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

Not only has this been a year to endure and remember for all of us, but also for the Interdisciplinary MPH class of 2021.

They had applied to the program just weeks before COVID-19 entered the world’s vocabulary, and received their admission notices just as the world descended into the first round of pandemic lockdowns. Still hopeful that after a summer taking biostatistics and epidemiology in an online format we would find ourselves back in the classroom come fall. Then hoping for spring.

We all had to figure out how to navigate online learning, and in the process did our best to elevate the experience beyond “zoom school”. Some got together to share masked and socially-distanced in-person experiences, such as hikes and outdoor meetings with the kids. In
the end, throughout the entire 11-months program, the class of 2021 never was in the same physical location together, but completed the entire program online.

What I will always in awe remember of the class of 2021 is their flexibility and grit and willingness to roll with all the challenges. They grew beyond being a cohort into a WhatsApp support group, and then into a true network of colleagues that will endure long after the pandemic is over.

Hoping to see you all in person one day, Anke and Karen.
Hello from Denver, Colorado!

What a wild, informative, and unexpected ride it has been. Flashback to October 2019, I'm deep into my third year clerkships in Colorado Springs as a medical student in the University of Colorado School of Medicine. Honestly, most third year medical students are burnt out, experiencing compassion fatigue and plagued with chronic imposter syndrome. Still, my patients were my north star and engaging with my Colorado Springs community through the Springs Rescue Mission filled my cup. My training during my third year of medical school is unique when compared to your average medical student training. I was immersed in all the clinical specialties throughout the entirety of the year. Typically, medical students spend 4 - 6 weeks in one specialty and then move on to the next - sampling and immersing themselves in the entirety of a specialty before heading off to another training site. For me, I saw everything every week from Trauma surgery to Inpatient Psychiatry to Rheumatology to Pediatric PM&R, you name it, I probably spent time in that clinic sometime in the span of my week.

So applying to the Berkeley MPH program was a no brainer for me. **I wanted to dive into the context that was missing in my medical education - public health.** I wanted tools to alleviate the systemic barriers affecting my patients from healing. But I wanted an expanded perspective and I wanted community-centering tools. And if there was anything I learned from third year it was that no patient fits a cookie-cutter diagnosis. Their diagnosis was influenced by their experience, their environment, and their culture. That was the patient’s context. So similarly, with public health, I wanted to lean on an expanded context and the interdisciplinary program was just right - it connected often siloed theories, histories, experiences, and implementation strategies.

What I did not expect was to be pulled out of the clinic mid-March 2020 and dedicate the majority of my time expanding mutual aid groups across the nation. Showing up for those most vulnerable in my community was what I was training for but consistently supporting those most vulnerable was a challenging and almost impossible task in a new virtual world.
So when I joined my fellow classmates in the summer of 2020 via a zoom call, I knew this was far from the experience I had imagined when I chose to apply to the Berkeley MPH program in November of 2019. And still, here I am, 2 months from graduating and grateful that I made the decision to do this in the middle of a pandemic.

My first semester at Berkeley was intense; without an immediate community, mentors, and even friends I felt lost. I was overwhelmed with my 24 semester hours (if you’re applying this cycle don’t take that many credit hours) and desperate for connection. Meeting people through zoom was incredibly difficult and knowing where to find help was equally challenging. The disconnect through zoom mirrored the disconnect happening in the nation. Medical institutions, some for the very first time, were acknowledging that racism was real and that racism was hurting patients and communities.

That was my context going into my MPH program. The very context that informed my capstone project. I am currently working on a research project to address racism in medical school education and I am centering on the experiences of medical students. The goals: (1) raise awareness about the discriminatory culture of medical racism, (2) encourage critical review of how medical schools create a safe and supportive learning environment for students, and (3) define key curricular objectives in medical education towards abolishing race-based medicine.

Getting to that point was not easy and would have been impossible without support. The IPMPH crew slowly became my community. They were the consistent squares I saw on my laptop every Friday from the Summer of 2020 till now Spring of 2021. We shared our successes, our tensions, our challenges and ultimately learned from each other while building each other up. I also have my classes to thank for helping fine tune my project:

- In the summer, my Social Movements and Organizing class taught by Professor Saru Jayaraman, expanded my toolset of centering on those most impacted and pushing into contention in order to activate social change.
- In the Fall, my Mass Communication in Public Health class taught by Professor Lori Dorfman provided tools on leveraging mass media to frame critical public health communications and interventions. For example, mutual aid and covid-19.
- In the Spring, my Ethnic and Cultural Diversity in Health Status class taught by Professor Rachel Morello-Frosch, provided tools on moving from theory to practice. Leveraging data to activate much-needed paradigm shifts.

That was just a snapshot of some of the classes that expanded my perspective. I will graduate this spring with a certificate in Global Health and in Multicultural Health. After graduation I will return to being a medical student and I will begin my journey to the 2022 residency match. I believe data drives the narrative, though not sufficient for change, my toolbox of media advocacy, activism, and community-based participatory research paired with this data can activate the much needed holistic healing for my family, my school, and for my community at large.

Karen Raju BDS, IPMPH 2018

A dream without an effort is only a wish. Since my childhood, I have been dreaming of serving the underserved with all my capacity. Although I dreamt of becoming a gynecologist in my baby years, I ended up in a dental school in my young adulthood. I enjoyed my dental education and worked hard to attain perfection in my clinical skills to address my patients' oral health needs. During my internship at the dental college in India, I utilized every second to improve the underserved communities' oral health. I started volunteering in dental camps in rural north India. However, I got intrigued by the oral health-related myths, attitudes, and practices during pregnancy in these communities. I was determined to dig deeper into this issue and help expecting moms to have pain-free and good-quality pregnancy. This would not only help the moms but the newborns to get ready in a healthy womb and enter the world and have better dentition or smiles in the future. One of my Indian professors told me about the newly launched UC Berkeley – UCSF Joint MPH/DPH Program. There are considerable advances in the dental public health field. The amount of research in the area with enormous possibilities for innovation motivated me to apply to the program. I was delighted to be accepted into the program as one of their first cohort students. I consider coming from a foreign land (first time so
far from my family) carrying a bag full of dreams and a spark of hope in my eyes as one of the best decisions I have made so far. This decision led me to some beautiful next steps to help me achieve my goal to address oral health care issues across the lifespan through education, research, and service.

I consider myself fortunate enough to meet and work with Professor Karen Sokal-Gutierrez, who not only shares the first name with me but also has a similar passion as mine. I feel blessed to be welcomed with grace and love by the much-learned researchers/faculty and colleagues at UC Berkeley. Undoubtedly, it was challenging to be in a VERY accelerated program, especially when you want to learn so much but are restricted by a limited time. But again, my experience taught me that academia is a life-long process and 11 months of my life were enough to build a foundational layer and bloom my professional life over the years. My mentors at UCB - UCSF took me under their wings with their kindness and warmth, and I will cherish my professional and personal time with them throughout my life.

An academician’s life can be challenging, demanding, and rewarding; having observed my mother, a professor in a renowned institute of nursing in North India. I conducted the oral health needs assessment of low-income pregnant women/mothers using mixed research methods in Berkeley as a part of my Master of Public Health Capstone project. I developed good connections with the Berkeley local oral health program and am still volunteering to create and disseminate educational videos on Oral Health during pregnancy. As a part of "The New Dental Researcher Project," initiated by the American Dental Association (ADA) -National Elder Care Advisory Committee, I successfully conducted and submitted for publication a systematic review on the association of tooth loss with morbidity and mortality by diabetes status in older adults and received an honorarium from ADA. Lately, I worked with a fantastic researcher and educator from UCSF to write and submit an article on pregnancy and periodontology, which is in its publication process.

One of the most remarkable things about the Interdisciplinary MPH program is that you get a chance to work with professionals from different areas. I got an opportunity to know more about various fields, and it was utterly mind-striking to work in a pool of like-minded people, even if they come from different backgrounds. I was awestruck to know my colleagues’ projects and the passion behind them. From journalists and physicians to social workers, the program displayed a beautiful picture of the collective impact approach to solving public health problems. The public health/research skills that I learned and the holistic experience at UC Berkeley helped me work efficiently with the San Francisco Department of Public Health to identify and address the oral health needs of Children and Youth with Special Health Care Needs (CYSHCN) using a mixed-method approach. Although I joined in as an intern during my Dental Public Health Residency at UCSF, it landed me a full-time job at UCSF in 2020 during a Pandemic. I am in love with my work to be leading a brand-new sub-group with a dedicated focus to expand dental services for CYSHCN, particularly those in communities with the highest oral
health burden. Recently, I joined the CavityFree SF’s core team, where I will be working to coordinate the 2020-2025 strategic plan towards achieving optimal oral health for all San Francisco children, including CYSHCN and pregnant women, to have healthy communities in San Francisco.

With a strong foundation in public health research from UC Berkeley and UC San Francisco, I am happily implementing these skills to empower the underserved communities and availing the opportunity to create positive changes in society by first making a difference in current students’ lives. I am mentoring a few dental students at UCSF to impart knowledge and experience in improving oral health delivery systems and addressing social determinants of health for the population. My next parallel step is to be competent in teaching in an academic setting and master the skills required to be an effective mentor.

Every individual has unique challenges and opportunities of their own as a public health professional. The last two years and nine months have been a life-enhancing and rich professional learning experience that has prepared me to face any challenges, including the COVID-19 Pandemic. With some mental and emotional preparation, a robust interdisciplinary public health curriculum, a fantastic network from UC Berkeley and UC San Francisco, and full support from my family in India, I found my voice and confidence to pursue my dream. I am ready for the challenging journey that lies ahead in my professional and personal life, wherever I go. To reiterate, I do not regret stepping into an extensive program at UC Berkeley that fosters learning, maturity, and independent thinking. Students are given extensive responsibilities with plentiful opportunities to learn and master public health and where faculty is readily available to guide and teach.

Hannah Bichkoff, IPMPH 2021

“The cure for burnout isn’t and can’t be self-care. It has to be all of us caring for each other.”

-Emily & Amelia Nagoski

This past year in the Interdisciplinary MPH program was not only marked by Covid-19, but by a turbulent change in political leadership, a national reckoning with racism and discrimination, a series of environmental crises displacing and jeopardizing the health of many. We all lost something or someone, and were forced to
relinquish any sense of certainty and stability in our day-to-day lives.

But we also learned to care for one another, through our relationships, connections, education, research, and in so many other spaces. We learned how to elevate our voices to bring about awareness, change, and support during delicate and vulnerable moments. We learned how to be an Interdisciplinary MPH cohort—the first virtual one—that truly and completely wrapped its arms around one another in full dedication to pull through this year, together. We celebrate small wins through praise in a zoom chat, lifted each other up the night before a Biostatistics final, shared ideas and shared laughter, and picked up the slack for one another when the load felt too heavy. Most importantly, we came together to formulate and create research, programs, and reports that would contribute to recovery from Covid-19 both domestically and internationally. We entered the UC Berkeley School of Public Health ready to move, mobilize, and contribute—since the world around us called for it.

Of course, this was not the graduate school experience I had envisioned nearly a year prior when I submitted my application in the last semester of my MSW at UC Berkeley. I was drawn to the program immediately. As a social worker, with a background in case management and counseling among immigrant and refugee populations, I was inspired to pursue an MPH based on my interest in addressing many of the systemic issues that impacted my clients on a daily basis. Having served patients in community health centers, public hospitals, non-profits, and academic institutions, I began to notice the overlap of particular policies and barriers getting in the way of people living healthy and fulfilling lives. While passionate about working with individuals directly, I was also aware that many of the traumas, challenges, and stresses that they face are grounded in bureaucratic systems and institutional racism. My goal in pursuing an MPH was to develop a deeper understanding of these systems, and work collaboratively with communities to reshape them by co-creating equitable policies that promote increased access to care and services.

My capstone and nearly every single class turned this dream into reality. In the Interdisciplinary MPH Program I received the tools, resources, and guidance to plan, execute, and operationalize a community-based participatory study in collaboration with a local non-profit. The study sought to investigate the socioeconomic impacts of Covid-19 on a particularly devastated, primarily low-income and Latinx Bay Area community, and highlight the solutions and resources intrinsic to those living there.

The careful facilitation of this project was infused by classes that built confidence in statistical analysis—a social worker’s worst nightmare—as well as media advocacy strategies to disseminate findings and breathe life and movement into the stories and suggestions graciously offered by respondents. I was surprised to find the ways in which multiple contributors—classmates, advisors, professors, and stakeholders—seemed to harmoniously come together to cultivate such a meaningful project, all over a zoom screen.

Despite the twists and turns of an MPH online, I am grateful. Grateful not only for health and safety during such a tumultuous year, but for realizing the strength and capacity of knowledge
and connection. I am thankful for the tools and wisdom to repair the harms created by Covid-19 and for the reminder that human connectivity always transcends location, and screens, and classrooms. I am empowered, now in the final weeks of my MPH, to have finally discovered the “sweet spot” in reconciling my MPH and MSW identities. I am empowered and ready to bridge the gap between working directly in communities, hearing stories, bearing witness and collaborating with stakeholders, while gaining a seat at the table in making important decisions that impact people that I care about.

Nadeem Abou-Arraj, IPMPH 2021

I pursued my MPH at Berkeley because of the school’s all-encompassing understanding of health and its emphasis on multifaceted, interdisciplinary approaches to improving health equitably, justly, and sustainably. Now, reflecting at the end of my program, I am grateful for the multitude of skills and perspectives that I can apply to the health challenges I plan to work on for the rest of my career.

Early in life, I decided to become a doctor because I wanted to care for people during their most difficult moments and help them realize their best lives. I learned pathophysiology and treatment of disease in medical school at Boston University, whose focus on social determinants of health laid the foundation for a broad, real-world understanding of health and illness. During internal medicine residency at Stanford University, I had the privilege of caring for many patients—some in trying moments of acute illness, others in my outpatient clinic where we worked together to proactively prevent disease and optimize health. Through these complex cases and rewarding patient relationships, I truly became a physician. As a resident in the Global Health track, I built upon my previous research and clinical experiences in Lebanon and India with opportunities to learn about health challenges and efforts outside of the resource-rich United States through special conferences and courses, culminating in a six-week clinical rotation in Kigali, Rwanda, where I learned tropical medicine and how to practice in a limited resource setting from brilliant, devoted local physicians.

While I found the work as a doctor intellectually and personally rewarding, I experienced firsthand the limitations of the traditional model of a doctor’s visit—one physician treating one patient at a time, often after an illness develops. Preventing illness on a large scale through healthy lifestyles, environmental improvement, and systems strengthening requires broad proactive policies, education efforts, and social initiatives. Diseases that can be detected early
are often missed due to inadequate screening systems. Healthcare systems are often inefficient, challenging to navigate, and misaligned from what actually matters to patient health. Most striking is the impact of complex factors like socioeconomic status, racism, language, gender, sexuality, geography, and political unrest on health disparities. I knew that I wanted a career as a primary care provider managing my own longitudinal panel of patients, but I needed more skills to provide high-quality care and work toward a meaningful, broad understanding of health for my patients and the wider communities I will serve.

Public health provided a powerful opportunity to build upon the lessons I learned in medical training and to investigate and address the foundations of health and disease at a large scale. At Berkeley, I took classes that taught me hard quantitative skills, like rigorous statistical methods and coding, and financial analysis of healthcare organizations. I also took classes that enriched and broadened my understanding of the complex upstream and downstream factors that ultimately determine the health of individuals and populations. One of my most unique classes was Healthy Cities, a joint offering for Master of City Planning and Master of Public Health students taught by Jason Corburn. We studied the ways that history, policy, public spaces, the built and natural environments, racism, power dynamics, community engagement, and technological innovations interact and culminate in the health of communities across the world, lessons that I will carry as I care for individual patients and seek to improve health at a population level.

Just as powerful as my coursework was the opportunity to pursue a capstone project. For mine, I led a study using an online survey to assess intentions to vaccinate and motivations for vaccination against SARS-CoV-2, the virus behind the COVID-19 pandemic, among adults in Lebanon. As a Lebanese-American, I plan to devote a part of my career to improving health in Lebanon and to migrants from the Middle East. The COVID-19 pandemic struck Lebanon at a time of great economic, political, and social hardship, further stressing the most vulnerable Lebanese and large refugee populations. I partnered with mentors at Stanford, Berkeley, UCSF, and the Modern University for Business and Science (MUBS) in Lebanon to explore perceptions of and obstacles to vaccination, which revealed important lessons that we disseminated to key stakeholders working to end the pandemic in Lebanon. The project took countless hours of work from our dedicated team, and I was grateful for the invaluable research and leadership experience it provided me. I gained respect for and insight on the efforts required for meaningful research, and I plan on continuing to foster the relationships I made with our team and to work on similar practical, impactful projects in the future.

My time at Berkeley was unique in that due to the pandemic, we could not meet in-person or enjoy the benefits of being physically on campus. However, I was struck by the sense of purpose and community that emerged even through remote learning. Despite never having stepped foot in a Berkeley classroom, I feel connected to the school through the values and dedication that pervaded every virtual class, assignment, discussion, mentoring conversation, and opportunity that I experienced. In particular, our weekly Interdisciplinary MPH seminar, led by the extraordinary guidance of Anke and Karen, created an intensely personal learning community where each student brought their own unique gifts to support
each other’s growth. I was inspired by my classmates’ thoughtfulness, passions, and efforts, and look forward to maintaining connections with them. All in all, the Interdisciplinary MPH program at Berkeley provided me invaluable tools, perspectives, and relationships that I will use as a physician-leader in my role as a primary care provider and community/global health practitioner.

Somalee Banerjee MD, IPMPH 2017

So many of the threads of my current career have their seeds in the year I spent in the interdisciplinary MPH program at UC Berkeley. I have always been someone who is energized by having variety in my work, and my time at UC Berkeley really helped nurture my journey of curiosity in public health and what health can mean to the work.

All the work I do now 4 years later, I can trace back to a moment of change in that year. I joined the interdisciplinary class after my third year of internal medicine residency at Kaiser Permanente Oakland hoping to expand my horizons about what health could mean in my medical practice. I wanted to spend some time working in public health in India after my year at Berkeley. During my time there, connections through my professor in the impact evaluation course lead to a full-time position as a research fellow doing impact evaluation and public health research consulting work in India the year after I graduated.
Since then, I have continued to work part time (now remotely thanks to our shared pandemic daymare) with Neerman in India while working as an adult hospital medicine doctor at Kaiser Permanente in Oakland. I also do health systems research work with the Division of Research at Kaiser Permanente, much of which stems out of the work from my final project for the MPH program. I use the design thinking skills from my classes at UC Berkeley in my Kaiser Permanente and Indian research work. Our final project for Eat.Think.Design was to work with USAID to help them understand blockchain based projects. The last two years, we worked with the Indian government to ideate applications of blockchain technology in Indian immunization data storage.

I was lucky to go into the MPH program with some ideas of what I wanted to learn because I was able to apply what I learned from each class in every part of my now very diverse career. Some of the professors I met during my time at UC Berkeley have now become lifelong friends and mentors. I trained as an artist during my undergrad years and fine art has always been a thread that ran parallel to medicine in my life. Now with the encouragement of mentors that I met during my time at UC Berkeley, I am working to combine my work in art, public health and medicine by developing art observation curricula for medicine and public health for medical learners across the country. The people I met at UC Berkeley and the space and encouragement they provided for me to grow is shaping who I am every day.

*IPMPH Students enjoying a post-vaccination socially distanced beach day*