

Tsunami Relief in Sri Lanka



Public health message being delivered to displaced victims of the Tsunami at a Sri Lankan Camp

Sheetal Kandiah, MPH'05

When my husband Prem and I boarded the plane on Christmas day, we thought we planned a relaxing vacation in Malaysia. We arrived in Malaysia on the morning of December 27th, one day after the Tsunami occurred. Since both Prem and I are physicians, we contacted local non-government organizations (NGO) to see if we could help. Arrangements were made for the two of us to go to Sri Lanka. We also obtained a weight allowance on Malaysian Airlines to transport donations of medicine and clothing. I had no idea what to expect when we landed in Colombo, Sri Lanka on January 9th.

We were promptly sent by a local NGO to a small area on the east coast called Vakarai. In this area of the country, which was already devastated by decades of war between the Sri Lankan government and a Tamil separatist group, a Tsunami was the last thing these people needed. There were 5 separate camps consisting of a total of 5,000 displaced families. A total of 225 people died due to the Tsunami. Many fishermen had lost their boats and fishing nets. A brand new hospital, recently reconstructed after the war was due to have its grand opening ten days later, but was destroyed. The nearest town was 4 hours away and accessible only by crossing a river by boat because the bridge was destroyed by the Tsunami. Despite the tragedy, however, the Tamil people of Vakarai were warm, generous and welcoming. In the majority of people, sadness was not reflected in their smiles and they displayed resolve to rebuild their lives. Children played community games in ignorant bliss.

We set up mobile medical clinics fully supplied with a large mobile pharmacy with medications donated by various sources. We started all our clinics with a public health message that included advice on how to minimize infections associated with crowding and contaminated water. Medical conditions mainly included diarrheal illnesses, scabies, fungal skin diseases, and most of all, respiratory tract infections. We liberally

Continued on p. 3

In This Issue

Studying Contributing Factors of Health and Disease Prevention in Alaska Natives

Council of Graduate Programs in Preventive Medicine and Public Health

New England Coalition for Health Equity Symposium

Physicians and Schools Working Together for Healthy Maine Youths

Fall 2004 Applied Learning Experiences

Public Health Student Senate Update

Alumni Notes



*James N. Hyde, Jr., MA, SM
Director, MS - Health
Communication Program*

Director's Message

James N. Hyde, Jr., MA, SM

The director's message will alternate between the MPH and MS-Health Communication Program Directors.

One of the great revelations of my public health career was the realization during my tenure as the Director of the Division of Preventive Medicine in the Massachusetts' Department of Public Health that public health was fundamentally about altering human behavior. As someone who discovered public health as a Peace Corps Volunteer working to provide clean water to rural villagers in West Africa, health communication was pretty far removed from my professional agenda. Nor did I think much about it while pursuing my graduate studies in epidemiology. Over time, however, it began to dawn on me that the only real reason to study epidemiology and try and understand the underlying antecedents and determinants of illness was to be able to alter the course of health events in human populations.

At the time I began my formal career in public health, we were just beginning to appreciate the ubiquity and importance of factors such as lead, tobacco, alcohol, physical activity and dietary behavior on human health. Epidemiology provided a powerful set of tools for identifying high risk populations, but we were only just beginning to feel our way in terms of understanding how to translate those insights into programs that would alter the destructive impact of these exposures. As the director of the nascent tobacco control, hypertension, and injury control programs in Massachusetts, it became clearer and clearer to me that the challenges did not result from a lack of understanding of the determinants but rather from our lack of experience and training in designing and implementing large scale, population-based, health promotion and disease prevention programs.

Over the past twenty-five years, an enormous amount has been learned about the design and implementation of health promotion and disease prevention programs. Projects like the North Karelia Project in Finland, the Stanford Five Community Project and the Pawtucket Heart Study all showed that carefully crafted messages, built and framed with an understanding and appreciation of the behavioral determinants of health, and tailored and delivered to the appropriate target audiences could have a major impact on patterns of morbidity and mortality. The tobacco control movement, HIV prevention and control, and anti-drunk driving campaigns have also demonstrated the robustness of these approaches. The science, tools, and skills common to these initiatives are those of health communication.

The challenges for health communication practice are not limited to chronic disease. The recent focus on bioterrorism and the need to prepare for catastrophic and high impact threats to public health underlines the importance of teaching and training programs that provide students with the skills necessary to handle these challenges now and in the future. SARS, West Nile Virus, and concerns about emerging pathogens such as avian influenza, all will require public health professionals with the training and skills that will enable them to deal effectively with these new threats. In these instances the "target audiences" are not just consumers, but policy makers, elected and appointed officials, and even health care providers.

Tufts is proud to have been one of the very first health sciences programs in the United States to have understood the importance of health communication. The Tufts' Master of Science in Health Communication Program offered in collaboration with Emerson College, was one of the first such programs. With over 140 alumni, the program which began in 1994, has graduates doing hands-on health communication work at all levels in both the public and private sectors. The success of the MS program eventually led to the creation of the Health Communication Concentration as part of the MPH Program in 1998. Here students who are pursuing their public health degree can choose to concentrate in health communication as part of their program of study.

My colleague, Dr. Timothy Edgar of Emerson College, and I recently published a study of graduates from the first ten years of the health communication program in the [Journal of Health Communication](#). (To see an Executive Summary of this study go to: www.tufts.edu/med/gpph/HCOM/message/html. For a reprint of the entire article send me an e-mail note with your mailing address). What's remarkable about the experiences of these graduates is how their Tufts education has allowed them to take up so many different roles in such diverse settings. I like to feel that the vision and innovation that went into crafting and developing the health communication program is emblematic of all of our programs at Tufts.

Contributing Factors of Health and Disease Prevention in Alaska Natives



Diana Redwood, MS/MPH '04

Diana Redwood, MS Nutrition/MPH '04

I am writing this from a village of 800 people, with no sewer or running water except for a well at the clinic and the school. No roads connect this place to another; access is by boat or plane. There are some cars for the small stretch of road, but most people get around by 4-wheelers, snow machine, or by foot. Two cases of tuberculosis were found a couple weeks ago and the Centers for Disease Control and Prevention flew a team in to do a sweep and isolate the cases. English is a secondary language for most, instead you hear children calling to each other in Yu'pik. Yet I am still in the United States, albeit a far distance from the metropolis of Boston.

The village is in Southwestern Alaska, and the people I work with are Alaska Natives whose ancestors have lived here for 10,000 years. Foods eaten include seal oil, whale meat, salmon caribou, wild blueberries, and crowberries. Yet foods recognizable to Beantown residents are also here, Pepsi, Pop Tarts, frozen pizzas and Top Ramen. Not coincidentally, diseases found in urban settings are also present here: diabetes, heart disease, and a cancer rate that is significantly higher than the U.S. norm, despite being scarce to non-existent 100 years ago. Not only do Alaska Natives now have diseases that did not occur before, but they also are more likely to die of them than U.S. Whites. Mortality rates of Alaska Natives are 60 percent higher than non-natives, with the leading causes of death for men and women being cancer, unintentional injury, and heart disease.

I work at the Alaska Native Tribal Health Consortium on a National Cancer Institute grant. The *Education and Research Towards Health* (EARTH) cohort study is seeking to understand how traditional values, food intake, physical activity, and other lifestyle factors contribute to health and prevent diseases. In other cohort studies like the Framingham Heart Study, American Indians and Alaska Natives (AIANs) have not been included in sufficient numbers to enable us to know why some AIANs stay healthy and others develop diseases. In addition, data regarding

unique aspects of American Indian and Alaska Native lifestyles and risks for chronic diseases are not presently available.

Yet what I do on a day-to-day basis is more pragmatic; I talk to people participating in the study in English, sometimes through an interpreter or through my few Yu'pik words and mimed gestures and assure them they are not guinea pigs for medical experimentation, ask them questions about what foods they like to eat, and how they prepare fish for drying. I bounce a baby for a father while writing down his weight on the data collection sheet; I ask where there are good places to collect bird eggs in the spring; and most of all I thank all the people who give their precious time as participants, so that we can learn more about current diet and physical activity patterns, what keeps people healthy, and what programs and public health measures are needed to improve the lives of coming generations.

Quyana! (Thank you).

Tsunami Relief in Sri Lanka

continued from p. 1

distributed oral rehydration salts for those with dehydration. There was no running water; no electricity and few latrines were provided by UNICEF. Food of low quality nutrition was provided in rations. A community water tank supplied by Oxfam provided treated water to the camp. Rain pounded the

area for 10 days straight leading to stagnant water due to poor drainage. Tents in the camps were supplied by Medecins Sans Frontieres. Those with no ground sheets would pile their belongings in the center of their tents to keep them dry.

The experience has imprinted itself in my memory and I will never forget the friends I made and the culture I became part of.

Despite the lack of facilities, those three weeks were undeniably the most rewarding and fulfilling period of my life. Although we went with the intention to help them, the people of Vakarai helped me to understand my role as a physician and a public health professional in a disaster situation.

Council of Graduate Programs in Preventive Medicine and Public Health

Public health education is offered in both schools of public health and in graduate programs. Graduate programs exist in a wide array of institutional and academic environments, including schools of medicine, allied health, and education. As compared to schools of public health, programs tend to be smaller and younger, but accredited programs (such as Tufts') must meet the same academic standards, as schools of public health. Programs often develop in response to specific community or academic needs, and proponents of the programs will tell you that as a result programs tend to have closer ties to community and government agencies where public health is practiced and to have more opportunity for multi-disciplinary academic work.

Schools of public health are represented by the Association of Schools of Public Health. Programs also have a national organization, the Association of Teachers of Preventive Medicine's (ATPM) Council of Graduate Programs in Preventive Medicine and Public Health (Council) that represents them and provides a forum for group discussion

and action. The Council has recently become more active as the programs seek to respond collectively to changes in public health education. A number of national groups have called for additions to the content of public health education, a transition from a knowledge-based to competency-based education, and for changes in accreditation standards. In the past two years, the Council sponsored two national meetings to discuss the 2003 Institute of Medicine Report, *Who Will Keep the Public Healthy*, and a third meeting is scheduled for April 29 – May 1 in Washington D.C.

The Tufts University MPH program has been an active participant in the Council, and this fall Tufts MPH Program Director, Anthony Schlaff, MD, MPH, was elected as chair. Students, alumni and faculty interested in the work of the Council to improve public health education should speak with Dr. Schlaff (anthony.schlaff@tufts.edu) or visit the Council's website at: http://www.atpm.org/GraduatePrograms/GP_Home.html.

New England Coalition for Health Equity Symposium

Tufts Medical School hosted on December 6, 2004 a symposium sponsored by the New England Coalition for Health Equity (NECHE), on state policy to address racial and ethnic health disparities. The Symposium specifically addressed regulations in a Commonwealth Fund report entitled "A State Policy Agenda to Eliminate Health Disparities", written by John E. McDonough of Health Care for All, and collaborators. M. Barton Laws, PhD, Assistant Clinical Professor of Public Health and Family Medicine, directed the symposium. More than 120 people, including state and municipal public health department and elected officials from around New England, academic researchers, health care practitioners and community

activists spent the morning hearing presentations from Anne Beal, M.D., of the Commonwealth Fund, three of the report's authors, John Auerbach of the Boston Public Health Commission, and state legislators. In the afternoon workshops, participants discussed the report's recommendations and policy priorities for their own states. Dr. Laws is now following up to produce the symposium proceedings and a review of current state policy in the region. NECHE will continue to organize local and regional meetings around these issues and is developing a regional task force to develop programs to build capacity to address health disparities at the state and community levels.

Faculty Notes

Marcia Boumil, JD, LLM, Assistant Professor of Public Health & Family Medicine (PHFM), recently had a book published by Thomson-West Publishing Company, entitled "Liability in Medicine and Public Health".

Doug Brugge, PhD, Associate Professor of PHFM, co-edited a book with P. Hynes, Boston University School of Public Health, entitled "Community Research in Environmental Health: Lessons in Science, Advocacy and Ethics." The book was published by Ashgate Publishing Ltd., UK and is due out in May 2005.

Congratulations to **Stewart Landers, JD, MCP**, Assistant Clinical Professor of PHFM, on his recent appointment as Associate Editor of the American Journal of Public Health. His areas of focus will include HIV/AIDS; lesbian, gay, bisexual and transgender health; and urban health.

Thanks to the Ross Aging Initiative, **Beth Rosenberg, ScD, MPH**, Assistant Professor of PHFM, is engaged in a pilot project exploring the working and economic conditions of female temp workers over the age of 60. Temp workers are the fastest growing part of the workforce in the U.S. and the demographics of the country will greatly expand the pool of older female temp workers over the next few decades. The research was prompted by the concern that work for older women be both safe and well-paid.

Nancy Sloan, DrPH, Assistant Professor of PHFM, is chair of the Jivita 1 and 2 Data Safety and Monitoring Board. The John Hopkins University Jivita randomized controlled trials are testing the effects of vitamin A and beta-carotene supplementation on the prevention of maternal and infant mortality.

Physicians and Schools Working Together for Healthy Maine Youths

Stephen Miller, MD, MPH'05

Children of Somerset County, Maine face hunger, violence and despair that impede their academic and physical development. Individually, I and other Somerset Primary Care Providers (PCP) can and do make a difference, but 17 years in practice here has shown me individual intervention cannot change a society; the same core problems remain today as when I started. Creating a community voice to address these core problems has proved difficult because competing agendas and limited resources all affect cooperation. These are the reasons I pursued MPH courses at Tufts, to learn better ways to fight these problems.

I stood outside of Maine's Bureau of Health on the first day of my Applied Learning Experience in August 2004, thinking, thanks to unconditional support from family, friends, staff and patients, I was about to apply new skills learned at Tufts, to start work designing a program to address exactly the problems that needed addressing. The program is Schools and Physicians Working Together, designed to improve cooperation among families, teachers, school health staff, students, and students' primary care providers. The goal of this improved cooperation is better learning and living conditions for Maine youth. In August of 2004, the program existed only as an idea in the minds of senior Bureau officials. I was offered the opportunity to draft an outline of what the program design should look like, using Maine's public school system as the venue to foster this new push to reduce risks to youths' health. I was very nervous.

Over the next 3 months, I organized my thoughts in several progressive drafts, attended meetings with primary care providers from around the state, attended weekly working sessions with Bureau staff, made countless errors as I worked to incorporate everyone's approach to the issue. I came to believe that the task

was impossibly complicated, until I realized that cooperation among these varied stakeholders depends simply on an ongoing, living, breathing, evolving relationship between people, just like any other relationship. All we had to do was increase communication, make it consistent and frequent, between these key players, and working relationships would follow. With much help and input from my Bureau preceptors, an outline emerged that sets:

1. Clear goals for Maine's schools to provide better nutrition, encourage avenues of communication between stakeholders, and define and mandate a medical home, or single readily available medical provider, for each student.
2. Organizes state and local resources to achieve these goals
3. Tasks the state to provide educational opportunities for stakeholders to learn their roles in this program.
4. Allows the stakeholders to design and implement actual interventions to meet these goals according to the resources and sensibilities indigenous to each Maine Community.

I don't know if this program will work. I do know that it is already creating a new energy and hope in teachers, PCPs, school health staff, and parents. I know that food choices have improved, and bullying behaviors have declined. I know that kids in my own community feel a new attachment to their Docs, that it is easier to see and talk to their Docs, that their Docs are aware of their school work, and that their Docs show concern for their school duties and interest in their achievements at every encounter. I know that kids feel more important; that they feel their school work is more important. It is exciting, and creates desire to keep going. It is hope.

Fall 2004 MPH Applied Learning Experiences

Amanda Behrens, MS/MPH'05 - Health Communication Concentration, *Strategic Communication Plan for the Massachusetts Public Health Association (MPHA)*, Preceptor: Libby Manly, MPHA

Catherine Cairns, MPH'05 - Epidemiology/Biostatistics Concentration, *Colorectal Cancer Screening: Data from the Health Information National Trends Survey*, Preceptor: Mira Levinson, MPH, Dana-Farber Cancer Institute

Kenneth Chui Kwan Ho, MS/MPH'05 - Epidemiology/Biostatistics Concentration, *Weather and Gastroenteric Infections: Integration Estimation*, Preceptor: Alfred DeMaria, MD, Massachusetts Department of Public Health

Michelle Mehta, MPH'05 - Epidemiology/Biostatistics Concentration, *Lesbian, Gay, Bisexual and Transgender Health: A State-by-State Review of Targeted Programs*, Preceptor: Stewart Landers, JD, MCP, John Snow, Inc.

Stephen Miller, MD, MPH'05 - Health Services Management & Policy, *Physicians and Schools Working Together for Healthy Maine Youths*, Preceptor: Nancy Birkhimer, MPH,

Shelia Milligan, MS/MPH'05 - Epidemiology/Biostatistics Concentration, *Increasing Consumer Involvement: An Evaluation of a Training Program for Consumer Members of Ryan White 1 Planning Councils*, Preceptor: Mira Levinson, MPH, John Snow, Inc.

Public Health Student Senate Update



2004 - 2005 Public Health Student Senate Members

Sunindia Bhalla, BA/MPH'05, PHSS
Chair

The Public Health Student Senate has had a very active year so far. Our most exciting accomplishment is the creation of a "Public Health at Tufts" long-sleeved shirt, the first article of Tufts Public Health clothing (see pictures). There are still shirts available in all sizes, so contact gpphsenate@tufts.edu to get yours!

The Senate has tried hard to live up to it's goals to create a more cohesive student body and to increase communication and contact between students, faculty, and staff. Our activities last semester included a series of social events, including an ice cream social, a fall event that involved decorating pumpkins to the donate to children at the Boston Medical Center, and a holiday party where the shirts were unveiled. We also held the first ever social hour for students in the MPH Program. This well-attended outing to the Rock Bottom Restaurant took place on a Thursday after MPH evening classes.

We will continue to hold similar events for just students as well as students, faculty, and staff. Also, our plans for this semester include an event with an academic focus in late April. This will most likely be a forum on how the political environment of the next 4 years will

influence particular aspects of public health and health care, including people in the non-profit sector, politics, and academia. We welcome any feedback on how to enhance this event. We are already starting to line up speakers.

There are currently 10 active members representing the students in the Graduate Programs in Public Health. Pictures of the members as well as their contact information can be found on the



new senate bulletin board next to Conference Room 1 in the Department of Public Health and Family Medicine. The Senate meets two Sundays per month from 5-6PM in Conference Room 1. Generally, these are the 2nd and 4th Sundays, although dates are subject to change. All students are welcome to attend. This information, as

well as minutes from the most recent meeting, can also be found on the bulletin board. We encourage all students to contact their own or any other senate representative with any concerns with a particular class, professor, schedule, or any other issue. We are looking for student feedback, and are here to address any concerns. Faculty and staff are also welcome to contact the Senate with any issues or concerns that we can help with. We look forward to seeing you this semester!

MD/MPH Class of 2005 Residencies

Jessie Glasser, Internal Medicine, Brooke Army Medical Center, San Antonio, TX

Suzelle Luc, Internal Medicine, Beth Israel Deaconess Medical Center, Boston, MA

Susan Martin, Pediatrics/Primary Care, Children's Hospital, Boston, MA

Thomas (TJ) Schuch, Pediatrics, McGaw Med, Center - Northwestern University, Chicago, IL

Elly Tsai, Family Practice, Northridge Hospital Medical Center, Northridge, CA

Melissa Wachterman, Medicine/Primary Care, Brigham and Women's Hospital, Boston, MA

Student News

Congratulations to **Joseph Donroe, MD/MPH'06** and **Andrea Finkelman, MD/MPH'06** on being selected as Fogarty International Center-Ellison Foundation Fellows. The Fogarty Fellowship is for students interested in global health. The Fellows spend a year doing research at an international site that is supported by the Fogarty International Center at the National Institutes of Health.

There were more than 110 national applicants for the Fogarty Fellowships. The selection process involved outside reviewers and during the final selection stage the candidates were interviewed by foreign-site investigators at NIH. Kudos to Joe and Andrea!

Alumni Notes

MPH

Srilu Ravi, MPH'98, of Lexington, MA., is currently in the first year of the Juris Doctorate Program at Cornell Law School and is scheduled to graduate in 2007.

Deanna Neff, MPH'00, of Stow, MA, recently started a new job at Fallon Community Health Plan.

Congratulations to **Alyson Bracken, MPH'99**, West Roxbury, MA, who got married in June of 2004.

Marcy Gleit Carty, MD, MPH'99, of Boston, MA, will be graduating in June and will begin a position working half-time as a hospitalist at the Brigham Women's Hospital and half-time working in the Center for Clinical Excellence at the Brigham focusing on improving patient flow and and safety.

Stephanie Moisakis, MPH'00, of Westford, MA, recently started a new job as Administrative Director for the Oral & Maxillofacial Surgery Department at Massachusetts General Hospital.

Congratulations to **Allison (Waxman) Rashkin, MPH'01**, of New York, NY, who got married to Jason Rashkin (a Tufts alum) in Montreal Canada.

Earlene (Randolph) Avalon, MPH'01, of Stoughton, MA, recently accepted a position with Jumpstart for Young Children in Boston, MA, as Director of Community and Government Relations. Earlene is married to Danilo Avalon, Esquire, and they have two children, Myles (2) and Ashley (1).

Lisa Montouri, MPH'02, of Watertown, MA, was appointed Director of Community Health Outreach in the Department of Community Affairs at Cambridge Health Alliance. As Director of Community Health, she oversees the Health Access and Health Promotion Programs.

Congratulations to **Allison Doyle, MPH'02**, of New York, NY, on her engagement to Randy Roditi. The wedding is to take place in fall 2006.

Andrew Zoltan, MPH'03, Arlington, VA, is a second year student at George Mason University of Law. He will be working for Wilmer, Cutler, Pickering, Hale, and Dorr in Boston

this Summer.

Congratulations to **Summer Adams, MPH'03**, of Watertown, MA., who is getting married in June 2005 on Block Island in Rhode Island.

Congratulations to **Leslie Moser, MPH'04**, of Brookline, MA, on her recent engagement.

Eliza Lawson, MPH'04, Barrington, RI, recently accepted a position, Public Health Physical Coordinator with Brown University and the Rhode Island Initiative for a Healthy Weight Program.

MD/MPH & DVM/MPH

Samuel Stebbins, MD/MPH'91, of Redwood City, CA, is married to Gail Merrell and has three children, Jonathan, 8 1/2, David 6 1/2 and Annalise 2.

Kerry Bennett, MD/MPH'93, of Lakeville, MA, is starting her own practice in Bedford/Darmouth area as a general surgeon. She practices yoga daily and also teaches and is also interested in the mind body connection. She is happily married to John and they have two beautiful sons, age 5 and 3.

Congratulations to **Katherine McGowan, MD/MPH'03**, on her Outstanding Teacher of the Year Award from the University of Connecticut Emergency Medicine Residency Program and on her upcoming wedding this fall.

Josephine Lake, MD/MPH'94, of Charlotte, NC, is practicing with a group of four other Med/Ped physicians at Lake Norman. She continues to be very involved in community development programs to help improve health outcomes in her area.

Randal Christensen, MD/MPH'95, of Phoenix, AZ, is married to Dr. Amy Christensen and has three children, twins, Jane and Reed and Charlotte.

Erica Pan, MD/MPH'96, of Oakland, CA, married a pediatrician, Stephen Shochet in May 2003 and recently bought a house where they are settling in with their two dogs. After completing her pediatric infectious disease fellowship and short "mini EIS" medical epidemiologist fellowship she finally landed her first "real job" in communicable disease con-

trol directing the Bioterrorism and Infectious Disease Emergency Planning and Response. She will still be able to see patients 10% of the time.

Shael Brachman, MD/MPH'99, of Cambridgeshire, UK, is currently living in England and working at the Institute of Public Health at the University of Cambridge on a project to evaluate patient-practitioner interactions and to then develop a method to better measure that and see what improvements can be made in that area. She and her husband may move back to the U.S. or to Chennai, India. Anyone is welcome to visit her in England or where ever she ends up.

Jeffrey Hamer, DVM/MPH'99, of Jim Thorpe, PA, in May 2004 was promoted to Assistant State Veterinarian of the New Jersey Department of Agriculture. He and his wife have an 18 month old daughter and are expecting their second daughter in May.

Congratulations to **Bob Nguyen, MD/MPH'99**, of Sherman Oaks, CA, on his recent marriage. He's completing fellowship training in Switzerland and Australia and enjoying life.

Kyra Cass, MD/MPH'01, of Fort Kent, ME, is enjoying practicing medicine and lots of snow.

Rachel (Pechersky) Robins, MD/MPH'01, Atlanta, GA, got married to Jay Robins in May of 2004. She finished her residency at Emory and started her job as a hospitalist at St. Joseph's Hospital.

Anthony Porto, MD/MPH'01, of New York, NY, finished his pediatric residency and is currently a first year pediatric gastroenterology fellow at the Children's Hospital of New York.

Sara Stulac, MD/MPH'02, of Lebanon, NH, will finish her pediatric residency at Dartmouth this June and in July will be moving to Haiti to work with Partners in Health on pediatric HIV.

Arshiya Baig, MD/MPH'02, of Ann Arbor, MI, will be starting a Robert Wood Johnson Fellowship at the University of California - Los Angeles this July.

Tafadzwa Kasambira, MD/MPH'02, of

Brookline, MA, will be completing his residency this June and will begin a fellowship in Pediatric Infectious Diseases at Johns Hopkins University in July 2005.

Nihil Theodore, MD/MPH'02, of Bridgewater, NJ, is married and has a 9 month old baby. He will more than likely relocate to Manassas, VA to start a Family Medicine position at the Prince William Hospital.

MS/MPH

Congratulations to **Amy Paturel, MS/MPH'98**, of Santa Barbara, CA, on her recent engagement to Jason Munninghoff. The wedding is planned for this fall.

Congratulations to **Stacey Petruzella, MS/MPH'02**, Cheshire, CT, on the recent birth of her daughter. Stacey is currently the Project Director for the Yale Breast Study.

Cheryl Hajduk, MS/MPH'02, Boston, MA, is continuing her education at Tufts and working toward her doctoral degree in the Nutritional Biochemistry and Metabolism Program.

Seema Dixit, MS/MPH'03, Attleboro, MA, has a new addition to her family, a 10 month old daughter name Kuhu.

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.

Editor

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