

# GPPH Rounds

Graduate Programs in Public Health - Tufts University School of Medicine

Spring 2000

## In This Issue

- ▶ *A Public Health Approach in Medicine*
- ▶ *Investigating Cryptosporidiosis in Maynard, MA*
- ▶ *Director's Message*
- ▶ *Health Communication Students/ Alumni and APHA*
- ▶ *Building a Movement: The Teach-In on Universal Health Care*
- ▶ *The State of Nutrition in the Commonwealth*
- ▶ *First Annual Health Policy Student Forum*

## 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.

Robin Glover ..... Editor  
Carolyn Buckley ..... Assistant Editor  
Doug Brugge, PhD ..... Editorial Advisor  
James Hyde, MSc, MA ..... Editorial Advisor  
Morton Madoff, MD, MPH ..... Editorial Advisor  
Beth Rosenberg, MPH, ScD ..... Editorial Advisor

Correspondence should be sent to:

Robin Glover  
Graduate Programs in Public Health  
Family Medicine & Community Health  
Tufts University School of Medicine  
136 Harrison Avenue  
Boston, MA 02111  
Tel: (617) 636-2497  
robin.glover@tufts.edu

Visit the GPPH Web site:  
[www.tufts.edu/med/gpph/index.html](http://www.tufts.edu/med/gpph/index.html)

## A Public Health Approach in Medicine

By Sofia Mahari, MD/MPH'00

The Student National Medical Association (SNMA) is the nation's oldest student-run organization focused on addressing the health care needs of underserved communities. Since 1964, the SNMA has established a myriad of community service projects to improve the healthcare of underserved populations in the United States. The International Health Committee (IHC) of SNMA organized a medical mission trip to Jamaica, which represented the first initiative by SNMA to expand their scope to include similar efforts on an international front. On June 3, 1999, I joined thirty-four members of the newly assembled SNMA medical team that landed in Jamaica hoping to make a difference. The participants included medical students and physicians of various backgrounds and levels of training.



Sofia Mahari, MD/MPH'00 (center front) and SNMA Medical Team Members

Jamaica is a Caribbean island country with a population of approximately 2.5 million. Greater than 30% of the population lives below the poverty level. Most of the poor are

*Continued on p. 6*

## Investigating Cryptosporidiosis in Maynard, MA

By Pamela W. Rice, MPH 00'

In early September, working under the guidance of Drs. Jeffrey K. Griffiths, Elena N. Naumova, and Robert D. Morris, of the Department of Family Medicine & Community Health - Tufts University School of Medicine, I had the opportunity to participate in investigating a possible cluster of cases of cryptosporidiosis in the town of Maynard, MA. *Cryptosporidium parvum* (CP), a protozoan parasite that causes diarrheal disease, especially in the young and immunocompromised, is found in many ambient waters, such as ponds and reservoirs that are used for drinking water supplies. In addition, because transmission occurs via the fecal oral route, it can be amplified and transmitted in recreational water settings, such as swimming pools. During the months of July and August, there was an increase in the number of CP cases reported to the Massachusetts Department of Public Health from the town of Maynard. Maynard is a town of approximately 10,000 people, located northwest of the metropolitan Boston area.

To carry out our investigation, we designed a comprehensive survey instrument that was implemented over a three night time period via telephone by a group of Tufts graduate and medical students. Interviews with Maynard residents focused on many plausible exposure pathways, including drinking water, recreational water activities, day care and summer camp attendance, ingestion of locally grown produce, contact

*Continued on p. 6*

---

## Director's Message

*Lauro F. Cavazos, Ph.D.*

---



*Lauro F. Cavazos, Ph.D., Director,  
Graduate Programs in Public Health*

I am pleased to inform you of two new MPH programs approved by the Trustees of Tufts University. One is a Dual JD/MPH Program offered by the Graduate Programs in Public Health (GPPH) and Northeastern University School of Law. The other is a Dual Bachelors (B.A. or B.S.) /MPH between the Community Health Program at Tufts University and the GPPH. We expect to admit students to both programs, Fall 2000.

Dual JD/MPH Program. It has become increasingly evident that the collaboration of lawyers and health professionals promotes the health of communities. For example, public health threats such as tobacco, domestic violence, HIV, and lead-paint poisoning clearly need interdisciplinary responses. These must recognize the complex interrelationships of public health threats, respect of the rights of individuals and communities, and the role that advocacy and public action can play in reducing risk and improving conditions that threaten the health of the public. Northeastern School of Law and the GPPH believe that there is a need for an interdisciplinary approach to these increasing numbers of public health problems. This is the rationale for forming the Dual JD/MPH program. The focus of this program is understanding how legal and public health professionals can work together to address the health needs of the public.

Sixteen JD/MPH programs currently exist in the United States. Georgetown and Johns Hopkins universities have collaborated to offer the sole dual institution program, and Boston University's JD/MPH is the only program in the Boston area. Northeastern University, by virtue of its cooperative learning experience, is one of the most community-oriented law schools in the nation. Both Northeastern and Tufts University School of Medicine have a long tradition of emphasizing the interface between public policy and public health. Both institutions relate to their urban community settings, and respond in many ways to the needs of those communities.

Not unlike the MD/MPH program, where students must be admitted to TUSM before they can be considered for admission to the MPH program, students must be admitted to the Northeastern School of Law and then apply for the MPH program. Students will be able to complete the JD/MPH program in either 3 or 3-1/2 years. This program will allow a student to pursue the JD and the MPH in a well-structured, organized method. This is possible because the curriculum and administrative support systems at Northeastern University School of Law and the GPPH are already in place.

Bachelors/MPH. In 1996 Tufts established the MPH degree. This new degree emphasized Tufts commitment to educating health professionals who sought to improve public health. Since 1996, Tufts faculty from Medford and Boston have been discussing the possibility of a dual bachelors/MPH degree. Their discussions have become reality and this new dual degree program allows Community Health Program students in Medford to complete some of their MPH requirements while still undergraduates. Instead of needing four years to finish the bachelor's degree and two years to complete the MPH, students in the program can complete both degrees in five years. The Community Health Program at the Medford campus and the GPPH in Boston administer the program jointly. The faculty of Arts and Sciences will award the Bachelors degree at the end of the fourth year and the Tufts University School of Medicine will award the MPH degree. The dual Bachelors/MPH program will take advantage of the University's ability to offer both a traditional arts and science undergraduate education and a high quality, accredited MPH degree.

The new programs described above join the dynamic constellation of public health programs offered under the GPPH. The MPH Program, the Combined MD/MPH, the Combined DVM/MPH, the Master of Science in Health Communications, and the Master of Science in Nutrition/MPH are enormously successful academic offerings. The two new dual degree programs are testimony to the ongoing commitment by the GPPH to achieve its educational mission of preparing public health professionals by offering them diverse educational programs of the highest quality.

A handwritten signature in black ink that reads "Lauro F. Cavazos". The signature is written in a cursive style with a long, sweeping underline.

---

## Health Communication Students/Alumni and APHA

*By Margaret Young, MS Candidate*

The Health Communication Program's students, alumni and faculty joined forces with other health care professionals to ensure a noticeable presence for the Health Communication Working Group (HCWG) at the 127<sup>th</sup> American Public Health Association (APHA) annual meeting in Chicago last November. In response to the growing recognition of the importance of communication in health care delivery and health promotion, HCWG members worked throughout the year to establish a larger identity and resources for health communications within APHA. Health communication highlights at the APHA meeting included:

- Forty-five sessions addressing topics in health and risk communication
- Submission of 100 health communication abstracts for scientific sessions

- Health communication pre-conference Continuing Medical Education course
- HCWG business meeting
- Networking reception

Originally formed in 1997, the HCWG is part of the larger Public Health Education and Health Promotion section of APHA. It has over 60 volunteer members and more than a third of the steering committee members are graduates or current students of the Tufts-Emerson Health Communication Program.

James Hyde, MSc, MA, Director of the Health Communication Program and Dr. Scott Ratzan, one of the program founders, both sit on HCWG committees. Other members include leading health and communication professionals from the Centers for Disease Control, leading academic institutions and private research and health communication companies.

Rebecca Imes, MA'99, describes the sentiments of the student/alumni members, "We come from one of the leading health communication programs in the country and we are dedicated to advancing the field. Working on this committee within the APHA will give health communication more recognition and create a valuable resource for health care professionals."

The HCWG is already working hard on the 2000 APHA meeting that will take place in Boston, November 12 - 16. The group plans to increase the number of health communication scientific abstracts and sessions. The social event will be co-sponsored this year by the HCWG and Graduate Programs in Public Health.

Anyone interested in becoming involved with the Health Communications Working Group at the APHA can email me at [myoung1@opal.tufts.edu](mailto:myoung1@opal.tufts.edu).

---

## Building A Movement: The TEACH-IN on Universal Health Care

*By Rishi Manchanda, MD/MPH'02 & Max O'Donnell, MD/MPH'02*

On Saturday, November 13<sup>th</sup>, 1999, a TEACH-IN on Universal Health Care organized by SHARE (Students for Health Access, Reform, and Equity), was held at Tufts University School of Medicine (TUSM). The TEACH-IN was grounded in the current crisis in healthcare, the necessity for an open educational dialogue about the issues, and, most importantly, the desire to participate in the building of a movement to truly democratize health care in Massachusetts and the US. The format of this event included a morning moderated panel session and an afternoon session in which participants worked in facilitated small groups to develop ideas and strategies for action. Over 50 people, including speakers, attended the event.

The TEACH-IN was sponsored by the

Department of Family Medicine and Community Health, Dean John Harrington's Office, Committee of Interns and Residents (CIR), and Tufts chapter of the American Medical Students Association. The diversity of sponsorship reflected only a fraction of the diversity of panel speakers and audience participants. Panel speakers represented groups and institutions including Physicians for a National Health Plan (PNHP), Health Care for All, the Labor Party, Codman Square Health Center, the Ad Hoc Committee to Defend Health Care, and included a health policy researcher from the Boston University (BU) School of Public Health and a former CEO of the Mass Eye and Ear Infirmary. Audience participants represented seven different schools, from TUSM to the BU School of Law, and several health care and community organizations, including Health Care for All.

The prime focus of the TEACH-IN was embodied in the title, "BUILDING A MOVEMENT". As conceptualized by members of SHARE and later reaffirmed by TEACH-IN participants, the goal of this event, as with events to come, was to bring together diverse organizations, from health policy advocates to grassroots health rights workers, in nothing less than a directed movement for just and equitable health care for all. To build such a movement, TEACH-IN participants first recognized that it was important to clarify definitions of Universal Health Care to engage our communities as well as us in the most meaningful manner. This discussion then led to a spirited forum that explored issues of economics, access, professional judgment and quality standards, race, class, democratic control, as well as technical issues of costs and the pharmaceutical drug in-

*Continued on p. 5*

# The State of Nutrition in the Commonwealth

By Bernadette Bindewald, MPH'00

I was intrigued when my MPH Applied Learning Experience preceptor, Maria Bettencourt, Director of Nutrition and Physical Activity Initiatives at the Massachusetts Department of Public Health, asked me to update the 1977 report on the nutrition status of Massachusetts. It was challenging to be able to compile important and current information on the nutrition-related health of Massachusetts' residents, knowing that this could be used to inform policy and funding decisions for nutrition and physical activity programs. I worked closely with members of the Massachusetts Nutrition Board. This committee, appointed by the Governor to address the nutritional needs of the Commonwealth, authored the initial nutrition report. With their input, I learned of possible sources of data and the issues that would need to be addressed in the new report. My original intent was to compare the current nutrition status to that reported in 1977. However, different methodologies were used in gathering and analyzing the data and many indicators that were of interest now had not been assessed in the original report, making such comparison

impossible.

Thus to get a sense of how well Massachusetts was doing, I compared the data to the Healthy People 2010 objectives, the latest version of the federal government's disease prevention and health promotion agenda. It contains well-defined objectives for many areas of health. Since one of the overall goals of Healthy People 2010 is to eliminate health disparities among different segments of the population, I examined the data whenever possible by gender, race and socio-economic status. This approach also complements the Department of Public Health's dedication to the health concerns of those most in need by attempting to identify groups who are farthest from achieving the health objectives.

The report was divided into three major sections: Nutritional Assessment, Maternal and Child Health Indicators, and Nutrition-Related Diseases. Nutritional Assessment included vegetable and fruit intake, calcium intake, food security, physical activity, and weight control. Maternal and Child Health Indicators included low birth weight, folic acid and neural tube defects, weight gain in pregnancy, anemia in pregnancy, infant

mortality, breastfeeding, growth retardation, and iron deficiency. Nutrition Related Diseases included osteoporosis, cancer deaths (including breast and colorectal), diabetes, hypertension, high cholesterol, heart disease deaths and stroke deaths.

The data sources for this project included: Behavior Risk Factor Surveillance System data from 1980 to 1998; Youth Risk Behavior Survey data from 1997; USDA Food Security Report, 1999 (data from 1996, 1997 and 1998); CDC Pregnancy Nutrition Surveillance System data from 1996; CDC Pediatric Nutrition Surveillance System data from 1997; Advance Data: Deaths, 1997; Advance Data: Births 1997; Adolescent Births: A Statistical Profile, Massachusetts 1997.

The final draft of the report will be sent to the members of the Nutrition Board and others in the field for comments and suggestions. Another student has taken on the task of writing a companion report on the status of nutrition services. The ultimate goal is to have this report published by the state for use by those working in the field of nutrition and health policy.

## MPH Fall 1999 Applied Learning Experiences

**Christos Apeyitos.** *Using HCUP Quality Indicators for Massachusetts Hospitals.* Massachusetts Department of Public Health.

**Bernadette Bindewald.** *Nutritional Status and Physical Activity in Massachusetts.* Nutrition and Physical Activity Initiatives, Massachusetts Department of Public Health.

**Christine Doe.** *Colorectal Cancer: Underutilized Screening: A Public Health Concern.* Massachusetts Colorectal Cancer Working Group, Massachusetts Department of Public Health.

**Kali Erickson.** *Assessing Nutrition & Health in Guatemalan Refugee Communities.* Integrated System for Attention to Health, Guatemalan Ministry of Public Health.

**Laura Grossi.** *Community-based Programs for Seniors: Working to Maintain Health and Independence.* Elder Health Project, Massachusetts Department of Public Health.

**Stephanie Miller.** *Assessing New Hampshire Communities: The Manchester/Nashua Report.* New Hampshire Department of Health & Human Services

**Stephanie Moisakis.** *Developing a Community Prostate Screening and Education Center.* Lahey Clinic.

**Alexander Nader.** *Cost-effectiveness of Portal Pressure in the Prevention of Bleeding in Cirrhotics.* Massachusetts Department of Public Health and Lemuel Shattuck Hospital.

**Melissa Nasiff.** *The Mental Health Parity Act & HMO Reform Legislation: How will they Affect the Quality of Mental Health Services in Massachusetts?* Ruth Balsler, State Representative, 11th Middlesex District.

**Deanna Neff.** *Mammography Screening: Factors that Prevented Mammography Screening among a Female State Enrollee Population.* UNICARE.

**Pamela Rice.** *Indoor Environmental Factors and Respiratory Health in Boston Public Housing.* Department of Family Medicine & Community Health, Tufts University School of Medicine.

**Sheila Rodriguez.** *Pilot Behavioral Study at Martha Elliot Health Center.* Martha Elliott Health Center.

**Ashley Sullivan.** *Gardening in Rural Regions.* Center on Hunger and Poverty, Tufts University.

**Mariele Taverna.** *Evaluation of the HIV Dental Ombudsperson Program.* Boston Public Health Commission.

**Danielle Valley.** *Evaluation of Prostate Cancer Awareness Activities at the Massachusetts Department of Public Health.* Men's Health Program, Massachusetts Department of Public Health.

---

# First Annual Health Policy Student Forum

*By Carolyn Buckley*

The First Annual Massachusetts Health Policy Student Forum, a two-day program organized to instruct students on how state health policy is formed in the legislature and in the executive branch departments including the Department of Public Health, was held at the State House on January 6-7, 2000. The event was attended by a group of 40 students from Tufts, Brandeis, Harvard, Boston University and the University of Massachusetts. Representatives of the Graduate Programs in Public Health (GPPH) included Tom Minior, MD/MPH'00, Max O'Donnell, MD/MPH'02, Jeffrey Lazar, MD/MPH'03, Susan Bradford, MD/MPH'03, Monica Shah, MD/MPH'03, John Christodouleas, MD/MPH'03, Earlene Randolph, MPH candidate, and Kalahn Taylor-Clark, MPH candidate.

Eileen O'Neil, JD, PhD, Assistant Professor of Family Medicine and Community Health, was the GPPH faculty representative for the Massachusetts Health Policy Forum, a collaboration of the Schneider Institute for Health Policy at the Heller School at Brandeis University, Health Care for All and Citizens Programs Corporation. Dr. O'Neil labeled the event a success and noted, "The two days of the forum included a tremendous amount of information and different perspectives of the key health policy makers in Massachusetts. The schedule was demanding, but the result was a substantial exposure to the ways



*2000 Massachusetts Health Policy Student Forum Participants*

that policy is formed." The students agreed. Jeffrey Lazar, MD/MPH'03, said, "The forum was a valuable introduction to state health care policy, though it also illustrated the many challenges and complexities associated with this enormously important subject." Earlene Randolph, a student in the MPH program said, "The Student Health Policy Forum gave me great insight into how politics plays a very important role in the formation of new health programs and policies."

Legislators, agency officials and scholars spoke to the students on a range of issues, but focused primarily on access to health care for the uninsured and prescription benefits for Medicare beneficiaries. In addition to those major themes, students were exposed to an

insider's look at the legislative process, the role of the Department of Public Health, and the part that the media, lobbyists and advocacy groups play in shaping health care policy in Massachusetts. Keynote speaker Stuart Altman, Sol C. Chatkin Professor of National Health Policy at the Heller School at Brandeis spoke to the audience about the history of health insurance coverage in the U.S., the political obstacles to increasing access, and the contemporary policy challenges on the national level.

The 2<sup>nd</sup> Annual Health Policy Student Forum will be held in early January '01. More information on the forum will be available in December and GPPH students are encouraged to apply.

---

## The TEACH-IN on Universal Health Care

*Continued from p. 3*

dusty. Finally, participants discussed possible future steps in the process of building a movement, including a larger TEACH-IN event tentatively scheduled for late February or early March.

SHARE was founded in the spring of

1999 at Tufts School of Medicine by a small group of medical students. The group has since grown to include members from Harvard Medical School and the BU School of Public Health. The group has a specific interest in engaging students from all health-related fields, including public health, nutrition, physical and occupational therapy, and nursing. The most important lessons gained from the TEACH-IN was the historically crucial role that students

have played in bringing diverse groups together and launching and fueling movements, from the Civil Rights Movement to the emerging Health Justice Movement. SHARE invites all interested students or community members seeking more information to contact Max O'Donnell at [modonnel@opal.tufts.edu](mailto:modonnel@opal.tufts.edu) or Rishi Manchanda at [rmanchan@opal.tufts.edu](mailto:rmanchan@opal.tufts.edu).

---

## A Public Health Approach in Medicine

*Continued from p. 1*

women and children. Although the Jamaican Department of Public Health has been successful at eradicating communicable diseases, such as measles, most of the population still lacks access to health care. Jamaica has 350 government-run health centers, 19 acute care hospitals, and 3 specialized chronic care facilities. Despite having the infrastructure in place, these facilities have been limited by staff shortages and financial constraints over the past ten years. As a group, this is where we hoped to make an impact.

Over the one-week period that we spent in Jamaica, we had the opportunity to learn about their health care system, visit various health agencies, and work at numerous health sites in Kingston and Ocho Rios. The group was divided into teams of four and we saw patients at school clinics, government-run clinics, and homes for pregnant young women and disabled children. In the clinics of which I worked, we saw an average of two

hundred patients a day. Many of the sites were lacking supplies, medications, and staff. Most of the patients had a primary care doctor, but could not afford to continue to see them or buy medication for their chronic medical problems. We were fortunate to be able to dispense free medications, glasses and dental care to some of the patients. For those whom we had nothing to offer medically, we offered a listening ear, a warm hand, and our sympathy.

The most frustrating aspect of the trip for me was that I came to alleviate some of the suffering and to help, but there were times that I felt I couldn't. I learned about the obstacles that face physicians working in developing countries, but we came prepared with equipment, medications, and medically trained people. I found myself thinking "How could we possibly think that we can make a difference in a week?" and "What is going to happen to these patients when they run out of the one-month medication supply we gave them?" In my frustration, I found the answer and finally understood why we desperately need a public health approach in medicine. We need to think beyond the disease and

start to look at the individual, the family, the community, and the world at large. We need to ensure that community service projects are ongoing and self-sustainable. We must establish better health care systems that offer quality health care to all individuals regardless of socioeconomic status. Proudly, I can say that the Jamaican health officials have come to understand the need of a public health approach. A major component of the Jamaican health care system is aimed at prevention. The Ministry of Health works in conjunction with local schools to provide services such as STD/AIDS education and drug prevention, and has launched several national vaccination campaigns. Their goal is to increase the number of medical professionals and make medical care more accessible to the population. They are working towards a primary care model where every person has a regular physician that they will see for routine health care. There is much promise and hope for this small island that faces many challenges. I, too, believe that a primary care and a public health approach is the way to improve the health care of developing countries.

---

## Cryptosporidiosis in Maynard, MA

*Continued from p. 1*

with domestic animals, and eating at local picnics and restaurants. The goal of our survey was to see if any of these exposures were linked to cases of gastrointestinal (GI) upset. An additional objective of our survey instrument was to see if an increased number of cases of GI upset had occurred during the months in question, but had gone unreported, and thus, to attempt to estimate the true numbers of the outbreak.

The possibility that the cluster was linked to the town's drinking water supply was raised by the Maynard Board of Health and members of the town Board of Selectmen. Accord-

ing to town officials, during the summer months, due to drought like conditions, the town's ground water wells ran low. The town was therefore forced to supplement its drinking water supply with an unprotected surface water source, White's Pond. Subsequent testing of the pond water proved positive for the presence of CP.

We are currently in the process of analyzing our data set. While preliminary crude analysis suggested a link between exposure to unfiltered tap water and the symptoms of diarrhea, vomiting, and nausea, regression analysis is proving this possible relationship to be far less clear cut. At this phase in our analysis, we cannot say that tap water and cases of GI symptoms were truly associated. However, through our survey, we collected much valuable

data regarding common exposure frequencies, frequencies of summer time GI events, and demographic and household information, that can be used to further our understanding of both primary and secondary transmission of this emerging diarrheal disease. In fact, the survey instrument that we created and implemented served as a pilot for multiple instruments that we are now employing in a five year CDC/NIH funded cohort study of waterborne emerging diarrheal diseases in Massachusetts children and their families. The aim of this new study is to follow 200 Massachusetts families to examine relationships between environmental exposures and development of cryptosporidiosis as well as several other emerging diarrheal diseases.

# Alumni Notes

## MPH

Congratulations to **Eric Engels, MD, MPH '98**, of Columbia, Maryland, and his wife Elsie on the birth of their son, Joshua Adam, born on 11/1/99.

**Ethan Balk, MD, MPH '99**, of Brookline, Mass., is an Assistant Professor of Medicine and Health Services Researcher in the Division of Clinical Care Research at New England Medical Center.

**Alyson Nixon, MPH '99**, of West Roxbury, Mass., is a Data Manager for Transplant and Organ Bank Coordinator for Lahey Clinic Medical Center.

## MS-Health Communication

**Laurie Brown, MS '98** of Brighton, Mass., is a Managing Editor for HealthGate Data Corporation. She enjoys co-ed sports, volunteering for youth basketball, and freelance writing and editing.

**Jacqui Buchanan, MS '98** of Rye Beach, NH is a Clinical Specialist for Hill-Rom. She enjoys tae kwon do, running, skiing, kayaking and being a mother.

Congratulations to **Lisa Dunderdale, MS '98**, of Southborough, Mass., on the birth of her son, Timothy James, born on 8/20/99.

**Shannon Poole, MS '99**, of North Attleboro, Mass., is an Account Executive for Feinstein Kean Healthcare. Shannon has a 1-year-old daughter.

## MD/MPH and DVM/MPH

**E. Kerry (Gallivan) Bennett, MD/MPH '93**, of Waltham, Mass., is an Attending Surgeon for Middlesex Surgical Associates, Inc. She enjoys hanging out with her husband, son and their dog, in addition to walking, aerobics, and photography.

Congratulations to **Elton Lee, MD/MPH '93**, of Mercer Island, Wash., and his wife Dr. Doris Chan-Lee on the birth of their son, Ethan Daniel, born 6/30/99.

**Laszlo Madaras, MD/MPH '93**, of Chambersburg, Penn., is a Family Doctor at the Keystone Rural Health Center and a member of the National Health Service Corps. He recently appeared in a feature of the Keystone Health Center on the front page of Public Opinion.

**Celine Godin, MD/MPH '94**, of Portland, Maine, is a Staff Attending in Radiation Oncology for the Spectrum Medical Group at Maine Medical Center.

**Katherine McGowan, MD/MPH '94**, of Seattle, Wash., reports that she will be moving back to Boston to begin a Pediatric Emergency Medicine Fellowship at Boston Children's Hospital this July.

**Kari (Ethridge) Teran, MD/MPH '94**, of Santa Rosa, Calif., is currently on maternity leave raising Aidan (28 mos.) and Everett (1 month). She's a Staff Physician and Medical Director for Primary Care Associates of the Redwood Empire.

**Kurt Alan Diebold, MD/MPH '95** and **Tania Bandak Diebold, MD/MPH '94** are living in St. Davids, Penn. Kurt will be resuming his Internal Medicine residency at The Cleveland Clinic in July and Tania will be working half time at one of the clinic's satellite branches. They have a 5-month-old son Nicholas.

**K. Holly Gallivan, MD/MPH '95**, of Haddonfield, NJ, is Chief Resident at Thomas Jefferson Univ. Hospital in Philadelphia and looking for a job in either Boston or Minneapolis. She's been enjoying her new nephew, Sam!

Congratulations to **Aditi Sanatania, MD/MPH '95**, of Salt Lake City, Utah, and her husband on the birth of their son on 12/9/99. Aditi is currently a general OB/GYN physician in private practice. They invite any alums passing through Utah to visit them.

Congratulations to **Tara McCarthy, MD/MPH '96**, of Weston, Mass., on the adoption of her daughter, Kaitlin, 17 months. Tara is an Epidemic Intelligence Service Officer for the Centers for Disease Con-

trol in Hartford, CT.

Congratulations to **Vanda Blinn (Szuszkiewicz), MD/MPH '98**, of Marion, Mass., on the birth of her son, Isaac, on 10/12/99. Vanda is a second-year Pediatric Resident at Hasbro Children's Hospital in Providence, Rhode Island.

**Charles Eastin II, DVM/MPH '98**, of Gaithersburg, MD., is a Veterinary Medical Officer for the FDA Center for Veterinary Medicine and recently earned a private pilot's license.

**Elie Kurzer, MD/MPH '98**, of Brooklyn, New York, is a Resident in Surgery for Downstate Medical Center.

**Jennifer Nelson, MD/MPH '98**, of Boston, Mass., is a second year resident in Internal Medicine at Boston University. She's going to Costa Rica and planning a rotation to Haiti in International Medicine.

**Tracy Schmitz, MD/MPH '98**, of Seattle, Wash., is a Pediatric Intern at the University of Washington Children's Hospital.

Congratulations to **Kevin Trude, MD/MPH '98**, of Chattanooga, Tenn., on his marriage to Tracy Skohick.

**Chandrasekhar (Bob) Basu, MD/MPH '99**, of Washington, DC, is a member of the Surgery Housestaff at The George Washington University Medical Center.

**Shael Brachman, MD/MPH '99**, of Key Biscayne, Fla., is an Intern for the Jackson Memorial Hospital Internal Medicine Department. She's currently conducting a needs assessment of crack-using women in Miami along with the Department of Epidemiology at the University of Miami.

**Elizabeth Glazier, MD/MPH '99**, of Santa Monica, Calif., is a Resident at UCLA Medical Center. Elizabeth is training for the Los Angeles Marathon on March 5th.

**Jeffrey Hamer, DVM/MPH '99** of Newton, NJ, is a Large Animal Veterinarian and is applying his public health skills to write a fact sheet on sheep/goat care.

## Faculty Notes

Congratulations to **Edith Balbach, PhD**, Assistant Professor of Family Medicine & Community Health, on the publication of her book Tobacco War: Inside California's Battles that she co-authored with Stanton Glantz. The book was published by the University of California Press. She also published a paper in the December 1999 issue of *Tobacco Control* entitled "Hollywood on Tobacco: How the Entertainment Industry Understands Tobacco Portrayal."

**Doug Brugge, PhD**, Assistant Professor of Family Medicine & Community Health, recently published "An Environmental Health Survey of Residents of Boston Chinatown" in the *Journal of Immigrant Health*.

Congratulations to **Norman Daniels, PhD**, Professor of Philosophy, on his Robert Wood Johnson Investigator Award. The project includes: Completing a book on limit-setting decisions in managed care organizations and more generally in health

care; revising *Just Health Care*; and adapting his work on "benchmark of fairness for health care reform" for use in developing countries.

**Richard Glickman-Simon, MD**, Assistant Professor of Family Medicine & Community Health, recently gave a presentation, "Unconventional Medicine in Conventional Medical Education" at the Society of Teachers of Family Medicine's annual conference in San Antonio, Texas.

**Jeffrey Griffiths, MD, MPH&TM**, Associate Professor of Family Medicine & Community Health, was appointed to the National Research Council's Committee on Drinking Water Contaminants. The Committee's charge is to examine how potential drinking water contaminants, both chemical and microbial are prioritized by the federal government.

**Sheldon Krimsky, PhD**, Professor of Urban & Environmental Policy, contributed a paper to a special symposium issue of the *Chicago-Kent Law Review* on "Legal

Disputes over Body Tissue", Vol. 75, No. 1, 1999. His paper is titled "The Profit of Scientific Discovery and its Normative Implications."

Congratulations to **John Kulig MD, MPH**, Associate Professor of Pediatrics and Family Medicine & Community Health, on his recent grant award for "Healthy Schools/Health Communities" for Health Resources Service Administration's Bureau of Primary Health Care for his work at Boston High School.

**Beth Rosenberg, MPH, ScD**, Assistant Professor of Family Medicine & Community Health, presented her work in Cuba on a fungus that is used as a biopesticide. It's good for the environment, but may cause asthma and hypersensitivity in workers. She also had a book chapter published in Contributions to the History of Occupational and Environmental Prevention, Elsevier, 1999, on the social determinants of silicosis control in the Vermont granite industry, 1938-1960.

Tufts University School of Medicine  
Graduate Programs in Public Health  
Department of Family Medicine & Community Health  
136 Harrison Avenue  
Boston, MA. 02111