

UC Berkeley School of Public Health  
Interdisciplinary MPH Program

# alumni & student news

Spring 2014

*Current Students*

## Mehran Mosley

**MD, MPH 2014**



the Alaskan tundra. In Lime Village, 32 souls reside on the shores of the Stoney branch of the upper Kuskokwim River. In the largest village of Hooper Bay, nearly 900 people were living at the edge of the Bering Sea. During my many years living there, I worked closely with dedicated doctors, nurses, and public health officials of the Centers for Disease and Control and Prevention's Arctic Division to improve the health of the local population.

The isolation of Bethel and the surrounding villages presented many convoluted and complex public health problems for the medical staff working there. The area's rate of unemployment was nearly 60% and most of the locals relied on hunting and fishing for subsistence. Access to balanced nutrition was a big public health concern. Basic food staples — particularly fruits and vegetables — were unavailable or incredibly expensive. A single head of lettuce cost nearly five dollars and an average-sized watermelon could set you back a cool \$45. A gallon of milk would lighten your pocket by \$12. Both the native elders and the public health officials made concerted efforts to emphasize native traditional foods such as caribou, seal, and fish.

An even more pressing public health problem was the lack of running water and sewage system in much of the area. Since the ground was frozen solid throughout the year there was no city plumbing or sewage system. In most villages, locals had to dig holes through several feet of dense ice to get to water. There were no flush toilets and folks hand-carried their sewage in a "honey-bucket" to the local dump. In normal weather conditions this was no easy task. But imagine doing it when it was 40 or 50 degrees below zero.

I have been a pediatrician for nearly 15 years. When I decided to make a shift in my career to focus on public health issues, UC Berkeley was a natural choice.

I've spent most of my career in Bethel, Alaska — a remote bush community in southwest Alaska 300 miles south of the Arctic Circle. Bethel served as a commercial and a medical hub for the 60 surrounding sparsely populated *Yu'pik* villages on

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The Interdisciplinary MPH Program now has its own **LinkedIn** Group. To join, please email Laura Spautz at [ipmph@berkeley.edu](mailto:ipmph@berkeley.edu)

## *Congratulations to the Class of 2014*



As a pediatrician, I found myself dealing with acute illnesses day in and day out. But I never managed to grapple with the underlying socioeconomic issues that contributed to these illnesses — particularly for the local children. I worked closely with public health officials in our area to try to address the many problems facing the native community. I kept telling myself that I should look into the determinants underlying these issues but I never seemed to have the time to do it.

When I moved to the Silicon Valley and became a pediatric hospitalist at Stanford, I was lucky to find myself among a group of smart and supportive colleagues who gave me the time and space to pursue my long-wished-for study of public health. UC Berkeley was nearby and several of my colleagues had graduated from the MPH program there. The reputation of the School of Public Health is stellar, and Berkeley's Interdisciplinary MPH Program provided the flexibility I needed to tailor coursework to my needs. It was a perfect match.

Working with my cohort and interacting with professors, it's clear that this is one of the best decisions I've ever made in regard to my education. I just wish I had done it earlier.

*Mehran with  
with Yu'pik  
residents of  
Alaska*



# Preeti Dave

MD, MPH 2014



*“Is that really a boat full of tires?”*

We were on a dirt road that coursed through an unkempt field littered with trash and a strange and unforgettable “boat full of tires.”

Last year, my colleague Elizabeth and I were pediatric residents in our third (and presumably final) year of training at Kaiser Permanente in Oakland, deciding how our careers would take shape after residency. We were on an elective with Community for Children— <http://communityforchildren.org/>— based out of Brownsville at the southern tip of Texas. After a crash-course on the Rio Grande Valley and border issues from Dr. Marsha Griffin and her wonderful friends and colleagues, we decided to work with a community group called ARISE (A Resource In Serving Equality, <http://www.arisesotex.org/>), based in some of the *colonías* along the Texas-Mexico border.

The trash and tires were just the beginning. We saw and learned so much during our month in Texas. On a very basic level, we learned that Google maps could let us down, our cell phone carriers would keep thinking we were in Mexico when we weren't, and that Africanized bees really do sting people for no apparent reason. I also saw how much I still needed to learn.

We were tasked with evaluating the health education program at ARISE, which taught women in the community about healthy eating, arranged walks and other exercise activities, and checked their blood pressures and glucose levels. Despite these activities and more, the community's obesity rates were increasing and overall general health continued to decline. We found women who were well-versed in the



## Director's Corner

Dear Interdisciplinary Program Family,

We hope that you and your loved ones are well. It was terrific to see many of you at this year's BBQ. We hope you enjoy the photos from the event, courtesy of Laura.

We just participated in the graduation of this year's outstanding Interdisciplinary MPH class. Please join me in welcoming them into the Interdisciplinary Program family. We're excited to see this cohort of talented professionals make significant contributions to the health of communities locally and globally.

Alumni: as always, please feel free to drop us a line at any time to update us on new jobs, new degrees, or new additions to your family. We love hearing from you!

Sincerely,

Phuoc Le '04  
Director  
[ple@berkeley.edu](mailto:ple@berkeley.edu)



subjects of diabetes, healthy eating and the importance of exercise for their children and themselves — no matter their level of formal education. Initially, we didn't know what to do. For a physician, having patients who are so knowledgeable is often a goal unto itself.

With the guidance of Dr. Griffin, we continued to interview the women. As they acclimated to our presence, we discovered why almost nobody was exercising regularly. The most interesting reason was that dogs were roaming around the area in packs and were known to attack other dogs as well as people. Residents did not feel safe walking around or letting their children play outside.

We managed to collect some data on dog bites from local emergency departments and interview animal control officials. I wished I could collect more data and analyze it further, and help the women of ARISE improve their community's health and safety. Doctors can tell patients to exercise, but unless it is safe for people to walk around outside there can be little progress on health outcomes.

I realized it was time to get more training in public health. Soon after returning to Oakland, I applied and was accepted to the joint MPH program with UC Berkeley and Kaiser Permanente's Internal Medicine Residency.

My experience as a graduate student at UC Berkeley has been great and I've gained skills that I can use now and in the future. I've also met many accomplished students, staff, and faculty members who all want to change communities for the better.

I admit that after residency I didn't expect that going back to school would involve such an intense workload. The 11-month degree is a serious, full-time undertaking — and definitely worth the effort. The range of courses available throughout UC Berkeley is impressive and in the Interdisciplinary MPH Program we can tailor our experience to our individual needs and goals.

I hope to be able to apply my newly-acquired skills throughout my career. After completing my MPH, I will be a pediatric chief resident at Kaiser Oakland where I hope I can assist my co-residents in their involvement with school-based clinics and maybe continue some projects of my own. In the long term, my goal is to be a primary care pediatrician splitting my time between clinical care and advocacy through community involvement.

In the short span of one year, I have gone from being lost in a field full of tires — both literally and figuratively — to being able to make a difference in whole communities.

*Alumni Update*

**Bryan G. Maxwell**

**MD, MPH 2006**



**Bryan is currently an Assistant Professor in the Department of Anesthesiology and Critical Care Medicine at the Johns Hopkins Medical Institutions in Baltimore. He is a graduate of the School of Medicine at Stanford University.**

Historically, the fields of surgery and anesthesia have not embraced a public health perspective. It is easy to think of guiding patients through an operation as an isolated, one-patient-at-a-time event. But all public health phenomena stem from individual acts by individuals—repeated many times over. As a cardiac anesthesiologist with public health training, I constantly try to integrate public health ideas and principles into my practice.

Most of my time involves taking care of adults and children who are having heart surgery, and I have developed a particular interest in the care of adults with congenital heart disease (CHD). Because of better pediatric care for heart disease, more children with CHD are surviving to adulthood and we are seeing a tremendous growth in the population with adult CHD (ACHD). At the same time, ACHD is becoming increasingly chronic and complex and is placing more demands on our health systems.

# Interdisciplinary Alumni and Student Picnic



April 2014



Our biggest challenge is finding ways to create functional systems to track care for CHD patients as they enter adulthood. Now we fail spectacularly on this front. We risk squandering the tremendous investment of time, money, and energy that we gave these patients as children by completely losing track of them as adults.

Child CHD patients are often lost to follow up. The increasing successes of childhood CHD care have created a large population of people who still *have* the disease but do not feel ill. I have met quite a few adults who experience the late consequences of CHD in their early 30s and are shocked and profoundly depressed. They had believed they were cured of their childhood heart disease and as young adults they suddenly face heart failure and heart transplants. Their life expectations—travelling, having children and growing old with their life partner—are crushed.

Clinicians often fail to educate these patients or involve them in their ongoing care—in part because the U.S. has no reliable way of ensuring access to care. Many of these patients are among the large fraction of young adults who don't have health insurance and often believe they don't need it.

In the medical field there is a growing trend towards specialization such that many of my colleagues exclusively care for *either* adults or children. In my work, I have deliberately sought out training and professional opportunities to care for patients of all ages. This breadth of clinical practice is rewarding and constantly challenging. One day I care for of a one pound, one-day old premature neonate, and the next I take care of a 90-year old. These experiences also situate me to gain a broader perspective on CHD lifelong care.

I now care for CHD patients across their entire lifespan. A lifespan perspective means we need to consider what will happen when babies become adults—when they develop appendicitis, break a leg, become pregnant, and live long enough to experience other medical challenges and common diseases. My goal is to help a baby survive to her first birthday or first day of school *and* optimize her health throughout her life.

We have many experts who understand how to care for ACHD patients later in life. But the broader problem is one of systems design. We need a registry to follow CHD patients from childhood through adulthood. We need to train a new generation of surgeons, anesthesiologists, intensive care doctors, and cardiologists who understand CHD and what it means for the rest of medical care. And we need evaluation systems and quality improvement processes to keep pushing us forward. It won't be easy, but the challenges of caring for the growing population that has survived CHD won't go away. These patients demand and deserve our attention.



Erin Le, daughter Anya, and Jessica Vechakul '14



Phuoc Le at the grill



# More Interdisciplinary Alumni and Student Picnic

April 2014



Mehran Mosley '14, Jessica Vechakul '14, Preeti Dave '14, Bahar Amanzadeh '10, Anke Hemmerling '04



Kenny Pettersen '14 and Jennie Lane '14, playing frisbee



Preeti Dave '14, Moxie Loeffler '14 with Soren, Anke Hemmerling '04, Sowyma Srinivasan '14



Mehran Mosley '14 and Sacha Rood '14