the process of collecting evidence and providing medical and psychosocial services, eventually guiding the Human Rights Center to the role they would eventually play in strengthening the nexus between medical and psychosocial care, forensic investigation, and prosecution.

Over the past year, these relationships have solidified into a joint task force that is responsible for establishing national laws and guidelines to hold perpetrators accountable for sexual violence in Kenya. A large conference uniting all of the relevant sectors will take place in Nairobi in May. Our work in this area has since spurred the interest of international organizations such as the United Nations High Commission for Refugees (UNHCR), who are now seeking our advice on methods to address sexual violence within their camp programs. This summer, members of the team will research and report on the feasibility of witness and victim protection programs within Kenyan refugee camps. This information could have a major effect on victims' ability to recover safely.

The Interdisciplinary MPH program provided me with both the perspective and skills to scale up the impact I was having, and helped me attack reproductive health problems from the top down. In addition to my work at the Human Rights Center, I currently work full time as Director of Research and Policy at the non-profit organization Venture Strategies for Health and Development. This "think tank" in Berkeley works with governments and women's groups to reduce barriers that inhibit women from gaining access to family planning and safe abortion. Over the past year, I have worked closely with congressmen, senators, and other colleagues in the Philippines to build the case for why contraceptives should be made available within the public sector. If this Reproductive Health Bill passes in the coming months, it will mark the collapse of the Catholic Church's century-long grip on woman's health in this region. Over the last year I have also spoken on a number of radio shows, distributed information about the use of misoprostol for postpartum hemorrhage and safe abortion, and worked at both the international and national level to convince people of the need for women to control their own fertility.

I find that it is common for people in public health to get stuck on one side of the "bridge" between research and policy. My job not only allows me frequent access to this bridge, it also lets me play around in the water from time to time. International health policy is incredibly challenging, and I have never loved a job more.



I became interested in Buddhism in 2008 during a month-long climbing expedition in the Himalaya of Nepal, embracing the concept of *samsara* - the cycle of suffering and rebirth. The following year, I embarked on a professional and personal rebirth by closing my neurology private practice and enrolling in the Interdisciplinary MPH program. After seventeen years as a general adult neurologist, I yearned for a new challenge and an opportunity to use my knowledge and clinical experience to make a larger impact. The MPH program provided the essential tools for my career transition and catalyzed my passion for global health.

With the help of classmates from East Africa, I arranged an independent visit to Uganda and Kenya in the summer of 2010. I spent the first two weeks as an attending neurologist at Mulago Hospital, the national referral hospital in Kampala, Uganda. I experienced first-hand the immense challenges of treating patients in a resource-limited setting. A brief flight took me to neighboring Kenya where I worked for three weeks at a rural HIV clinic in Nyanza Province with an HIV prevalence of more than 20%. The clinic is part of the UCSF FACES program which provides care and treatment to over 90,000 people living with HIV. I returned to Mulago Hospital in March 2011 to teach neurology to the Ugandan medical students, interns, and resident physicians.

These experiences crystallized my decision to embark on an academic career in global health. With the support of my wife, Nap Hosang, Martha Campbell, and Malcolm Potts, I joined the SPH faculty as a lecturer in global health and faculty advisor to the Interdisciplinary Program. I look forward to supporting the activities of the global health program and mentoring SPH students pursuing careers in global health. Recently, I led the formation of a Global Health Special Interest Group within the American Academy of Neurology to build capacity for neurology training and research in developing countries. One of the main goals of the group is to stimulate collaborations to increase the evidence base and advocacy for common neurological disorders such as epilepsy and stroke.





2nd Annual Interdisciplinary MPH Student and Alumni Picnic May 7, 2011



Christine Yeh ('04), Nap Hosang,
Program Director



Eric Dinenberg ('11), Jan Vaage ('11),
Adrienne Wollitzer ('11)



Anke Hemmerling ('04),
Bahar Amanzadeh ('10)



Chandrika Zager ('11) and
daughter Nayeli Martinez,
Marc Pollock ('09) with son
Joe



Heather Kinlaw ('07) with Ella



Peter Sherris ('10), Laura Spautz (Program Manager), Kyle Nelson ('11)



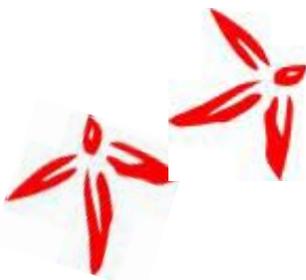
Ron Carter ('11) holding Toby, Akiko Ishihara ('11) holding Lucky Star, Jeff Stone



Jerome Chin ('10), Sandra Spence ('09)



Ron Carter ('11), Dyani Guadilliere ('11) holding son Battiste, Li Zhu ('11)



Kyle Nelson ('11), Jan Vaage ('11), Kyle's wife Maura and their two daughters Sarah and Oma

