

# GPPH Rounds

Graduate Programs in Public Health - Tufts University School of Medicine

Fall 2000

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## TUSM MD + MPH = (EIS at CDC) x 3

By Pauli Nilprabhassorn Amornkul, MD/MPH'93 - Contributing Authors: Joel Ackelsberg, MD/MPH'93 & Michael Bruce, MD/MPH'94

### July 1997, Centers for Disease and Prevention (CDC), Atlanta.

Excited and nervous, I sat down for the first time among my classmates in the Epidemic Intelligence Service (EIS), CDC's 2-year applied epidemiology training program. To my surprise, in walks Michael Bruce, MD/MPH '94. A year later, Joel Ackelsberg MD/MPH '93 arrived. As EIS officers, we received hands-on epidemiology training "the CDC way," but our experiences were as vastly different as the many fields within public health.

I based at EIS in Atlanta with the International Activities Branch, Division for HIV/AIDS Prevention. I completed studies in Thailand on the clinical spectrum of disease by HIV-1 subtype. I worked in Cote d'Ivoire trying to identify simpler, cheaper laboratory markers for CD4 counts that could be used in developing countries. I investigated a domestic, multi-state outbreak of *Salmonella agona*, which was traced back to a dry breakfast cereal. I also spent three months in Nepal, as a World Health Organization consultant with the Stop Transmission of Polio (STOP) initiative, the final

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## Children and Health Insurance

By Lauren Khalil Alongi, MPH '00

Millions of children face barriers to accessing health care services. In the United States, children make up one quarter of the nation's uninsured. Despite recent state and federal expansions in children's health insurance programs, one in seven children still lack coverage. It is estimated that over 7.5 million of those children are eligible for federal or state funded insurance but are not enrolled. Without insurance, children cannot get the care they need which can impede learning and lead to lifelong consequences. I chose to conduct my Applied Learning Experience at Boston Medical Center (BMC) through their Family Advocacy Program because of my interest in this issue.

As the largest provider of free health care services in Massachusetts, BMC serves a diverse patient population and sees more poor and uninsured patients than any other hospital in the state. In fiscal year 1999, BMC physicians provided over \$1.4 million of Free Care services to uninsured children in the hospital's pediatric department. For years, BMC pediatricians found that while existing health services could help break the link between poverty and poor health, helping families meet their basic needs through legal advocacy and system reform would also lessen poverty's effect on children's health. With that in mind, the Pediatrics Department created the Family

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## GPPH Rounds

The Graduate Programs in Public Health of Tufts University School of Medicine publishes the GPPH Rounds semiannually. It reports on the activities of the programs, students, faculty, and alumni. We welcome your suggestions, photographs and news items.

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## Director's Message

*Jeffrey K. Griffiths, M.D., M.P.H.&T.M.*



*Jeffrey K. Griffiths, M.D., M.P.H.&T.M.*  
*Director, Graduate Programs in Public Health*

This is my first column as the Director of the Graduate Programs in Public Health, and it seems appropriate to talk a bit about where we have come from and where we are going. The GPPH is facing a number of opportunities that are making our jobs both fun and challenging.

We are clearly pushing the envelope in terms of growth. Enrollment in our programs is far above where it was predicted to be just a few short years ago when the freestanding MPH started. Moreover, we have a number of new programs – the JD/MPH, MS in Nutrition/MPH, the Bachelor's/MPH – that are already, or will be, directing significant numbers of new students into our courses. While this problem of managing growth is probably one of the best ones to have, it is a serious issue. The high quality of our course instructors must be maintained at the same time as we explore issues such as making more core courses available in all terms, multiple time slots for sections, and expanding elective options. Our programs have always been marked by first-rate, involved, enthusi-

astic faculty, and we remain completely committed to the same for the future. Dr. Anthony (Tony) Schlaff, our new Director of the Master of Public Health Programs, is working with our concentration and program heads to address these concerns.

Growth in our enrollment, and in the mixture of our students, will provide a vehicle to help us expand the diversity of our students and of our faculty, expand the range of courses we can offer, and provide a truly modern education. One of the exciting things for the GPPH is just this diversity of background, experience, and orientation that our multiple joint degree programs are bringing, and will bring, to our common MPH curriculum. It will be quite a challenge for us to be responsive to this interesting, interested, and varied student body. It is rare indeed, if not unique, for college undergraduates, working people, and students in schools of law, medicine, health communications, diplomacy, and nutrition to sit in the same classrooms studying public health. When I talk to students, and reflect on my own education, it is always striking to me that some of the most seminal educational events occur when people talk and listen to people totally unlike themselves, and break through to new insights. I honestly believe that we have an historic opportunity in the GPPH to create a novel forum for public health education.

Cross-fertilization happens not only at the student level, but also at the faculty and administrative levels. There is a genuine sense of excitement among the faculty about their new peer teachers as well as the expanding student body. For example, we all recognize that the costs of public health programs are generally viewed as societal expenses, and their financing is a perennial struggle. Many of us are convinced that it is good political, legal, and management skills, and not simply dollars, that are often the keys to a successful public health endeavor. Thus it is noteworthy that some of our newest affiliated faculty are from the disciplines of law and diplomacy, and that the Tufts combined MD/MBA program is now housed within the Department of Family Medicine and Community Health, the home department of the GPPH. It is an exciting time for all of us, students and faculty alike.

On a final and celebratory note, the financial, political, and management skills mentioned above have always been hallmarks of Dr. Morton "Mort" Madoff. Mort is a former Dean of the Tufts University School of Medicine, a former head of the State Laboratory Institute within the Massachusetts Department of Public Health, visionary creator of the Tufts HMO plan, and a founder of the Tufts MD/MPH program that eventually led to the creation of the GPPH. October marked the creation of the Morton A. Madoff, MD MPH Chair in Community Health at Tufts University School of Medicine, and the Inaugural Lecture by Dr. Anthony Robbins as the first Recipient of the Chair. Dr. Robbins is an internationally acclaimed public health figure who embodies these same characteristics of political and managerial skills used in the service of public health. This occasion marks a formal University recognition of the important role public health - and by extension, the GPPH - plays at Tufts and in society. It is with no little pride for our own that we offer our congratulations to both Drs. Madoff and Robbins.

A handwritten signature in black ink that reads "Jeff Griffiths". The signature is written in a cursive, slightly slanted style.

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## New Director of MPH Programs



*Anthony Schlaff, MD, MPH  
Director of MPH Programs*

*By Robin Glover*

The GPPH welcomes Anthony Schlaff, MD, MPH. On June 15, he assumed the newly created position of Director of MPH Programs. Dr. Schlaff directs the day-to-day operations of all the MPH programs. His responsibilities include: Planning, developing, implementing and evaluating the curriculum; overseeing and participating in student academic and career counseling; coordinating the implementation of program ac-

tivities; upholding academic policies; and monitoring the academic progress of students.

Dr. Schlaff is board certified in Preventive Medicine and Internal Medicine. He comes to us from the Division of Public Health Practice at Harvard School of Public Health. He was the Director of Preventive Medicine and Field Practice, where he taught public health practice and community-oriented primary care. He was also the Medical Director of the Geiger-Gibson Community Health Center in Dorchester, and he continues to see patients there on a part-time basis.

An Associate Clinical Professor in the Tufts' Department of Family Medicine & Community Health since 1998, Dr. Schlaff received his MD from Columbia College of Physicians and Surgeons and MPH from Harvard University School of Public Health. He trained in Internal Medicine at Boston City Hospital and completed a fellowship in Community Oriented Primary Care at

Carney Hospital. He has extensive experience working with local public health professionals and in the leadership and administration of medical and public health training programs.

Dr. Schlaff loves to teach and stated "I have a passion for public health practice, and for trying to share a public health vision with as many people and institutions as possible." He also noted that "the practice of public health requires both the application of sound science and participation in public discussion and debate. It requires the expertise of health professionals, teachers, engineers, economists, politicians, and many other professionals as well as the participation of engaged citizens. Teamwork among many disciplines and among public and private institutions is essential. Academic rigor, creativity, and the daily application of common sense and problem solving skills are all a part of good public health practice."

Please join us in welcoming Dr. Schlaff to the GPPH!

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## West Nile Virus Surveillance in Massachusetts

*By Greg Albert MD/MPH '03*

The West Nile virus (WNV) was recognized in the United States for the first time last summer and fall when 62 people in New York City were found to be infected, seven of whom died. In its most serious form, WNV causes encephalitis, which can lead to death. Much more commonly, infected individuals experience flu-like symptoms or no symptoms at all.

The outbreak in New York city was accompanied by a massive die-off of birds. Birds are the natural reservoir for WNV. Certain species of mosquitoes spread the virus among birds, and from birds to other animals such as horses and to humans. There have been no reports of direct animal-to-animal, animal-to-person, or person-to-person spread of WNV.

Since its appearance in New York City last summer, the Centers for Disease Control and Prevention (CDC) has allocated money to nineteen states and cities on the Atlantic Coast for WNV surveillance. Under this CDC program, the Massachusetts Department of Public Health (MDPH) instituted several surveillance mechanisms to detect WNV early, including mosquito trapping and testing and bird testing.

For my Public Health Field Experience, I joined the WNV surveillance team in the Division of Epidemiology and Immunization at MDPH. Michael McGuill, DVM, MPH, State Public Health Veterinarian, and Bela Matyas, MD, MPH, Medical Director of the Epidemiology Program asked me to establish a sentinel surveillance system for human cases of WNV infection. We

began by compiling a list of large medical centers likely to encounter cases of WNV infection. I then contacted Infectious Disease, Neurology, Critical Care, and Emergency Physicians at each hospital. Of the 100 physicians I initially contacted, about 30 joined the sentinel surveillance program. We asked that these physicians report cases of viral encephalitis, meningitis, and meningoencephalitis to MDPH. We also asked that these physicians report on a weekly basis even if they had no patients who met the reporting criteria. The State Laboratory Institute would then test specimens from patients meeting the suspect case definition for WNV.

In the early weeks of the surveillance system, it served a dual purpose. The first was as a means to identify possible human cases of infection early. The sec-

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## Potential Zoonotic Disease Transmission in Australian White Ibis

*By Jon Epstein, DVM/MPH '02*

In Australia, the urbanization of wildlife has recently been a hot topic in both public health and conservation biology. The project that I was involved with this summer evolved because of a native species of bird that had become so well adapted to human development, that its numbers reached super-abundant proportions. The Australian White Ibis (*Threskiornis molucca*) is a tall, slim, white bird with a long, graceful, downward-curving black bill. It is a native Australian species, however its range has not historically included the Southeast coastal region of Queensland referred to as the Gold Coast. In 1983, a wildlife sanctuary in the Currumbin Valley region of the Gold Coast decided to import twelve breeding pairs of this highly charismatic bird into the park. Their breed-



*The Australian White Ibis: An Urban Scavenger*

ing success was apparent when the numbers of ibis within the park began to grow exponentially, and quickly spread beyond the confines of the sanctuary. Soon these birds had completely over-populated the coastal region, and in 1998 aerial surveys estimated that the coastal breeding colonies were within the range of six to eight thousand birds.

A large part of the success of these birds was due to their ability to adapt to human refuse as a food source. Ibis are naturally wading birds that feed on fresh and saltwater invertebrates such as crabs, insects and crayfish; as well as small amphibians. However, as these birds became habituated to people, they quickly moved into public beaches, parks, schoolyards, and perhaps most significantly – open landfills (“tips” in Australia).

With landfills providing a veritable ‘all-you-can-eat’ buffet for the ibis, their numbers grew so fast that measures had to be taken to manage these birds.

The goal of my project was to look at the problem with the ibis from both a public health and a management perspective. I was working with a coalition of scien-

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## Barriers Facing Haitians with HIV/AIDS

*By Emmanuel Daphnis, MPH'00*

Human Immunodeficiency Virus is the leading cause of death among Haitians, ages 24-49 in the U.S. (AIDS Surveillance Data from New York, Miami)<sup>1</sup>. Out of 14,084 Massachusetts' AIDS cases, 642 were reported to be of Haitian descent, which represents 5% of the Commonwealth's total. What is most alarming is that Haitians don't even make up 1% of the total Massachusetts population. In Massachusetts, the Haitian rate of AIDS is 733.3/100,000 as compared with only 224.4/100,000 for the Massachusetts population as a whole. (Confidential Data from Massachusetts AIDS Surveillance Program, 3/1/99).

Haitians often face multiple barriers in accessing services and receiving care. Cultural differences related to concepts of disease and illness may prevent Haitians with HIV from understanding and/or accepting a biomedical explanation for their ill-

ness, making HIV prevention, education, and adherence efforts (i.e. therapy and other compliance issues) an especially difficult task. Tremendous stigma, fear and community rejection that Haitians with HIV often experience can lead to feelings of shame, guilt, and inadequacy, creating tremendous psychosocial burdens.<sup>2</sup>

The Center for Community Health, Education & Research, Inc. (CCHER) was the ideal site for my Applied Learning Experience project because CCHER is at the forefront in dealing with the HIV/AIDS epidemic within the Haitian community in the greater Boston area. Under the Centers for Disease Control (CDC) funded REACH 2010 Project, CCHER was responsible for pulling together a community needs assessment on the Haitian AIDS/HIV epidemic as well as establish a forum where relationships amongst providers dealing with the epidemic in the community could be strengthened. My contribution to the

project consisted of administering key informant interviews as well as pilot testing the consumer surveys and analyzing the results for the utilization of the project. The findings of the pilot test proved to be extremely informative. Although the findings cannot be utilized as a concrete basis for recommendations, they serve as a foundation for tightening up the questionnaire and giving us an idea of some of the issues within the community.

The tool we utilized to administer the key informant interviews, was primarily qualitative. This was done so that we could get a better sense of what the providers viewed as the strengths and weaknesses of the community in addressing HIV/AIDS within the Haitian community. Key informants were comprised of several area doctors, health educators, program directors, and social workers

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## Health Communication Program Summer Workshop & Conference



*Matt Myers, Director of the National Campaign for Tobacco Free Kids*

*By James N. Hyde, Jr, MA, ScM*

In the first of what we hope will be many such programs, the Tufts' Masters Program in Health Communication (HCOM) sponsored two events in July highlighting different aspects of health communication practice. The first was the U.S. Centers for Disease Control two-day CDCynergy training program and the second a Tobacco and Youth Empowerment Conference.

### **CDCynergy Training Program**

CDCynergy is a multi-media CD-ROM based planning tool that can be used for planning and implementing health communication campaigns. Developed and piloted by the CDC, CDCynergy is distributed free of charge, but only to those who attend the training program. When we asked the CDC about the possibility of running the program in Boston, they graciously agreed to do so, sending two

of their senior staff trainers, Dr. Christine Prue and Ms. Susan Robinson. Every participant received a copy of the CDCynergy CD-ROM as well as the training manual.

The CDCynergy planning framework guides users through a familiar framework of planning steps including: problem definition, problem analysis, communication planning, evaluation and management and implementation. Although principally designed for public health professionals without any formal training or experience in campaign planning or development, several of the more "seasoned" participants commented on how important it was to have a tool that pulls together all of the key questions that need to be addressed in mounting a successful campaign.

The balance of the trainees came from a wide variety of settings including local boards of health, the Massachusetts Prevention Center, Tufts faculty and HCOM students and alumni.

### **Tobacco and Youth Empowerment**

On July 28, 2000, the Tufts Health Communication Program hosted the first annual conference on Tobacco and Youth Empowerment. Co-sponsored by the American Cancer Society and the Massachusetts Department of Public Health, the conference drew more than 150 tobacco control advocates, program directors and youth from throughout the six northeast states. The purpose of the conference was to provide a regional forum for addressing ways to promote

youth empowerment as part of a comprehensive strategy for reducing smoking among adolescents and young adults. The conference featured a keynote address by Matt Meyers, Director of the National Campaign for Tobacco Free Kids. In addition, Dr. Gregory Connolly of the Massachusetts Tobacco Control Program addressed the group and spoke about youth empowerment strategies in the post master settlement agreement environment. Other highlights of the conference included a presentation by Mr. Skip Weldon of Arnold Communications that currently has the national Legacy Foundation contract for media development. Skip discussed the formative research that has been used during the campaign development as well as showed the creative that has been developed nationally as part of the "Truth" campaign.

Charyn Sutton, President of the Onyx Group and Alvina Bey Bennett, Chair of the National Coalition For Women Against Tobacco, both appeared as part of a panel discussion on how the industry targets kids and young African Americans in particular. Dr. Nancy Rigotti of the Massachusetts General Hospital and the Harvard Medical School shared with the group data from her most recent study of smoking practices among college aged youth. This particular age group is of particular importance as the tobacco industry has been increasingly targeting young adults as more stringent restrictions apply to marketing practices to kids.

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## West Nile Virus

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ond purpose was to test a protocol that could be expanded if WNV was found in Massachusetts. When the first two birds positive for WNV were found in Jamaica Plain and Hopkinton, we expanded the sentinel surveillance program to include hospitals around Bos-

ton and Hopkinton by contacting emergency physicians and infection control officers at each hospital. The Boston Public Health Commission contacted all hospitals in Boston.

When I finished my time at MDPH, only those two birds and no humans had tested positive. Since I left, more birds,

mosquitoes, and horses have been found positive for WNV. The Massachusetts Department of Public Health is continuing to test animal and human samples for the virus and the sentinel surveillance program remains in place. According to Dr. McGuill and Franka DesVignes, PhD, West Nile Virus Coordinator, close to 200 people have been tested for WNV, none of whom have tested positive.



*Tania Bandak, MD, MPH*

By Tania Bandak, MD/MPH'94

Between 1987 and 1993, Palestinian children and youths in the West Bank and Gaza engaged in a popular uprising against the Israeli occupying forces known as the "Intifada". Palestinians were killed during this time, and many others were injured, imprisoned and deported. Since then, Israeli forces have withdrawn from much of the area, and talk of peace in the Middle East is often heard in the media. In an at-

## **Palestinian Teenagers: Depression and Anxiety**

tempt to discover how these new changes were affecting Palestinian youths, I went to Bethlehem, a small town in the West Bank, in 1998 to talk to 14-17 year-old children.

I developed a questionnaire which I administered to 38 private school students. These students had been spared from most of the violence of the Intifada, and were regarded as being more fortunate than their refugee peers. Part of the questionnaire included a tool for assessing depression and anxiety; the other part was designed to illuminate the social, cultural and behavioral factors which may influence their psychological well-being. Thirty-nine percent of these mostly middle class students scored for anxiety, and 47% scored for depression. Even more significantly was the statistically significant gender disparity in scores: 74% of girls scored for depression, as opposed to 21% of boys, and 53% of girls scored for anxiety to 26%

of boys. The only significant gender differences in the responses of the students was that (1) the girls (especially the symptomatic ones) had many more fears than the boys and (2) they were more socially isolated. These results lead to two questions: (1) Why are presumably protected children so symptomatic, and (2) Why do girls score so much higher than boys?

It is known that the more traumatic events a child is exposed to, the more likely they are to be adversely affected psychologically. However, what is a "traumatic event"? Most of the children who scored for depression/anxiety did not experience any physical violence themselves. However, they were passionately connected to the suffering of those around them. In other words, their "communal experiences" as Palestinians, Bethlehemites, etc, seemed to overshadow their personal experiences. For them, knowing someone else was

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## **Vending Machines and Physical Education Facilities in Massachusetts' Public Schools**

By Sarah Phillips, MS/MPH'00

*Presented at the American Obesity Association Annual Meeting in Washington, D.C. Sept 13-14, 2000. Authors: Sarah Phillips, Laurie Stillman, Liz Truslow Evans, Margo Woods, & Aviva Must*

The dramatic decline in the nutritional and fitness health of American children and adolescents, coincident with a striking rise in the prevalence of obesity, has focused attention on population-level prevention strategies. In particular, public health professionals are focusing attention on environmental- and societal-level influences that foster poor diets and low levels of physical activity among our nation's youth. Since the early 1900s, public schools have been recognized as an important resource for health promotion in the United States, and they continue to play an integral role in nutrition education. However,

certain components of the school environment are not consistent with public health objectives that aim to improve the diets of children. In particular, vending machines and school stores provide students with easy access to a wide variety of high calorie, low nutrient foods.

In an effort to learn more about children's access to foods of low nutritional value at school, the Massachusetts Public Health Association (MPHA), in cooperation with Tufts University School of Medicine and Blue/Cross Blue Shield of Massachusetts, surveyed public schools in the Commonwealth. Surveys (n=1798) were mailed to Massachusetts' elementary, middle, and high schools in Spring 2000 and were completed by school nurses or health education teachers. The survey instrument requested infor-

mation on school demographics and student access to beverage and food vending machines. The response rate was 56% (n=1004).

The preliminary results of the survey reveal that 31% of schools give students access to beverage vending machines and 12% of schools give students access to food vending machines. High schools are significantly more likely to allow access to both beverage (92%) and food (56%) vending machines, compared to middle and elementary schools. In addition, suburban schools and schools in upper income communities were more likely to give students access to vending machines. Sixty-four percent of high schools granted students access to soda, compared to 28% of middle schools, and 21% of elementary schools. A high percentage of all

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# Spotlight on Success

By Barbara Gill, Larry Allen and Pascal Dabel

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In the fall of 1999 Tufts University School of Medicine received the Health Careers Opportunity Program (HCOP) Grant. The federally funded educational program through the Health Resources and Services Administration is designed to help students from economically and educationally disadvantaged backgrounds succeed in advancing into health and public health careers. The program is a “pipeline” beginning with Boston middle and high school students who participate in the University of Massachusetts-Boston pre-collegiate programs, continuing through the undergraduate program at Tufts and culminating in the public health and medical programs at Tufts University School of Medicine.

Below, two students, each at a different level of the “pipeline”, share their views and experience.



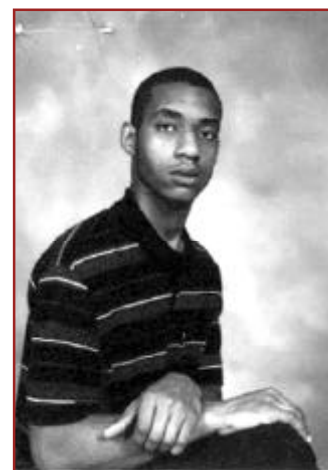
Larry Allen

## Larry Allen

I'm a sophomore at Dorchester High School in Boston, and attend Urban Scholars at UMass-Boston after school, where I heard about the HCOP. I soon realized that the program wasn't as easy as I thought. It was a lot of hard work and took a lot of time and sacrifices that I wasn't sure I could handle, but I then realized that these were the things that I am soon going to have to deal with. The program sent me on a job shadow with a student at Tufts School of Medicine, Elizabeth Gonzalez, (MD '02). This was a very beneficial experience for me and it helped me realize what medical school will be like. Medical school is not what I expected it to be, but a lot more. I wouldn't have realized that without being in HCOP. Also we had a Health Career Symposium which myself and other students organized with the help of Galia Kagan, HCOP Coordinator and Natalie Carithers, Health Career Advisor, both from UMass-Boston. The symposium was to inform our peers about topics that are a big deal in our world today. Our topics were alcohol/date rape, pregnancy/abortion, tobacco abuse, and HIV/AIDS. I was the co-chair of the symposium so I had a lot of responsibilities to handle. It was very challenging to do this and maintain good grades in school. After a while I wanted to quit but realized my team members cared too much about me for me to let them all down. Overall, my experience in HCOP is all I expected and a lot more.

## Pascal Dabel

As a child I always dreamed of going to college and medical school to become a surgeon of some sort, and now I have a position set aside for me in the Tufts University School of Medicine class of 2006. My father has always told me to value my educational opportunities because there are people who want to learn and want to get a degree, but circumstances in life prevent them from fulfilling their dreams. Those words come to mind whenever I am faced with an arduous task in my academic career that seems impossible. After hearing about the way the Health Career Opportunity Program at Tufts University would assist educationally or economically disadvantaged students academically in their route to pursuing a career in the health and public health professions, I wanted to be a part of it. The program provided a tutor for anyone who needed extra help, held constructive workshops on how to succeed in the health field, and even held well needed study breaks during finals. HCOP, with the help of my good friend and HCOP program coordinator, Christina Kim, helped strengthen one of the biggest decisions of my life in a positive manner...my application and subsequent admission into TUSM's BA/MD Program.



Pascal Dabel

*In the spring 2001 issue of "GPPH Rounds", Spotlight on Success will highlight the views and experiences of a HCOP Fellow from the MPH and MD/MPH Programs. For more information on HCOP, contact Barbara Gill, Project Coordinator, at [bgill01@granite.tufts.edu](mailto:bgill01@granite.tufts.edu).*

# GPPH 2000 Comm

By Carolyn Buckley

The GPPH said goodbye to a total of 50 students at the Tufts Commencement on Sunday, May 21, 2000. Fourteen-MD/MPH, 1-DVM-MPH, 21-MPH, 7-MS Nutrition/MPH and 7-Master of Health Communication students made their way across the commencement stage and into the public health arena with their degrees in hand.

Pamela Rice, MPH, eloquently delivered the Special Programs Student Address, saying, "I believe that through the GPPH, we have learned, above all else, to value education, prevention, action, health, well-being, healing, and the commitment to creating a world where every person, every child born, has a standard of living that promotes health."

Each year the GPPH presents awards to outstanding students at a commencement reception honoring the graduates. This year, in the MS-Health Communication program, Julie Elizabeth Stack, MS, received The Murray Feingold and Timothy Johnson Health Communication Academic Achievement Award and Sarah Maire Adler, MS received the Norman S. Stearns Applied Learning Experience (ALE) Award for her ALE entitled, *From Sound Bite to Story: Behind the Scenes of One-Minute Thirty Seconds on Network News*.

In the MPH program, Sarah McDonough Phillips, MS-Nutrition/MPH, received the Academic Achievement Award and Samuel Yamin, MPH, received the Applied Learning Experience (ALE) Award for his *Report on Mystic River Water Quality*.



Members of MD/MPH Class of 2000

W. Victoria Morehouse, MD/MPH, received the Academic Achievement Award for the MD/MPH and DVM/MPH Programs and Thomas Minior, MD/MPH, received the Applied Learning Experience Award. Tom's ALE addressed *The North American Free Trade Agreement and its impact on public health*.

The MD/MPH and DVM/MPH Class of 2000 students honored Professor William M. Rand, PhD with the Citation For Excellence in Teaching. Assistant Professor Elizabeth M. Barbeau, ScD, MPH, was awarded the Citation For Excellence in Teaching by the MPH class. Assistant Professor Michael D. Kneeland, MD, also received a Citation for Excellence in Teaching Award from the medical school students.

## Graduate Programs in Public Health - Class of 2000

### MD/MPH Program

Kimberly Carlson, Nadeem Hamid, Jonathan Hertz, Robin Houck, Ai Xia Li, Sofia Mahari, Alexandra Mangili,

Shannon McDonnell, Thomas Minior, W. Victoria Morehouse, Kathleen O'Day, Elizabeth Price, Steve Valdez, and Judd Walson;

### DVM/MPH Program

Peter Heidmann;

### MPH Program

Christos John Apeyitos, Emmanuel Joseph Daphnis, Christine Marie Doe, China Dawn Eng, Marcy Aleen Gleit, Aimee Jean Glidden, Lauren Andrea Khalil, Stephanie Diane Miller, Stephanie Catherine

Moisakis, Alexandre Kalil Nader, Melissa Anne Nasiff, Deanna Greene Neff, Maria-Elena Orejuela, Pamela Wendy Rice, Sheila Rodriguez-Vamvas, Mariele Taverna, Laura Ann Valeri, Danielle Louise Valley, Electra Catherine Veson, and Samuel Cyrus Yamin;

### MS Nutrition/MPH

Bernadette Kathleen Bindewald, Sarah McDonough Phillips, Michael Anthony DeAngelis, Kali Singh Erickson, Laura Ellen Hogan, Cecilia Kremer-Regueros, and Ashley Field Sullivan;

### MS Health Communication

Sarah Maire Adler, Anuradha Kumar, Christina L. McCormack, Laura Marie Northup, Julie Elizabeth Stack, Zeynep A. Sumer, and Margaret A. C. Young.

We wish the Class of 2000 all the best as they embark on their public health careers!

# Accomplishment and Awards



*Members of MS-Nutrition/MPH Class of 2000*



*Jeffrey Griffiths, MD, MPH&TM and Thomas Minor, MD/MPH'00*



*Sarah Phillips, MS/MPH'00 and Elizabeth Barbeau, ScD, MPH*



*Sheila Rodriguez-Vamvas, DMD, MPH'00  
and her daughter*



*Members of MS-Health Communication Class of 2000*

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# First Monday 2000: Unite to End Gun Violence

*By Robin Glover*

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First Monday is an annual campaign launched on the first Monday in October for the purpose of focusing attention on social problems in need of creative solutions. First Monday was picked as the launch day for the campaign to coincide with the first day of the Supreme Court term. The campaign is coordinated by the Alliance for Justice in conjunction with Physicians for Social Responsibility. The focus for the next two years will be a campaign on promoting education and action to reduce gun violence by helping people take a range of actions on local priorities such as ballot initiatives or new curriculum at their schools.

First Monday addresses gun violence as a public health epidemic of injury and death. Their public health approach to gun violence focuses on prevention and looks at the tools of vio-

lence and advocates for controls on the safety and availability of guns.

Students at schools of law, medicine, nursing, social work and public health were organized by First Monday. The Graduate Programs in Public Health sponsored two Tufts' events with the leadership of Shruti Gohil, MD/MPH'03, Rebecca Hall, MD/MPH'01, Gina Sam, MD/MPH'03, and Jennifer Wright, MD/MALD'04. Marcia Boumil, JD, LLM, MA, Assistant Clinical Professor of Family Medicine & Community Health, was the faculty advisor for the Tufts First Monday events.

The first GPPH event included a "Take 5" Table. The purpose of the table was to give students an opportunity to take 5 minutes to write letters to state legislators on pending gun legislation. Sample letters and pending state legislation on gun violence was provided.

Most gun violence deaths are suicides, so the focus of the second event was a forum on firearms and suicide. Sally Slovenski, MA, Gun Violence Prevention Project Manager for Join Together, gave an overview of gun violence nationally; Greg Miller, MEd, LCSW, Executive Director of Samaritans of Merrimack County talked about suicide and firearms and prevention; and Carl Fulwiler, MD, PhD, Assistant Professor of Psychiatry, Tufts University School of Medicine, discussed causes of violent behavior and public health perspective to prevention and treatment of violence.

Work will continue from First Monday of October 2000 to First Monday of October 2001 to keep the grassroots momentum going for the Unite to End Gun Violence campaign. If you are interested in participating in First Monday, go to [www.firstmonday2000.com](http://www.firstmonday2000.com).

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## Children and Health Insurance

*Continued from p. 1*

Advocacy Program (FAP) in 1993 to help clinicians improve their patient's health and ensure that the families they serve receive safe housing, nutrition and income supports, access to food, health care, freedom from violence and appropriate education. FAP provides legal counseling and representation for low-income families who receive health care at BMC and its affiliated health centers around issues that impact children's health.

The goal of my ALE was to examine the barriers that prevent eligible children from enrolling in Medicaid in order to aid the hospital in devising innovative strategies to eliminate those barriers. Objectives to accomplish this goal were to: 1) Determine the extent of the problem of uninsured children at BMC by collecting data on the number of uninsured and insured children served by BMC in FY 1999; 2) Determine barriers

to enrollment in MassHealth at both the family and hospital level by interviewing BMC patients, physicians and other hospital staff; 3) Illuminate and explore problems within the insurance system in Massachusetts and at BMC; 4) Research past intervention strategies, both successful and unsuccessful in Massachusetts and nationwide; 5) Develop training material to educate staff and to inform parents of the true insurance enrollment process and the benefits of having insurance coverage.

Although only a small number of patients were interviewed, their answers conveyed concordant themes. The most common reasons that people gave for not inquiring about or applying for MassHealth were: Not knowing that they were eligible; lack of knowledge about new immigration laws; many parents believed that applying for health care may result in deportation; length and complexity of the MassHealth applicant.

The primary recommendation made to BMC was to make enrollment a top pri-

ority. Recommendations to the administrators of MassHealth included coordination of public assistance programs in the state that are already serving families with uninsured children; outreach expansion to communities in need; and publicizing MassHealth's eligibility criteria more broadly.

Despite strong economic growth, the lowest unemployment rate in a quarter of a century, and continued expansions in children's eligibility for publicly-funded coverage, the United States has made little progress in recent years in reducing the number of low-income children without health insurance coverage. Advocates for children need to keep this issue in the forefront and innovative new strategies need to be devised. Health care institutions and providers also need to work with the state in order to address potential barriers to health care access and to provide care for underserved and vulnerable populations. The United States, like Boston Medical Center, must make insuring children a top priority.

## GPPH Spring 2000 Applied Learning Experiences

### MPH Program

**Asya Cabral.** *The lack of interpreter services in acute care hospitals and one agency's mission to address the problem.* Rhode Island Hospital.

**Emmanuel Daphnis.** *The barriers facing Haitians dealing with HIV/AIDS in the Boston Community.* Boston Haitian Coalition.

**Michael DeAngelis.** *Children's health insurance: How well served are low-income and non-English speaking families in Newton.* Newton Health Department.

**China Eng.** *Development of a quality improvement survey: A family perspective on end-of-life care.* Dana-Farber. Cancer Institute.

**Aimee Glidden.** *Childhood cancer: How complete are Massachusetts incident data?* Massachusetts Department of Public Health.

**Lauren Khalil.** *Children and Health Insurance: Barriers to enrollment in MassHealth at Boston Medical Center.* Boston Medical Center.

**Cecilia Kremer-Regueros.** *Newton Health Profile.* Newton Health Department.

**Sarah McDonough-Phillips.** *Health risks*

*and preventive health practices among Massachusetts adults age 60 and over.* Massachusetts Department of Public Health.

**Melissa Nassif.** *Mental Health Parity and Managed Care Reform Legislation: Assessing their likely impact on the delivery and quality of mental health services in Massachusetts.* State House.

**Malena Orjuela.** *Use of interpreters in the Latino Pediatrics Access Project.* Latino Health Institute.

**Laura Valei.** *Management of patients with community-acquired pneumonia: How well do physicians in a community hospital adhere to national admission guidelines?* Emerson Hospital.

**Electra Veson.** *State of preparedness of Boston's hospitals for chemical decontamination of patients from industrial or terrorist events.* Boston Emergency Medical Services.

**Samuel Yamin.** *State of the Mystic River Watershed: Water quality and public health in an urban ecosystem.* Boston College.

### MD/MPH & DVM/MPH Programs

**Kimberly Carlson, Nadeem Hamid, Jonathan Hertz, and Sofia Mahari.** *Vaccination Study.* Massachusetts Department of Public Health.

ment of Public Health.

**Robin Houck.** *Cardiovascular Trends.* University of Massachusetts-Worcester.

**Alexandra Mangili.** *Vaccination status in two Kantons of Switzerland for small children.* University of Zurich.

**Shannon McDonnell.** *Bioterrorism.* Massachusetts Department of Public Health.

**Thomas Minor.** *The North American Free Trade Agreement and Health.* University of Texas.

**Victoria Morehouse.** *Evaluation of Clinical Practice Guidelines: Peri-Operative Beta-Blockers.* Baystate Medical Center.

**Kathleen O'Day and Ai Xia Li.** *Cancer Screening in Older Women.* Massachusetts Department of Public Health.

**Elizabeth Price.** *Nutritional Status of HIV Infected Adults in Khon Kaen, Thailand.* Tufts University School of Medicine

**Judd Walson.** *Low-Birth Weight: Beliefs and Attitudes Affecting Intervention Programs in Nepal.* UNICEF.

**Steve Valdez.** *Attitudes of family medicine practitioners towards medical abortion.* Tufts University School of Medicine.

## Student Corner

**Susan Bradford, MD/MPH'03,** was awarded a Managed Care Fellowship sponsored by the American Medical Student Association. She completed her fellowship at the Tufts Health Plan.

**John Christodouleas, MD/MPH'03,** was awarded a fellowship by the Tufts Institute of the Environment for his proposal "Factors Affecting the Seasonal Pattern of Cryptosporidiosis".

Congratulations to **Aram Kaligian, MD/MPH'01,** and his wife on the birth of their daughter, Gayane!

**Tafadzwa (Fadzi) Kasambira, MD/MPH'02,** received several awards: Pediatric AIDS Foundation Student Intern Award; Ruther Easterling Student Research Award; and USA Group Scholarship Program Award.

**Cindy Matsushita, MD/MPH'03,** was awarded a 2000-2001 Schweitzer Fellowship to help revive baseball for youth in urban areas of Boston.

Congratulations to **Max O'Donnell, MD/MPH'02,** and Jennifer Zelnick on the birth of their daughter, Luisa!

Congratulations to **Earlene Randolph, MPH'01,** on her marriage to Danilo A. Avalon, Esquire!

**John Schneider, MD/MPH'01,** won an award for his research "HIV/AIDS antiretroviral adherence and subsequent outcomes and HAART regimens". The award was granted by the General Clinic Research Committee at NEMC.

Congratulations to **Jessica Stevens, MD/MPH'02,** and her husband, Steven, on the birth of their son, Bailin!

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## Australian White Ibis

*Continued from p. 4*

tists and local government officials called the Ibis Management Coordination Group (IMCG), and together we wanted to address the question of whether these birds actually present a health risk to the public. It was known that the ibis carried certain diseases from prior studies, but we wanted to do a bigger sampling, which would test for additional diseases such as Hendra virus, Australian Bat Lyssavirus, Japanese encephalitis B, and others; as well as estimate the prevalence of those diseases we knew about. Furthermore, we wanted to answer the basic question “is there even the potential for ibis to transmit disease to people, and in the case of poultry, food production animals?” Thus my work became bi-phasic: a disease prevalence study, which would involve the capture and testing of 100 ibis; and a behavioral study which would examine the feeding behavior of the ibis at four locations in order to determine whether there was significant interaction between ibis, people, and other animals, to allow for the transmission of disease.

### The Capture

One of the biggest challenges I was faced with this summer was the task of coordinating all of the resources necessary to conduct a one, possibly two-day capture and sampling of 100 ibis. The capture was done at the Browns Plains Tip (landfill), which was also one of the sites in my behavioral study. We used a canon net, which is essentially a giant net about the size of half a tennis court, attached to projectiles and shot over a group of birds. The trick then is to extract the birds from under the net and put them into a holding area in order to minimize stress and injury. Each bird got a complete physical exam and was marked with a temporary organic dye so that they could easily be identified once they were released.

### The Behavior Study

The second component to my query on

potential disease transmission proved to be one of the most interesting, and challenging aspects of my work. I wanted to observe these birds during their regular feeding behavior, and because I only had a few weeks for actual fieldwork, I decided that the best way for me to maximize my data here, was to take frequent observations over a long period of time. I decided to spend four days at each of four sites, recording the frequency of the occurrence of specific behaviors every two minutes for five hours. I had predetermined some specific behaviors that I would look for, and as part of the study design I randomly chose five birds to observe at each of the two-minute intervals. I also recorded proximity data which measured how often birds came into contact with human food, or “food objects” such as picnic tables, benches, grills, or water fountains.

The sites I chose for the observations represent a “typical” feeding site for these birds, and will help me answer my question about the interaction between ibis, people and other animals. The first site was Oxley Cove, a tidal mudflat. The second site was the Browns Plains Tip. To answer the question of potential transmission of Newcastle disease virus, I chose a poultry farm, which on a phone survey informed me that they did indeed have a resident ibis flock that hung around their farm.

The fourth and most critical site to my study was Cascade gardens public park. It was here that I would end up finding definitive proof that yes, ibis do indeed come into contact with people and food objects in such a way as to potentiate the transmission of zoonotic disease. I frequently saw birds jumping up onto picnic tables to beg for handouts, or perching on a public grill, reaching between the grates to grab a bit of meat that had fallen through; but the most convincing thing that I saw (and fortunately I never sat without my camera, so I photographed this as well) was three ibis splashing and drinking from a dripping water tap. After about five minutes of splashing, the ibis scurried away when two young boys wandered over to

the tap and took several drinks from the faucet, as well as filled up a water bottle. This certainly *appeared to be* supporting evidence for the potential transmission of a disease via mucosal secretions, such as avian influenza; or fecal excretions, as with salmonellosis. That is not to say that the sharing of water between man and ibis occurs with such regularity (in fact I’m still in the process of analyzing the data) as to be of real concern, but this certainly caught my interest as a public health investigator.

### Conclusions

The results of this study will be used to contribute to the IMCG’s management plan, and while I look forward to learning more about the public health risk these birds may or may not pose, I am also concerned about the way in which these ibis population are managed. One of the issues that arose while I was working this summer was the question on whether to cull a large number of ibis in order to restore the population to a more sustainable level. This became a politically charged issue, with the local governments publicly in favor of a large-scale cull, to be followed by long-term management strategies, based on the studies and recommendation of the IMCG’s consulting ecologist, while the environmentalist and conservation groups loudly opposed any killing of these native birds who are protected by law because they are native. For me it became a real ethical dilemma: *in this instance* many methods had been tried over the past several years to discourage the ibis from feeding at the landfills, and the cull was a *final* necessary measure, but would a cull set a precedent for future management issues, either ibis or any other species, where it would be used as a *first* measure? A quick and dirty solution to overabundance? It is a question that will arise again and again as human expansion continues and the interface between man and animal grows even more, forcing wildlife to the successful but problematic strategy of urbanization.

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## Barriers Facing Haitians w/ HIV/AIDS

*Continued from p. 4*

that work with the population. Some of the common themes and problems that we found were:

Lack of HIV/AIDS education; lack of knowledge - many Haitians don't understand the American system, as a result they don't know what they qualify for, i.e. services, etc.; access to care and medication; non-centralized services; literacy; confidentiality and trust/fear of disclosure; and culturally and linguistically appropriate services

These themes support the common literature around the issues facing Haitians in accessing health care services. Most of the responses from the key informants echoed the same sentiment, which was that it is really time to offer Haitians more services that are culturally and linguistically sensitive and ap-

propriate. In order for us to do this, communication must be better among providers so that we can become more aware of the challenges facing Haitians.

From the analysis that was done in the REACH 2010 project assessing the barriers facing Haitians affected by HIV/AIDS within the greater Boston area, it is evident that there are numerous constraints upon the delivery of care to Haitians. Unfortunately due to the enormous stigma associated with HIV/AIDS within the Haitian community, many individuals will continue to live with the disease and not seek treatment.

<sup>1</sup> *Miami-Dade County Health Department AIDS Surveillance, data collected through December 31, 1998.*

<sup>2</sup> *Laguerre, M., (1981). Haitian Americans. In Harwood, A. (Ed.), Ethnicity and Medical Care (pp. 172-210). Cambridge: Harvard University Press.*

## HCOM Summer Workshop & Conference

*Continued from p. 5*

The Conference was noteworthy for the large numbers of young people who participated in the workshops both as presenters and participants. This coupled with the fact that, as one organizer put it: "this was the most ethnically and racially diverse audience I have ever seen at a tobacco control conference", led to the overall success of the conference. We are currently working with our co-sponsors to plan for the second annual Conference on Youth Empowerment in the summer of 2001.

We are planning a more extensive series of workshops and conferences for the Summer of 2001 and would welcome any ideas or suggestions from faculty, students, alumni or others for short course topics. I hope you will share your ideas with me at [james.hyde@tufts.edu](mailto:james.hyde@tufts.edu).

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## Palestinian Teenagers: Depression & Anxiety

*Continued from p. 6*

hurt was traumatic to them personally—especially to the girls.

In Bethlehem, a very strong emphasis is placed on protecting a girls' honor. There is much societal/parental fear over "exposing" girls to possible physical and verbal violence. As a result, girls are not allowed out of their homes alone in the evenings, and socialize mostly with nearby family members. They participate in no group activities (sports, clubs, etc). This environment of isolation and fear leads to a situation where the girls are disconnected physically, yet emotionally embroiled in a world over which they have little control. This could present an overwhelming psychological challenge which could result in symptoms of depression/anxiety.

What I've come away with is that the evaluation and treatment of depression/anxiety in this group is different from

how we approach it here. Medication and individual psychotherapy will not address the underlying sociocultural milieu which, for all its good intentions, may actually foster depression in its most silent members: its girls.

## Vending Machines & Physical Ed Facilities in MA Public Schools

*Continued from p. 6*

schools offered juice drinks (often 10% juice, 90% sugar), while fewer offered 100% juice. Most respondents stated that over 75% of the vending foods available to students are 'unhealthy'. About 19% of schools allow all-day unrestricted access to vending machines, with the remainder placing some restrictions on access.

The results of this survey indicate that many children, especially high school students, have access to high calorie, low nutrient foods at school. Any solution to this problem must consider the powerful financial incentives that persuade many school districts to offer students vending

machine access. Soda companies approach many school districts for exclusive rights to market on school property and at athletic events. These contracts can be extremely lucrative: one district in Colorado received \$5.7 million over five years. In addition, state and federal regulations governing the sale of foods of minimal nutritional value need to be re-addressed to ensure that junk food and soda are not sold in schools during lunch periods. Schools should be encouraged to provide students with a wide variety of healthier alternatives, such as fresh fruit, 100% juices, yogurt, pure-fruit Popsicles, granola bars, and slim or low-fat milk.

While this survey provided useful baseline information, future work to build on this effort and collect information on actual student usage of vending machines and involve all the key players, including teachers, school administrators, parents, students, and industry, is needed. Making elements of the school AND home/family environment consistent with public health goals is essential in furthering our efforts to prevent childhood and adolescent obesity.

# Alumni Notes

## MD/MPH and DVM/MPH:

**Alan Hirshberg, MD/MPH '90**, of Oak Bluffs, Mass., is the Director of Emergency at Martha's Vineyard Hospital and writes; "I enjoy reading about the continued growth of the program since we were considered an experiment in the 1980s"!!!

**Kathleen Crowley, MD/MPH '92**, of Somerville, Mass., is part-time Physician at Boston Medical Center in the Primary Care Clinic. Kathy also attends on the wards, teaches and does curriculum development. She has a 2-and-a-half-year-old daughter and 7-month-old son.

**Pauli N. Amornkul, MD/MPH '93**, is currently living and working in Kailua, Hawaii as a Preventive Medicine Resident for the CDC at the Hawaii Department of Health. Pauli may be off to Kisumu, Kenya in January to work as a Medical Epidemiologist researching HIV/AIDS at the CDC field station there.

**Laszlo Madaras, MD/MPH '93**, of Chambersburg, Penn., is a Family Doctor and OB Medical Director at Keystone Health Center. Laszlo just completed his fourth and final year as a busy National Health Service Corps doctor – on call, delivered 300 babies, worked with migrant fruit pickers, presented at international conferences and plans to present at another in South Africa (WONCA 2001). Laszlo will also be making periodic work trips to Latin America and Africa.

**Richard Klein, MD/MPH '93**, of Ann Arbor, Mich., is a Plastic & Reconstructive Surgery Fellow at the University of Michigan.

**Tania Bandak, MD/MPH '94**, and **Kurt Diebold, MD/MPH '95**, are living in Lakewood, Ohio and working for the Cleveland Clinic Foundation. Kurt is a PGY2 in the Department of Internal Medicine and Tania is working part-time in the Dept. of Family Medicine.

**Josephine Hooten Lake, MD/MPH '94**, of Polkton, North Carolina, recently opened her own practice in Wadesboro, North Carolina. Josephine is also Medical Director of a mobile health screening van, active on the Healthy 2000 Initiative, and does a lot of community-based medicine in a rural healthcare setting.

**Kristin Kentopp, MD/MPH '94**, of Edgecomb, Maine, is an Internist for Miles

Internal Medicine.

**Sahba Farhad, MD/MPH '95**, of Quincy, Mass., is an OB/GYN for Boston Health Care for Women, Inc. at Brigham & Women's Hospital. Last summer Sahba piloted primary health materials concerning women in villages in Zambia, focusing on reproductive health.

**K. Holly Gallivan, MD/MPH '95**, of Waltham, Mass., is back in Boston after finishing her residency in Philadelphia. Holly is an Otolaryngologist/Head and Neck Surgeon for Harvard Vanguard at the Mass Eye & Ear Infirmary.

**Vanda Blinn (Szuszkiewicz), MD/MPH '98**, of Marion, Mass., is a third-year Pediatric Resident at Hasbro Children's Hospital in Providence, Rhode Island. Vanda lives with her husband Alan, son Isaac, mother Wendy and their two dogs Daphne and Polar.

**Amy Kirkpatrick Brown, MD/MPH '99**, of Rochester, New York, is an OB/GYN Resident at Strong Memorial Hospital.

**Ken Domuczic, MD/MPH '99**, of Cincinnati, Ohio, is a second-year Resident in Emergency Medicine at the University of Cincinnati.

**Lisa Feinstein, DVM/MPH '99**, of Coral Gables, Fla., is a Small Animal Practitioner at the South Kendall Animal Clinic in Miami. Lisa is also the Veterinarian for a major local wildlife rehabilitation agency and is getting involved with county animal cruelty protection.

**Elizabeth Glazier, MD/MPH '99**, of Seattle, Wash., is a Resident in Internal Medicine at the University of Washington.

**Christina Gillespie, MD/MPH '99**, of Washington, D.C., is a second-year Resident in the Family Practice Residency Program at Georgetown University's Providence Hospital.

**Rhonda Hamilton, MD/MPH '99**, of Roxbury, Mass., is second-year Resident at Cambridge Hospital.

**Jonathan Hertz, MD/MPH '00**, of Somerville, Mass., is currently a Medical Resident and will continue afterward as a Resident in Psychiatry training at the Cambridge Health Alliance.

**W. Victoria Morehouse, MD/MPH '00**, of Rochester, New York, began her residency in Medicine/Pediatrics at the University of Rochester Strong Memorial Hospital.

## MPH:

**Tara McCarthy, MPH '96**, of Weston, Mass., is an EIS Officer for the CDC and writes that it has been a tremendous experience thus far. Tara and her husband Tim adopted a little girl, Kaitlin, who will be two in October.

**Eric A. Engels, MPH '98**, of Columbia, Maryland, is an Investigator for the Division of Cancer Epidemiology and Genetics at the National Cancer Institute, Viral Epidemiology Branch.

**Ethan Balk, MPH '99**, of Brookline, Mass., is the Assistant Director of the Evidence-based Practice Center at New England Medical Center, Division of Clinical Care Research.

**Linda Hirota, MS/MPH '99**, of Reading, Mass., was recently appointed as an Instructor in Family Medicine & Community at Tufts University School of Medicine. She married Bruce Crawford, a current MPH student, on 8/6/00 and enjoyed a honeymoon in Alaska. Congratulations Linda and Bruce!

**Amy Paturel, MS/MPH '98**, of Manhattan Beach, Calif., is a Research Analyst for the LA County Department of Health Services in the Health Assessment and Epidemiology Department.

**Tavinder Phull, MPH, '99**, of Newton, Mass., is a Health Policy Analyst for the Mass. Division of Healthcare Finance & Policy.

**Bernadette Bindewald, MS/MPH '00**, of Waltham, Mass., is a Data Analyst at Tufts University School of Medicine, Department of Family Medicine & Community Health.

**Asya M. Cabral, MPH '00**, of East Providence, Rhode Island, is a Public Health Education Specialist and Coordinator of Counseling for the Rhode Island Department of Corrections, where she conducts pre- and post-test HIV counseling for men and women, among other responsibilities. Asya is a member of APHA and mother of a 3-year-old son.

**Christine Doe, MPH '00**, of Norwood,

Mass., is a first-year student at the New England School of Law and is planning to concentrate on Health Law.

**Aimee Glidden, MPH '00**, of Biddeford, Maine, is attending the University of New England College of Osteopathic Medicine there.

**Stephanie Miller, MPH '00**, of Pembroke, New Hampshire, is an Epidemiologist for the Bureau of Health Risk Assessment for the New Hampshire Dept. of Health & Human Services. Stephanie announces the birth of her first child, Gillian Renate Miller, on 2/2/00!

**Stephanie Moisakis, MPH'00**, of Westford, MA, is a Clinical Manager for Urology, Gynecology and Nephrology at Lahey Clinic.

**Alexandre K. Nader, MD, MPH '00**, of Boston, Mass., finished training in Gastroenterology at Brigham & Women's Hospital and Faulkner Hospital, and accepted a position at Cape Cod Hospital as a Physician in Internal Medicine where he'll be serving the Portuguese and Spanish communities for screening and preventive health beginning this October. Alex is also recently married!

**Sarah (McDonough) Phillips, MS/MPH '00**, of Medford, Mass., is a Research Associate at Tufts University School of Medicine, Department of Family Medicine & Community Health. She was recently appointed Instructor in Family Medicine & Community Health at

Tufts University School of Medicine.

**Ashley Sullivan, MS/MPH '00**, of Cambridge, Mass., is working as Program Coordinator for the Food Security Institute at the Center on Hunger and Poverty, Heller Graduate School, Brandeis University.

#### MS-Health Communication:

**Michelle Badash, MS '98**, of Brookline, Mass., is Director of Consumer Content for HealthGate, and recently launched *Weekly Briefings from The New England Journal of Medicine™*, a version of NEJM written for non-physicians.

**Joanne Barker, MS '98**, of Medford, Mass., is a Writer/Producer for HealthVision where she recently produced and edited, "Conversations with Caregivers," a 60-minute video of interviews with people caring for a loved one with Alzheimer's Disease. The video will be part of an interactive website for Alzheimer's caregivers and studied for its effectiveness as a support tool for this population.

**Jacqueline Buchanan Bryan, MS' 98**, of Rye, New Hampshire, is an Account Manager for Datex-Ohmeda and was just married, September 30th!

**Laurie (Brown) LaRusso MS '98**, of Auburndale, Mass., is a Managing Editor for

HealthGate Data Corp. She is also a member of the American Medical Writers Association and will be teaching a course at the New England chapter meeting entitled, "Writing and Editing for the Web."

**Dana McCants, MS '98**, of Providence, Rhode Island is a Project Manager for the Rhode Island Department of Human Services. She is also pursuing a career in television or radio. Currently, Dana hosts a show on cable TV can be heard on a radio talk show in Rhode Island.

**Elke Blaetz, MS '99**, of Caldwell, New Jersey, is a Senior Product Services Manager in the Professional Product Information Department at Roche Laboratories.

**Loralie Brennen, MS '99**, of Stoneham, Mass., is a Clinical Trials Manager for the Dept. of Anesthesia at New England Medical Center. Loralie announces the birth of her first child, Nicholas Anton Brennen, 5/30/2000!

**Shannon Poole, MS '99**, of Attleboro, Mass., is a Pharmaceutical Sales Representative at Reliant Pharmaceuticals.

**Margaret Young, MS '00**, of San Mateo, Calif., is a Training Materials Associate for iScribe, which provides electronic prescription writing services for physicians.

## Faculty Notes

**Edith Balbach, PhD**, Assistant Professor of Family Medicine & Community Health, recently published "The Implementation of California's Tobacco Tax Initiative" in the August issue of *Journal of Health Politics, Policy, and Law*.

Congratulations to **Elizabeth Barbeau, MPH, ScD**, Adjunct Assistant Professor of Family Medicine & Community Health and Dr. Balbach on their grant awards from the American Cancer Society and Massachusetts Department of Health to study tobacco industry marketing behavior.

**Doug Brugge, PhD**, Assistant Professor of Family Medicine & Community Health, recently published an article "Public health and physical environment in Boston public housing" co-authored with P. Hynes, J. Watts and J. Lally in the journal *Planning, Practice, and Research*.

**Stewart Landers, JD, MCP**, Assistant Clinical Professor of Family Medicine & Community Health, gave two presentations "HIV prevalence rate and behavioral risk factors among a non-treatment cohort of Injection Drug Users in New Bedford, Massachusetts" and "Methodological approaches to evaluation integrated HIV and substance abuse prevention strategies for women and youth in communities of color" at the XIII International AIDS Conference in Durban, South Africa.

**Barry S. Levy, MD, MPH**, Adjunct Professor of Family Medicine & Community Health, presented the Alfred S. Evans Memorial Lecture at the 35th Graduate Summer Session in Epidemiology at the University of Michigan School of Public Health. The topic of his lecture was "Global Development and Social Justice: Challenges and Opportunities."

Congratulations to **Morton Madoff, MD,**

**MPH**, Professor of Family Medicine & Community Health, who has been honored with a chair in his name "Morton A. Madoff, MD, MPH Chair in Community Health". **Anthony Robbins, MD, MPA**, was presented as the recipient of the Chair at a ceremony at Tufts University School of Medicine on October 18, where he gave a presentation "Public Health and Medicine--Synergistic Science and Conflicting Cultures".

**Anthony Robbins, MD, MPA**, has been elected to the board of the American Society for Law, Medicine, and Ethics.

Congratulations to **Beth Rosenberg, MPH, ScM**, Assistant Professor of Family Medicine & Community Health on her grant award from the National Institute of Occupational Safety and Health (NIOSH) to study the ergonomic and economic effects of abrasive blasting substitutes.

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## **TUSM MD+MPH = (EIS at CDC) x 3**

*Continued from p. 1*

stages of the worldwide polio eradication effort.

Mike also stayed in Atlanta, at the Division of Bacterial and Mycotic Diseases. There he designed a surveillance system for meningococcal disease among US college students, currently being implemented on 232 campuses. Subsequent studies have been performed to characterize high risk students. He analyzed 100 years of US data on Hansen's Disease from the US Public Health Service facility in Carville, Louisiana. Mike also conducted outbreak investigations of leptospirosis in Illinois, among 876 triathletes, and in Puerto Rico. He initiated a meningococcal vaccine campaign in Rhode Island following an outbreak of 13 cases and 3 deaths. The highly politically charged situation prompted meetings with Congressman Patrick Kennedy, the Governor, and a congressional delegation. It culmi-

nated in a live press conference with Mike as the "CDC expert" (i.e. first year EIS!).

After completing an infectious disease fellowship, Joel chose to spend his EIS years working as a CDC assignee to the New York State Department of Health where he had a much broader public health experience. His first case was a very large mycoplasma outbreak in a closed religious community, where he helped design an interventional protocol to study whether azithromycin chemoprophylaxis would be an effective control measure in this setting. While laboratory studies related to the mycoplasma outbreak were still being processed, Joel began to work up a fascinating combined Legionnaires' disease and Pontiac Fever outbreak. He also was one of the lead investigators for a gastroenteritis outbreak that was associated with attendance at the Washington County Fair, which quickly escalated into a huge inter-agency and multi-state undertaking. He's hopeful that a manuscript

describing this effort will be published shortly.

Having completed EIS, the three of us continue on varied paths. Mike and I went on to do a Preventive Medicine Residency through the CDC in the states of Washington and Hawai'i, respectively. Mike finished in June 2000 and is currently a medical epidemiologist for the Arctic Investigations Program, a CDC field station in Anchorage, Alaska. I complete my PMR in December 2000 and am considering a position as an HIV/AIDS medical epidemiologist in Kisumu, Kenya at the CDC HIV/Malaria field station there. Joel completed EIS in June 2000 and is currently the Chief Medical Epidemiologist for New York State's Bioterrorism Prevention program.

We highly recommend EIS and would be happy to answer questions on life after Tufts!

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