

# ALUMNI & STUDENT NEWS

INTERDISCIPLINARY MPH PROGRAM, UC BERKELEY  
SPRING 2018



## CHECKING IN

Dear Students, Alumni, and Friends of the Interdisciplinary Program,

This has been a year of change for everybody on small and large scales, and it also was for the School of Public Health and the Interdisciplinary MPH Program. Following the school-wide effort, we grew the program from a traditionally smaller size to now 24 students graduating in 2018: a change that is keeping program faculty and staff on our toes.

Karen Sokal-Gutierrez joined the faculty team this year, and Judy Smithson and Stephanie Machado are providing excellent program management support. We are all working hard to maintain the hallmarks of our program - academic excellence, close mentorship and the collaborative class spirit.

We hope to see many of you at our annual get-together on April 21, 2018. Instead of the traditional BBQ, we will join the festivities for the 75th SPH anniversary this year. See the full schedule of exciting events for the day [here](#).

The Interdisciplinary MPH Program will use the little break in the afternoon schedule and meet at Jupiter's from 3-6 PM (2181 Shattuck Ave, steps from BART, garden in the back, look for the table sign). We hope you can join us!



Anke Hemmerling, '04, MD, PhD, MPH  
Program Director

# ALUMNI UPDATE

ADAM LEVINE, MD, MPH '04

Writing this alumni update has forced me to spend some time thinking about my year in the Interdisciplinary MPH program at UC Berkeley, which now feels like a lifetime ago. I first enrolled in the program because I had decided that I wanted to pursue a career in global health, and I knew that my medical school training across the bay at UCSF was not going to be sufficient to prepare me for one. Looking back now, I can see that the seeds of so much of my current career were planted during my time at Berkeley.

It was during my Interdisciplinary MPH that I took my first courses in international health and international human rights law and first developed my skills in epidemiology and biostatistics, which have proved incredibly useful in my current work. During my MPH, I spent a summer in a rural village in India, learning about the intersections of agriculture, nutrition, sanitation, hygiene, education, and health: first realizing that medicine was just one small piece in a much larger puzzle. I also had the opportunity, as part of one of my courses at UC Berkeley, to lobby at the United Nations Human Rights Council on the right to safe drinking water, which set me up for a later internship at the World Health Organization. These experiences further cemented my understanding of how law and policy influenced global health, for better or for worse. And finally, it was during my MPH that I wrote a paper titled "Setting Standards for Humanitarian Aid," a topic which would eventually become the focus of my life's work.

After graduating from UC Berkeley and UCSF, I moved out to New England, where I continue to live today. I completed my residency training in Emergency Medicine at Brigham and Women's Hospital in Boston, as well as additional training in humanitarian response through Harvard University. I then took a faculty position at Brown University, which provided me with the flexibility to pursue my global health and humanitarian interests. On the advice of one of my mentors in residency, I began developing my "street cred," volunteering in the field with a variety of international and local non-governmental organizations (NGO's). Over the past decade, I've worked in Rwanda training physicians in basic emergency and trauma care, in Haiti caring for patients after the earthquake in 2010 and during subsequent outbreaks of cholera, in Libya and South Sudan managing field hospitals for the displaced and injured, and in Liberia and Sierra Leone, caring for patients with Ebola Virus Disease during the recent epidemic. While the humanitarian in me enjoyed the direct nature of the fieldwork immensely, the academic in me kept asking the nagging question that I had first heard from Nap Hosang, director of the Interdisciplinary MPH program during my time there: "So many do-gooders, but do they do any good?"

In order to help answer this fundamental question, I began partnering with many of the same international and local NGO's to tackle a series of research studies in the realms of global emergency medicine and humanitarian health. Through a five year grant from the NIH, I worked with the International Centre for Diarrhoeal Disease Research, Bangladesh to develop and test new tools for managing dehydration in patients with cholera.



From 2015-2016 I led the Ebola Research Team for International Medical Corps, completing a number of studies improving our understanding of the disease and how best to manage it in the field. I also partnered with Epicentre, the research arm for Doctors without Borders, and Partners in Health on other smaller humanitarian research projects. And just under two years ago, I launched the Humanitarian Innovation Initiative (HI2) at Brown University, building upon my own research in this field and that of many other scholars from a wide variety of disciplines across campus. Part of a much larger international movement to professionalize the delivery of humanitarian aid, the mission of HI2 is to improve the effectiveness and accountability of disaster preparedness, humanitarian response, and post-emergency reconstruction through interdisciplinary research and educational programming that fosters collaboration between academics and practitioners both locally and globally.

Building academic research and training programs in the humanitarian space, however, is not an easy endeavor. It requires bringing together humanitarian practitioners and academics, two groups that might as well be from different planets. (In fact, I wrote a piece for the journal *Clinical Trials* during the Ebola epidemic titled "Academics are from Mars, Humanitarians are from Venus.") However, I like to think that, in part due to my Interdisciplinary MPH training, I now speak enough academic and enough humanitarian to be an effective translator for the two groups. Indeed, at HI2 we've been working to build up not only an interdisciplinary team of academic researchers, but also a broad team of international and local humanitarian partners around the world, in order to help us in implementing our mission.

This morning I pulled up that paper I wrote during my MPH on "Setting Standards for Humanitarian Aid," and was struck by a quote at the top of it from an unnamed humanitarian aid worker: "We are so busy saving lives that by the time we get around to thinking, we have made so many mistakes it is too late." My hope is that through high-quality monitoring, evaluation, and field research, we can learn from those mistakes, and through new models of professional education, we can train the next generation of humanitarian responders to do a little bit more good the next time around.

# STUDENT UPDATE

EMILY BORGELT, MA, MPH CANDIDATE '18

My path to the Interdisciplinary MPH was euphemistically “unusual” - winding from an undergraduate degree in Neuroscience and Behavioral Biology at Emory to a master’s degree in Bioethics at Case Western to work in academic bio- and neuroethics research to entrepreneurship - and I’m thrilled that it led to Berkeley and this life-changing year. As an undergrad slogging through pre-med requirements, I realized that my interest in medicine was much less concerned with the mechanics of doctoring than on the social interface between healthcare and the people it serves. Weird fascinations for an 18-year-old, for sure - resulting from a lifetime of watching my large extended family grapple with a family member’s mental illness. It was the stuff of novels. I grew up noticing family dynamics muddled by divergent moral and religious interpretations of mental illness, as well as the rifts in wealth and healthcare access between my parents’ hometowns in rural South Carolina and my own in the suburban Midwest. These early experiences still motivate my professional interest in how people incorporate their value systems into healthcare decision-making and reactions to public policy.

A biology professor at Emory encouraged my oddball interests, pointing me to the ethics classes that inspired my first round of graduate work at Case Western. My focus there, as well as in my subsequent work as a research project manager at the National Core for Neuroethics at UBC and then the Stanford Center for Biomedical Ethics, was on the social and ethical dimensions of novel technologies, such as clinical stem cell research, functional neuroimaging, and personal genomics. I loved the interdisciplinarity of these academic centers and the research experience, but craved a more tangible positive impact. So, I started a gluten free bakery. As one does.

I fully admit that peddling sweets was an ironic preamble to public health. Baking was a hobby since childhood, but it became a pursuit once I was diagnosed with chronic autoimmune disorders requiring severe dietary restrictions. I baked and studied baking in my free time constantly - incessantly - for nearly ten years before launching the business. Having arrived at a point professionally where more graduate training was important, I realized the rare opportunity this crossroads afforded and took a hard left from spreadsheets to sheet pans. Running the bakeshop was profoundly rewarding - what an absolute joy to give diet-restricted children a taste of normalcy, wedding cakes eaten by both in the couple, and non-alienating office party desserts. The values that drove my business were sharing, access, celebrating difference, and community building. These same values drew me to public health.

And what a time to be at Berkeley in public health! Throughout the academic year, the country’s political climate was more dizzying than a summer biostats course, and Berkeley’s campus has been charged with a palpable electricity.



The high stakes of public health work were reinforced by news headlines all year. Our cohort watched congressional attempts to overturn the Affordable Care Act, the revocation of DACA, passage of sweeping tax reform, overwhelming police presence on campus during Free Speech Week, federal threatening of sanctuary cities like San Francisco, the U.S.’s deadliest mass shooting by an individual in Las Vegas, and the “March for Our Lives” protest orchestrated by our country’s high schoolers took place today. If there were such a thing, the school year’s theme would be “resistance.” Advocacy, protest, and moral and intellectual fortitude were infused throughout our academic community and coursework.

The year’s tone suits me because - first time admitting this to anyone in the department! - I started my application to MPH programs on November 9, 2016. At the time, I was a couple years into running the bakery but was considering if and when I might apply to public health programs. I loved it, but despite the busy-ness and challenge of running a small business, my passion for healthcare access and inclusive health policy did not let up outside of academia. The day after the U.S.’s 2016 election, deeply worried about the fate of equity generally and the ACA specifically, I reckoned with the kind of impact I hoped to make in my life and, simply, my goals were bigger than baking. So I applied.

I lucked out because Berkeley was closest to where I live with my husband in Menlo Park. After living here for 6 years, it would have been rough to leave our friends and hobbies (although the commute is no joke)! That network is a wonderful (read: necessary) balance to the intensity of the 11-month program. But more importantly, the Interdisciplinary program promised flexibility and choice in picking coursework. I’ve gotten to build an efficient experience unique to my goals while benefiting from the diversity of interests and coursework of my classmates. By far, my favorite thing about the Interdisciplinary department has been the wide range of interests among my classmates and the passion that they bring from prior experiences in medicine, social work, research, public health practice, and advocacy. I can’t imagine a more inspiring time to pursue an MPH or a more inspiring group of people to pursue it with.

# ALUMNI UPDATE

ALISSA BERNSTEIN, PHD, MA, MPH '14

"Learn from what you've seen in Bolivia and go home and work to fix your health care system." These were words spoken to me by the then-Minister of Health in Bolivia, Dr. Nila Heredia. She was one of my last interviews during the fieldwork I conducted in Bolivia between 2010-2012 for my PhD in medical anthropology. My research focused on the design and circulation of a new and innovative health reform policy that centered on comprehensive, universal primary care, community participation in health decisions, and the incorporation of indigenous principles of health and healing into the public health care system. When I returned to Berkeley to write up my dissertation, I looked for a way to actualize Dr. Heredia's advice, and applied to the Interdisciplinary MPH program with a focus on health policy. Through coursework on health policy decision making, health policy advocacy, research methods, and human centered design among many others, I aimed to find new ways I could use my skills as a medical anthropologist at the intersection of health policy studies. For my thesis, I collected primary qualitative data and conducted a policy analysis of how implementation of the Affordable Care Act changed a county-level policy: the San Francisco Health Care Security Ordinance. This program and the resulting thesis provided me foundational training for performing policy-relevant research.

After completing my MPH and PhD, I was accepted into a postdoctoral fellowship in the Philip R. Lee Institute for Health Policy Studies at the University of California, San Francisco, and the following year was accepted as an Atlantic Fellow for Equity in Brain Health at the Global Brain Health Institute at UCSF. Through these fellowships, I sought out new research at UCSF that would address one of the biggest health policy challenges in the health care system: dementia. There are 5.5 million people with Alzheimer's disease in the United States, and this is expected to triple by 2050. Furthermore, more than 15 million family members or friends provide care for individuals with Alzheimer's disease or other dementias in the United States, which involves immense emotional, physical, and practical support. With the goal of building research around this major public health crisis, I have engaged in several mentored projects. One major project, Care Ecosystem, is a care navigation demonstration program for people with dementia and their caregivers. It is being tested with funding from a Centers for Medicare & Medicaid Services Healthcare Innovations Award at UCSF and the University of Nebraska Medical Center. As the qualitative researcher on the project, I conducted interviews and site visits with family caregivers of people with dementia to understand their everyday experiences, such as the challenges they face as well as the moments of connection they experience, differences between urban and rural caregivers, and ways caregivers maintain and use social networks.



I have also been involved in two ongoing research projects with neurologists and neuropsychologists to create pathways to improve dementia assessment and management in primary care settings. As part of this project I have helped assess the critical but frequent problem of delayed dementia diagnosis through a survey of primary care providers and neurologists. We identified practice gaps that included educational abilities and confidence in disease assessment and management. I will also be conducting focus groups with primary care providers to understand their needs and the challenges of their work in regards to dementia assessment and care. Most recently, I was awarded a grant from the Alzheimer's Association and the Global Brain Health Institute for a qualitative study focused on the Bay Area Latino immigrant population, which will provide preliminary data about people's conceptions of brain health, aging, and dementia in order to design tailored dementia prevention outreach programs.

All of these projects, with the support of my educational training and amazing mentorship, have confirmed my passion for building bridges between the social sciences, public health, health policy, and the clinical sciences. I learned an immense amount from being part of an interdisciplinary group of colleagues while in the Interdisciplinary MPH program. As a result, I have continued to pursue opportunities for interdisciplinary dialogue and work. For example, I have become an integral part of a number of interdisciplinary communities at UCSF, including the Global Brain Health Institute, the Medical Cultures Lab, a collaborative of social scientists working on methods innovations and the culture of medicine, and the NeuroEthics Group, which discusses ethical issues related to neurology, neuroscience, and end of life. I have also had the incredible opportunity to disseminate my work to diverse audiences through publications, invited lectures, and conferences. Last year I had the privilege to give a talk about my research to the U.S. 9th Circuit District Court Trial Judges. Through all of this work, I have maintained connections with my public health and anthropological roots by conducting academic research that can inform public health and policy changes and by seeking to understand the experiences of people impacted by illness and the health care system. I am grateful to my mentors and teachers in the Berkeley Interdisciplinary MPH program, as they provided a core foundation for the work I am so privileged to be able to do now.

# STUDENT UPDATE

JOSH POTOCKO, MD, MS,  
MPH CANDIDATE '18

My interest in the MPH stemmed mainly from my work caring for U.S. Marines as a Navy physician. While working with a young, pre-screened population in a socialized health care system, my approach to population health differed substantially from many civilian public health workers. That said, the importance of high quality preventive medicine in the armed forces is crucial not only to individual health outcomes, but also to the greater mission of unit preparedness, which ultimately results in a competent defense of the nation.

For me, the Berkeley Interdisciplinary MPH is a part of my 2-year Occupational and Environmental Medicine Residency at UCSF to build on skills I started developing in my prior clinical practice. Specifically, I selected courses to improve my knowledge and understanding of environmental health risks, toxicology, preventive medicine best practices, and health care systems. Biostatistics and Epidemiology enabled me to more systematically and critically read the research of others. Health and Social Behavior allowed me to delve further into the literature on PTSD, suicidality, and resilience. Current Topics in Environmental Medicine brought in numerous leading subject matter experts to present cutting-edge research on fracking, vaping, endocrine disruptors, and ambient air pollution. In Occupational Biomechanics, we attached vibration sensors to power tools to measure quantifiable workplace exposures. At each stage, I often paused to reflect on how I might use this expertise to help the military population achieve a better training process, with fewer injuries and illnesses, fewer days of missed work, and less loss of life.

Prior to Berkeley, I also worked as an Aeromedical Officer who conducted Mishap Investigations after fatal airplane crashes. In the military, we've learned that over 90% of crashes are not accidents in the traditional sense – often referred to as “acts of god.” Instead, there are numerous layers of human factors that overlap to allow any given mishap to occur. Removing any one of these human errors prevents catastrophe.



My MPH Seminar Project is designed to use a similar process to root out the main causes of pediatric poisoning, with a focus on edible cannabis in California (specifically, because legalization went into effect on January 1, 2018). Hopefully by coordinating with the California Poison Control System, and the San Francisco Department of Public Health, our team can elucidate meaningful interventions to reduce the elevated pediatric morbidity and health care utilization that invariably follows legalization of recreational cannabis.

One great thing about the pace of the Interdisciplinary MPH is that I find myself consistently pursuing personal health and growth goals that I didn't always have time for as a busy clinician. There is time for yoga, rock climbing, gardening with my wife, and exploring the wealth of amazing food and music in the Bay Area. There is also time to pause, read, think, and network with others with like passions and interests.

Public Health is a nebulous, overwhelming sphere of academic study. The good news is-- there is plenty of practical work to be done. The hardest part may actually be the process of finding one's niche, staying focused, and avoiding the distraction of trying to do too much at one time. My short-term career is established after the MPH concludes, as I will return to the Navy for a period of time. But after my service is complete, I will have the foundation to work in a wide variety of Occupational and Preventive Medicine scenarios. The Berkeley MPH provides the foundation to improve on my areas of focus in the near future, and yet leaves open a wide range of possibilities down the road.

# ALUMNI UPDATE

GENEVIEVE ROY, MD, MPH '04

It has already been 14 years since I graduated from the Interdisciplinary MPH program at UC Berkeley. It's easy for me to remember because I gave birth to my daughter Charlotte barely a few weeks after graduation, and she is turning 14 this year. A lot has happened since that time but let me tell you how I got to do the MPH in the first place.

I graduated from medical school and obstetrics and gynecology residency at the University of Montreal, Quebec, Canada, my hometown. During my training, I had the privilege to experience rotations in two developing countries. I first went to Montserrat in the West Indies as a medical student for 6 weeks where I met a wonderful and inspiring OB-GYN who greatly influenced my decision to choose that specialty. As a 3rd year OB-GYN resident I did a 3 month elective rotation in Rangoon, Myanmar where I was confronted with the difficult reality of illegal abortion and its consequences on women's health. This experience convinced me that I was going to focus my career on family planning and teaching medical students and residents about the importance of family planning.

I was lucky enough to be accepted to a family planning fellowship in San Francisco. After completing the first year of my fellowship I applied to the Interdisciplinary MPH program at UC Berkeley. When I met Nap Hosang, the program director at the time, we realized that we had two things in common: he was also an OB-GYN, and one of my mentors was a dear friend who studied with him in Jamaica (yes, the world is a small place!). It was clear from that meeting I had made the right decision to attend the Interdisciplinary program.

I knew at the time I wanted to combine clinical work with public health and specifically unplanned pregnancy prevention but had no idea how I would actually combine both once I graduated and got back home. I remember vividly, sitting in one of my first classrooms with about 100 other students thinking "My god, what am I doing here still studying after 10 years of university!" And then the teacher took a chalk and drew a dot on the blackboard and said, "This dot represents what you guys learned in medicine, the rest of the blackboard represents public health!" I can assure those of you who still doubt, my training in public health really makes me a better doctor for my patients but also gives more meaning to my work and more depth to what I teach my medical students.

I am now a Clinical Associate Professor in the department of OB-GYN at the University of Montreal where I teach medical students and residents general obstetrics and gynecology, contraception, and abortion. I have focused my career more on teaching than research. I was a member of the residency program committee for seven years and was assistant program director for two years. During that time, my colleague and I started a family planning rotation for our OB-GYN residents who now feel more knowledgeable and competent in the field.



As clinical colleagues, we have collaborated on several projects such as the Society of Obstetricians and Gynecologists of Canada's Canadian Consensus in Contraception. I also work closely with a colleague from the National Institute of Public Health of Quebec (NIHQ), and we serve on two NIHQ committees: the Expert Committee in Family Planning and the Expert Committee in Sexually & Blood-borne Transmitted Infection. With the excellent collaboration of nurses and pharmacists in our province we were able to develop a collaborative agreement and a few years later a "Protocole de contraception du Québec" allowing nurses to prescribe contraception to healthy women. This increased access to contraception in an unprecedented way, and we are observing a decrease in abortion rates partly as a result of that initiative, which I am very proud of. Working in public health on strategies to expand access to contraception helps me deal with more sensitive cases of abortion.

In addition to those responsibilities, I have been the president of my private practice group since 2010, and that has given me opportunities to learn about management, human resources and leadership. Lastly, I work at the Family Planning Clinic of CLSC des Faubourgs du CIUSSS du Centre-Sud-de-l'Île-de-Montréal, the coordinating center for abortion services in the province where I teach and perform abortions and IUD insertions. As you can see, I have a very busy life but oh how fulfilling!

Two years after my daughter Charlotte I had Jean, my son. He is now 11 and is beginning high school next year! I think my only regret is maybe not being able to do more research in my field but there is only so much one can do in 24 hours! I very often reflect on what I learned during my time in California. I think the most important thing for a gratifying career is that you must believe you can make a difference whether it is on a personal level, helping a patient or helping a resident achieve his or her goals, or at a population level by finding innovative ways to prevent diseases. Perhaps the most lasting gift from my fellowship and MPH has been the opportunity to develop lasting relationships with like-minded colleagues that share my values and that I can always rely on.

# STUDENT UPDATE

NATALIA CALDERON, MPH CANDIDATE '18

I distinctly remember my first day in a fall course entitled, Health Policy Advocacy. It was a challenging class I had to essentially convince myself to take, but it ultimately became the most invaluable and inspirational course I have taken in my graduate career. I had not yet said a word in class, stunned and in awe of my classmates: a magnificent assortment of public health students with experience in city planning, policymaking, and community organizing.

Suddenly, one of the two professors turned to me and asked, "What do you think could change? How could this be different?". It was in that moment that I knew I had certainly come to the right place - UC Berkeley School of Public Health.

I began my graduate career at the UC San Diego School of Medicine in 2014 in the PRIME-Health Equity program - a five-year MD/MPH program focusing on medicine for underserved populations. Therefore, I knew early on I would be taking a year off to embark on an MPH adventure at a location of my choice.

Nevertheless, I had absolutely no idea where I wanted to go. After visiting other public health schools across the country I felt that UC Berkeley would offer me what I desired - learning that transcended theory to empower us to make true and lasting change at a socially conscious and practical level. My experience in the UC Berkeley Interdisciplinary program has been marked by stimulating courses, enlightening friendships, time to reflect on my career's challenges, and remarkable professors who not only lecture but inspire. From food policy, to spirituality in public health, to structural competency in medicine, it has been an absolutely refreshing experience that has stretched my perspectives beyond what I thought possible. As part of my MPH final project I have forged an eye-opening relationship with a research team at UCSF Benioff Children's Hospital in Oakland, offering me the humbling opportunity to work with children and families. In light of what we know in the field regarding Adverse Childhood Experiences (ACEs), I have been exploring the role of resilience in children: questioning its mechanisms and origins to ultimately better understand how we as clinicians can enhance their future. I am interested in how the many social determinants of health discussed extensively at the adult-health level affect a child's growth and potential. We cannot ignore the impact they have on our toddlers and adolescents of today who will become the adults of tomorrow.



As someone who grew up and received my undergraduate education in Los Angeles, living in the Bay Area has been a wonderfully exciting experience. I have come to know the historical and cultural dimensions of Oakland, the wineries of Santa Rosa, hidden gems such as Sausalito across the bay, and my arboriferous neighborhood of North Berkeley.

Throughout my outings in Berkeley and beyond, I have met individuals from all paths in life and spanning the globe with whom I've had the most enriching conversations.

This May I will be returning to UC San Diego School of Medicine and applying to Pediatric residency in September. Although this wonderful 11-month program has felt too brief, I believe my journey in public health has only begun. It has given me an enduring perspective on what is truly involved in making real and lasting change in health, including the policy and advocacy components. It is a perspective that transcends the clinical exam room that I had become accustomed to, and it addresses the multidimensional illness experience of a patient, not the disease. The program has laid the foundation for a skill set I am equipped with and will continue honing as I return to the clinical world of medicine. Ultimately, the Interdisciplinary MPH served to begin fashioning the other side of my medical career ambitions - that of patient advocate. I cannot imagine having received this professional formation anywhere else. As I take the knowledge, inspirational mentorship, networks, and experience with me forward, I am able to go beyond simply imagining a world of healthier communities and instead actuate the change.

Connect with us!  
Email: [ipmph@berkeley.edu](mailto:ipmph@berkeley.edu),  
[ahemmerling@berkeley.edu](mailto:ahemmerling@berkeley.edu)  
Web: <http://sph.berkeley.edu/areas-study/interdisciplinary>