

E-MAILMAN NEWSLETTER

BY COLUMBIA MAILMAN ALUMNI FOR COLUMBIA MAILMAN ALUMNI



THE CENTENNIAL ISSUE



COLUMBIA

MAILMAN SCHOOL
OF PUBLIC HEALTH



BUILDING A HEALTHY
AND JUST WORLD
SINCE 1922

A letter from the outgoing President of the Columbia Mailman Alumni Board

Dear Fellow Columbia Mailman Alumni,

I am pleased to share the Centennial issue of E-Mailman, written for Columbia Mailman alumni by Columbia Mailman alumni. The coronavirus pandemic has underscored the importance of community; and this newsletter is just one of the many ways that the Alumni Board is working to deepen our connection to one another in our ongoing hybrid environment.

As we celebrate our Centennial Year, we are so proud of our School's rich history at the forefront of public health and excited for the continued impact we will make in our second century. This issue truly represents the depth of our leadership and scholarship. Some highlights include the following:

- **Suzanne Kirkendall, MPH '18**, profiles fellow alumna, Dr. Anne Beal MPH '93, CEO and Founder of AbsoluteJOI Skincare, who refused to be boxed into one career path, and instead found her way to launching her own company (pg. 4).
- **Nicole Iny, MPH '10** highlights the power of mentorship at Columbia Mailman through the blossoming relationship between Barri Blauvelt, MPH '17 and Alessia Casale, MPH '20 (pg. 14).
- **Sonalee Rau, MPH '20** helps us travel back in time by exploring how the curriculum at Columbia Mailman has evolved over the last 100 years (pg. 17).
- **Renuka Bijoor, DDS '03, MPH '15** shares the powerful impact of philanthropy with a special feature on the Alumni Centennial Practicum Stipend Fund (pg. 27).
- **Stacey M. Cameron, Esq, MPH '15** provides an update on the FORWARD initiative launched by Dean Fried and senior leadership at Columbia Mailman (pg. 29).
- **Susan Amlani, MBA '04, MPH '01** amplifies the University's response to the COVID-19 pandemic and the role that Columbia Mailman played in these efforts (pg. 33).

- **Annette B. Ramirez de Arellano, DrPH '86** interviews fellow alumna, Jessie Schutt-Aine, MPH '94, whose international work has made an incredible impact in addressing the challenges of COVID-19 across the globe (pg. 37).
- **Theodore Nappi, PharmD '76** shares two historical posters from the 1950s and 1960s, which were created to encourage the public to receive their Polio vaccinations (pg. 42).

Thank you to the entire Columbia Mailman Communications Committee for making this Centennial issue of E-Mailman possible. In particular, I would like to say a special thank you to **Susan Amlani, MBA '04, MPH '01** who has chaired the Communications Committee for the last two years. We are so grateful for your dedication to E-Mailman and the mission of the Alumni Board. Your leadership has not gone unnoticed.

Finally, I want to congratulate the Class of 2022 and offer a warm welcome to the Columbia Mailman alumni community! We are so proud of your hard work and perseverance during the last two incredibly challenging years.

If you have exciting news to share with our community or would like to write for E-Mailman, please contact us at msphalum@cumc.columbia.edu.

Happy reading!



Anette Wu, MD, PhD, Executive MPH '08

Q&A with Dr. Anne C. Beal, MPH '93, CEO and Founder of AbsoluteJOI Skincare

By: Suzanne Kirkendall, MPH '18



Dr. Anne C. Beal, MPH '93
CEO and Founder, AbsoluteJOI Skincare
GSK Board of Directors, Chair Corporate Responsibility Committee
Prolacta Bioscience Board of Directors
Academy Health Board of Directors and Former Board Chair

Dr. Anne C. Beal, MPH '93 is based in Washington DC. Over the course of her impressive career, she has been a practicing physician, researcher, director of philanthropic foundations, healthcare consultant, and has served on pharmaceutical boards. Most recently, Dr. Beal founded the skincare company, AbsoluteJOI.

Tell us about the journey you've taken to arrive at the work that you are doing now.

The trajectory is nowhere close to what I imagined it would be! For a kid like me, growing up in Jamaica, Queens, places like Columbia University were the magic palaces on the hill. My goal at the beginning was simply to become a physician and be a community provider.

Over time, I realized I had an interest in doing more than working with individual patients; I also wanted to work on a community and population-based level. That led me to complete a research fellowship that emphasized health services and pursue my MPH at Columbia Mailman. My master's gave me an understanding that was so different from my clinical training. Rather than focusing on individual patients, public health focuses on populations, which requires a different approach to understanding how to improve health.

When I finished my fellowship, I went to work in the mobile medical units in New York City to help provide healthcare to individuals experiencing homelessness. At the time, cocaine was running rampant throughout New York, which was destabilizing communities of color and causing the number of women and children going through the homeless system to escalate significantly. Being able to work on these mobile medical units and provide care to a population in need really resonated with me. However, I quickly saw that while I could take care of my individual patients, what we were doing was just a band-aid on a much bigger issue. Of course, the needs of families experiencing homelessness needed to be met, but what more could we do to slow the rise of homelessness and how could we prevent it altogether? This made me want to act more holistically—I wanted to work towards allocating resources so mobile medical units weren't needed in the first place.

From there, I decided to focus more on health policy. Health policy is all about the decisions that are made to determine who gets what healthcare and when, and the resource allocation to make that happen. When trying to figure out how to move into this new space, I looked at clinicians 10–15 years older than me working in health policy. I saw that many established their expertise in academic and research settings, rather than clinical settings, and I decided to do the same.

That was what led me to take a research faculty position at Harvard University where my work focused on health disparities. At that time, “health disparities” was a newly emerging concept. Before that, we were talking about “minority health” and it was just accepted that people of color had different health outcomes compared to everyone else. The language of “disparities” came out of Dr. David Satcher’s work with President Clinton’s Initiative on Race. This new framing of minority health as disparities in health was important because it recast the issue as there being a “gap” in health that needed to be closed.

A lot of my research at Harvard, and later the work I funded at the Commonwealth Fund, was descriptive. At the time, most health professionals denied there were disparities in their practices or health systems and said, “I treat everyone the same.” Although the early work was descriptive, it was important to show—and prove—that health disparities were rampant throughout healthcare. I felt it was important to describe the problem in what I called “units of accountability.” Everyone could see reports indicating that people of color had worse outcomes but would explain it away as “personal choice” or “social factors” and then everyone could shrug their shoulders and say, “what a shame.” But if the data shows that it’s your health plan (where everyone has the same financial access), or your hospital (a place where you have control and responsibility), it’s something you cannot ignore and explain away. This also dovetailed nicely with a lot of the discussions at the time about defining and improving the quality of healthcare in the United States. Our research not only described health disparities but framed it as disparities in quality of health care and reported it in a way that people couldn’t ignore, because they were responsible for the quality of care in their respective settings.

Over time, as a health professional of color, I was being pigeonholed and only tapped to address issues of disparities, but I had the training and expertise to do more. This led me to leave the Commonwealth Fund to take on the role of president of the Aetna Foundation. Earlier in my career, I never could have imagined working at a health plan, but it's where I learned a lot about the business of medicine and realized every stakeholder has a role to play and must add value to remain in business. In the case of health plans, I realized they do a lot to hold down the cost of care and make it an affordable offering from employers to their employees. In other countries, the national payers negotiate prices with hospitals, physicians, and pharma. But in the US, our federal purchasers do not play that price negotiation role. As a result, the pushback on prices falls to the private sector and to the health plans who negotiate with pharma, hospitals, and others. The cost of healthcare in the US is skyrocketing unsustainably and someone needs to push back on that growth. As a physician who was not a fan of health insurers, this was an important lesson. Everyone is playing a role that is an important part of the healthcare dialogue.

At the time, President Obama was implementing the Affordable Care Act to address many of the quality and access challenges in health care. One of the organizations created from that legislation was the Patient-Centered Outcomes Research Institute. I was recruited by the executive director, who was employee #1, to become employee #2 to help build the organization. I knew I could contribute because I had led a funding organization, and knew how to navigate the Washington, DC policy and political landscape to make it successful. This challenge was exciting because I really liked the thought of a research agenda that was patient-centered and genuinely responsive to patients' needs, not just the researchers' interests. We spent a lot of time defining patient-centricity in research, how to implement it, and how to evaluate its impact. This was challenging because no one had operationalized patient-centered research before, but that also meant no one could tell us we were doing it wrong!

I was really enjoying this work, but as my interest in patient-centeredness grew, I got another call, this time to be the first chief patient officer in a top 10 biopharmaceutical company based in France. Again, I never imagined I would

work with a pharmaceutical company, but it was my patient advocacy colleagues who encouraged me to consider it because they reminded me that pharma is the only source of financial support for patient advocacy efforts, and I could contribute to creating a meaningful engagement with patient groups. I also wanted to understand how pharma conducts research and then puts it into practice so quickly. My goal was to help ensure the patient voice was brought into this work. It also provided a new level of challenge because this company worked on six continents, which required me to think about patient-centricity in both a cross-cultural context and a cross-market context. We were trying to understand all those different factors and come up with an agenda around the patient that could be implemented in a global context.

After five years, I was reflecting on my career and felt that it was time for me to take a different approach. In the decades since I'd trained as a doctor in the Bronx, I saw that healthcare disparities hadn't gotten better despite all the work and effort of many, many people. Even the numbers of under-represented minority physicians—particularly African American—hadn't increased since I'd been in school. COVID-19 really emphasized the ongoing disparities in health care for me. I was at a conference and Dr. Rob Ross, president of the California Endowment, was giving a talk where he said something we all know in public health: “Your ZIP code is more important than your genetic code for health outcomes.” This gave me pause to think about what else could be done to improve resources and infrastructure in communities of color that ultimately impact health.

Much of Europe claims to be open and secular, but living in France, I saw there is xenophobia and real discomfort with people who are not from Christian-based faiths. There is Islamophobia against émigrés from their former colonies, and I was very surprised to see the level of anti-Semitism that still exists in Europe. However, it helped me understand why those communities had worked for millenia in Europe to build their own infrastructure to survive in hostile environments. On top of that, the 2016 election results shattered any belief I had about America being a meritocracy. All politics and policies aside, we had the most qualified modern candidate lose to the least qualified candidate and it had nothing to do with merit. Together, this drove me to shift my focus to economic

empowerment as a path to improving health outcomes in communities of color. Rather than working in institutions not fundamentally designed to improve health in communities of color, I wanted to take my business experience and shift to building infrastructures in our communities for financial empowerment so communities can advocate for themselves.

Just like in healthcare, there are disparities in the entrepreneurship space, and only 3-percent of venture capital goes to women of color in the United States. I decided that whatever I did would have to be a high-margin business to grow profitably. Skincare is one of those businesses, and this resonated because I was coming from pharma, so I knew a lot about formulations, approval processes, and product development.

Skincare had also always been a personal interest of mine because I struggled to find products that addressed my anti-aging skincare needs. This was backed up by the market research: 70 percent of women of color say that the products on the market don't work for them. I had been making my own products at home for a long time, so while I was living in Paris, I went to a DIY skincare store to get more ingredients and was struck by the disproportionate number of Black and Brown women in this store.

There is a professor at Harvard Business School who says that if you see people creating a work-around to a problem, there's a business opportunity in bringing a solution for that problem to market. Seeing all these women of color making skincare products for themselves made me realize it wasn't just me who was creating a solution for myself, but there were others, and this was a business opportunity as the solution wasn't on the market yet.

I knew I wanted my products to be “clean beauty,” and that I would manufacture them in Europe because the manufacturing standards are higher than in the US. Then, a study came out that said over 75-percent of products marketed to women of color contain problematic and potentially harmful ingredients. This mostly comes from hair products and skin bleaching ingredients, but also includes universally used chemicals in beauty such as phthalates and parabens, which are banned in the EU.

I looked further into parabens and that found they are classified as hormone disruptors, act as estrogen in the body, and are concentrated in estrogen-sensitive tumors. There have been epidemiological studies in New York that found the paraben levels in Black and Latinx women are 4–8 times higher than the general population. That set off alarms for me because many disparities in women’s health seem to be related to excess estrogen, such as the prevalence of uterine fibroids, and no one knew why. I could not find research that showed parabens cause estrogen sensitive tumors, so I am careful about the language I use to describe the paraben risk for women of color. And while correlation is not causation, I do know there’s no downside to eliminating parabens from our products—especially for Black and Latinx women who use twice as much skin care per person as the general population.

Now my mission isn’t just about economic empowerment, but also about clean beauty and the role it plays in disparate health outcomes. As a result, AbsoluteJOI Skincare is about a non-toxic lifestyle holistically. Today, I am building a company that is about skincare, but also about working with other black, Indigenous, and people of color (BIPOC), women-founded companies. My goal is to be in a position where we can invest in and support other women-led companies to create products and services that meet our needs while building familial and community wealth and empowerment. It is a health mission, a social justice mission, and an equity mission.

What accomplishments are you most proud of?

On the professional side, it was the contribution to mainstreaming health disparities—helping to shift that dialogue, helping fund others, and supporting the careers of others so that it was no longer the “minority health thing,” but instead a gap in health care quality that was everyone’s responsibility to close. We made some good progress in giving people the language and the comfort to be able to look at quality measures, stratified by race and ethnicity, and to be able to start to ask within their own settings how they could begin to eliminate existing disparities. On the personal side, I am absolutely proud of my three daughters. They are all young adults and out in the world making an impact. I am so proud of the women they’ve become and I am happy to have played a small role in their development.

How did your time at Columbia Mailman influence your career?

At that time, I was completing my research fellowship, had two of my babies in two years, worked extra ER shifts to make ends meet and was taking my classes full-time. First, it taught me how to manage and balance my time as a professional and working mother. In terms of my training, my biggest learning was the shift from thinking that excellence in health outcomes was based on the individual efforts of patients and their doctors, to health being based on a collective effort to promote systems that support population health. I learned that there are forces outside of your individual health behaviors that impact your health outcomes and learned to appreciate all of the factors outside of the clinician's office that are important. Beyond social determinants of health, it's about resources and who has access to what. For example, food deserts are a real and major problem in low-income communities. It's no wonder there's an obesity epidemic that disproportionately impacts those communities. Columbia Mailman also gave me the space to begin to understand health policy and how important it is to health outcomes. A lot of doctors don't even know the basics of health policy. I've given talks to medical students who don't know the difference between Medicaid and Medicare. It was a place that really shifted my thinking from just being a clinician to being a health advocate.

Reflecting on Columbia Mailman's Centennial: What do you see as the biggest opportunities for public health in the next 100 years?

Well, in the last 100 years, I'd say the biggest advance we've had in public health was indoor plumbing to reduce transmission of many communicable diseases, and generally improving what I call "the passive areas" in health for patients like environmental health and clean water. I've also gone through the exercise of looking through the morbidity and mortality reports of the last century, and the number one cause of death and illness 100 years ago was different types of infectious disease. We've mastered many infectious diseases through vaccinations, hygiene, plumbing, and antibiotics, but we now have an infectious disease healthcare system that is managing a new chronic disease epidemiology.

As a patient, your lifestyle, diet, where you live, and so on, are so much more important than the treatments I can give you as a clinician. As we look towards

the next 100 years, the question is: can public health and clinical health shift from the acute, infectious disease model to the chronic disease model? That will be our biggest challenge as a field.

What do you think the field of public health needs to do differently to effectively tackle those challenges?

I think the kind of innovation we'll see in drugs will not have the same kind of major impact that innovations like insulin and penicillin have had in the past 100 years. I'm very excited about monoclonal antibodies, and I think cancer will become the next chronic disease to be managed over time. But then, how do we manage that? How do we engage patients and maintain the long-term relationships that chronic disease management requires?

On top of that, how do we do it in places and spaces that are virtual? I don't think we have a good handle on that right now. We also need to get better at communicating and going where people are, in the same way that businesses do with their sophisticated marketing techniques. If you want to be found, you must speak in the language that your target audience uses. We must establish thought leadership on this, not only for communicating information with the public but with each other. Relying on academic journals is too slow and inaccessible.

COVID has shown us the importance of communication, meeting people where they are, and what happens when you don't get it right. We also need to stay cognizant that knowledge and communication are not enough to change behavior. One of the things I think is useful for this is the field of behavioral science. When I was at Sanofi, I started their behavioral science advisory group to focus on methods to improve patient self-management to improve health outcomes. At the end of the day, patient-centricity is about improving patient outcomes, and within the context of chronic disease, I think patient empowerment for self-management is a critical factor.

What advice would you give current Columbia Mailman students starting their own careers?

You can do anything with an MPH—what isn't related to health and wellness at some point? My advice is to recognize that the MPH is just the beginning of the

journey. I don't know anyone who 100-percent ended up doing what they were going to do with their career, myself included. Health and healthcare as we know it now won't be recognizable in 10–15 years, so you need to be able to evolve and stay relevant. The biggest skills you should take away are learning how to think on a population basis and learning how to learn because new knowledge will come at you throughout your entire career. If you have those skills, you'll be a fine contributor to public health.



Above: Students at Columbia Mailman Class Day on May 17, 2022.

An Alumni Connection Blooms into Mentorship

By: Nicole Iny, MPH '10



After graduating from Columbia Mailman’s Health Policy and Management program in 2020, Alessia Casale was seeking career advice. As an undergraduate in the pre-medical program, and with interests in both child behavioral health and global health, Alessia was seeking guidance on how she could pursue both paths. When she asked her father, a graduate of Columbia Mailman’s Executive MPH 2017 class, if he could suggest someone from his time at the School from whom she could seek advice, he suggested his classmate, Barri Blauvelt, MPH '17.

The founding President and Chief Executive Officer of Innovara, Inc., a global healthcare industry business and management development firm, Barri had earned her MBA from Columbia Business School years before returning to Columbia for her public health degree. “Columbia Mailman’s curricula excited me,” says the lifelong learner of her decision to attend Columbia Mailman. “I wanted to really learn something, not just have initials next to my name.”

What began last year as a Zoom conversation between Barri and Alessia blossomed into “an incredible sponsorship,” in Alessia’s words. Shortly after a virtual meeting and follow-up communications, during which Alessia’s talent shone through, Barri realized the need for an intern to assist with Innovara’s national quantitative, longitudinal study (2018-2021), *Health Alert 2022: Women, Diversity and Leadership in the Businesses of Healthcare*; she offered the internship to Alessia. “I wanted to get a sense of Alessia and what she was capable of doing,” Barri says.

Through her work on Innovara’s study, which is being conducted under the Institutional Review Board of the University of Massachusetts Boston, Alessia

has already demonstrated her abilities. “Without reserve, I would recommend her for anything,” Barri says. Notably, Alessia has several opportunities to help author papers on its results and may even publish her first—focusing on the health insurance sector data—in the spring. The Health Alert 2022 study will report on the number of women and minority executives by role and function, from 2018-2021, across ten healthcare sectors, covering more than 150 organizations that account for over two-thirds of direct healthcare spending in the United States.

“Barri, I feel, has seen something in me and has gone out of her way to support me and offer me opportunities that tap into my skills and everything that I learned at Columbia Mailman,” explains Alessia. “Honestly, it’s been such an incredible experience and I just want to make her proud.” With years of experience in—and a deep commitment to—mentoring, Barri explains that “Fundamentally, a mentor’s job is to help someone who’s got a lot of promise to not learn from mistakes the way we did. [The idea is] let’s make this go easier for you so you can be more productive.”

As part of her internship experience, Alessia also is building her network in the healthcare industry, underscoring another tenet of Barri’s: “A second obligation as a mentor is helping mentees build their networks and contacts who could help them in the future.”

Indeed, the motivation to help students and alumni connect, build their networks and foster mentor-mentee relationships was behind the development and launch of Columbia Mailman Connect. The platform launched in 2020 and currently is used by more than 536 alumni and 437 students. Two-thirds of alumni on the platform have indicated that they offer mentorship or other types of assistance (e.g., job referrals, career advice) to the Columbia Mailman community. With the skyrocketing demand for public health education, the need and demand for mentoring in the public health and healthcare professions will only become stronger.

“I think a lot of people who take on a mentee don’t understand how to make it work,” explains Barri. “I will only take on one mentee at a time, and I like to

focus on them and make sure they are getting value from learning.” Building mentees’ confidence and courage through real experience features prominently in Barri’s mentorship style. She encourages mentees not to be afraid to ask for help or questions, or “reveal that you don’t know something you think you should know.”

A mentor’s courage, confidence, and candor are also important. “When you become a mentor, you’re opening a door to your soul,” Barri notes. “As you begin to realize even more deeply what your interns and mentees are capable of doing, you have to open up that inner door and really say, ‘these are the things I struggled with in my career.’”

Undoubtedly, the invaluable mentorship that Alessia has received will continue to serve her well in her career. Noting the importance of taking the first step, she offers the following advice to those seeking mentors of their own: “First and foremost, don’t be afraid to ask,” she says. “There’s an intimidation factor—‘I don’t want to bother them, I’m not sure they’ll have time for me’—but you never know until you ask. It always helps to ask fellow classmates [...] it helps to reference back. If I hadn’t asked my dad if he knew someone from his time at Columbia Mailman with whom I would really connect, and if I hadn’t then reached out to Barri, it never would have happened.”

Time Traveling through Course Registration at Columbia Mailman School of Public Health



By: Sonalee Rau, MPH '20

Welcome to course registration for the 1922 academic year at the DeLamar Institute of Health at Columbia University's College of Physicians and Surgeons...

and for the 1965 academic year at the School of Public Health and Administrative Medicine at Columbia University, or "CUSPHAM"...

and in the 1980s at the Columbia School of Public Health...

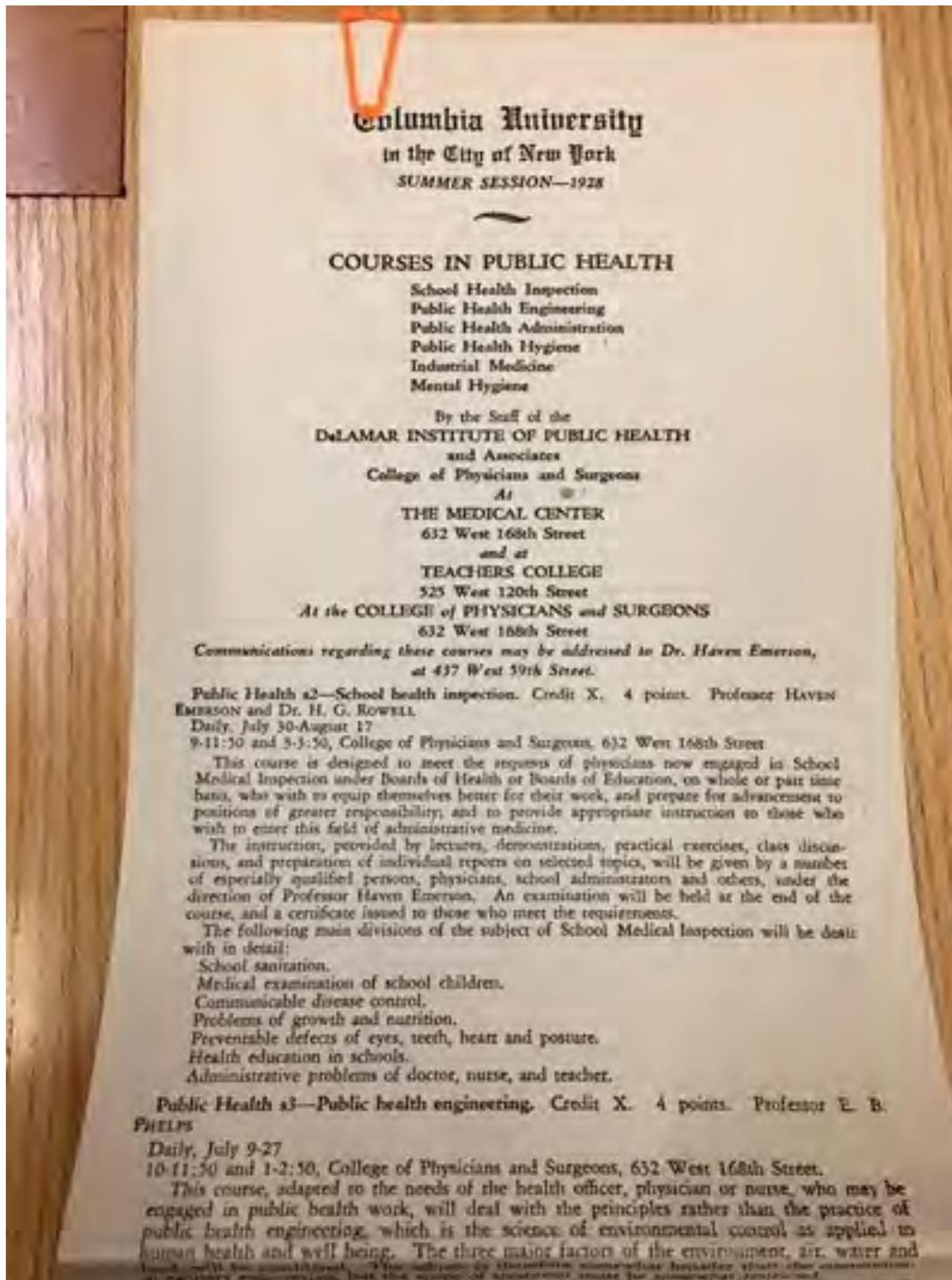
... and at the MSPH (Mailman School of Public Health) we know so well, in this Centennial Year!

The Columbia Mailman School of Public Health has had several names in its time, and even more evolutions and iterations. But by whatever name it has been known, it has always remained a school at the cutting edge of its field: globally focused and interdisciplinary in its outlook. While some courses offered here have changed with the times, others have been mainstays of the curriculum for decades. As we close out the 2021–2022 academic year, let's look back at some of the courses and areas of study that have defined our School through the 20th century.

The 1920s

In the first decade of its existence, the DeLamar Institute offered the following areas of course work as shown in the brochure below, from the summer 1928 session:

- School Health Inspection;
- Public Health Engineering;
- Public Health Administration; and
- Public Health Hygiene, Industrial Medicine & Mental Hygiene.



The 1950s-60s

By the mid-20th century, what we now know as the Columbia University Irving Medical Campus was known as the Washington Heights Teaching and Health Center.



Above: The School of Public Health and Administrative Medicine in 1956 – situated in a quiet corner of the city with no A train access yet!

Through the late 1950s and early 1960s, students would have taken a variety of courses across subject areas largely in line with the major focuses of the CORE curriculum, although the CORE itself had not been codified. The MPH degree required at least 33 weeks in the classroom and 1 week in the field; it included the study of core disciplines common to all students including public health education, concepts of administration, and mental health(!) in addition to environmental health. The school offered a wide range of degrees (including an MPH, PhD, and MS) in divisions of instruction including:

- Biostatistics;
- Community Psychiatry;
- Epidemiology;
- Medical Care Administration;
- Nutrition Sciences;
- Occupational Medicine;
- Public Health Education;
- Public Health Practice;
- Sanitary Science; and
- Tropical Medicine

Topics taught included:

- General organization and administration of official and nonofficial public health and medical-care agencies;
- Programs in industrial hygiene and occupational medicine;
- The application of biostatistics and survey research methods;
- The clinical and epidemiologic aspects of disease; and
- Clinical and laboratory material in parasitology, tropical diseases, and medical entomology.

“The School [...] provides opportunities for fundamental research in all the fields named above.” It also noted Columbia’s unique ability to “utilize the large number of extramural public health, hospital, medical care, and prepayment facilities and organizations in and around New York City.”

Applicants for admission to the MPH program were required to have acquired professional status in a field basic to public health as a prerequisite—meaning graduation from an approved medical, dental, veterinary, or engineering school. Applicants without these qualifications in related fields could be accepted on the strength of their merits, with 3 years of post-bachelor’s experience preferred.

By around 1960, the School saw itself as having a dual function, both as an independent public health institution and a part of the School of Medicine. As many of the exigent concerns of the early 20th century began to be addressed

with the concurrent development of the city’s health infrastructure—infectious diseases such as smallpox and tuberculosis, issues of water quality and sanitation, etc.—the School, too, evolved to devote more of its focus to theoretical public health scholarship. This was in contrast to its overwhelmingly practice-based approach during the 1920s.

A new focus on health communication and public engagement was also burgeoning. “The School offers a complete curriculum leading to advanced degrees in the theory and practice of public health and administrative medicine,” the 1960 course catalog stated. “It extends to the lay public through existing channels of popular education the benefits of reliable information on the protection and development of human health and the prevention of disease, as specifically directed in the will of the late Joseph R. DeLamar.”

The School’s global focus was also already well-entrenched by the mid-20th century, with the 1960 course catalog explicitly stating that “The courses of instruction deal primarily with the problems and practices of public health and administrative medicine as they exist in the United States, but instruction is also related to the ecology of other countries and includes concepts and principles of universal significance.”

The mid-1960s

The midcentury had already brought the School students hailing from Thailand, Iraq, Egypt, the Philippines, Korea, India, Norway and Chile to name a few—with doctors, nurses, teachers, lawyers and scientists numbered among them! It bears mentioning that professors, too, hailed from as far away as Suriname, China, Lebanon, Ireland and South Africa. The School of Public Health was ahead of its time in its global focus.

In fact, a dispatch from Prof. Anna C. Gelman, Assistant Professor of Epidemiology, in the yearbook of the class of 1965 reveals that the first CUSPHAM student from a non-English-speaking country graduated from the school in 1935 (Dr. Hernan C. Romero, from Chile): “At last count, it appears that we have already had a hand in the training of approximately 250 health

workers from 60 foreign countries [...] the presence of individuals from all parts of the world has enriched our teaching program and added to the knowledge of both faculty and student body.”

The development of the World Health Organization and the United Nations over the preceding decade and the resulting international emphasis on health, human rights, and global health also became part of the School’s evolving mission:



Above: United Nations Page Inset -- 1965 Yearbook

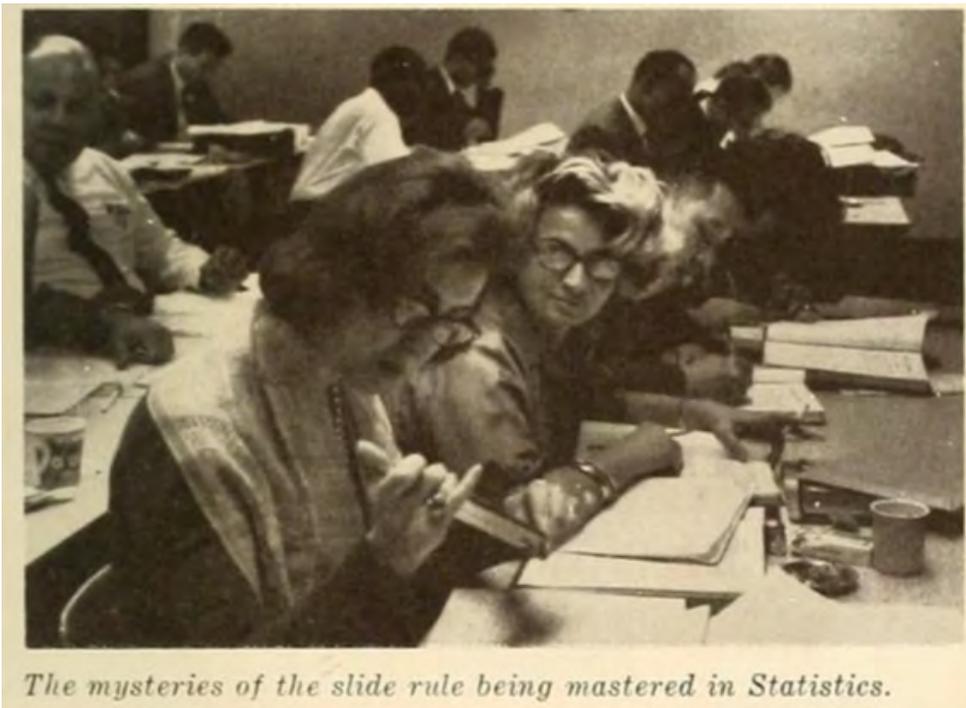
The concept of the CORE Curriculum was formalized by 1965.

Biostatistics, epidemiology (including tropical medicine), health organization and administration (what we think of today as health administration in the HPM department), nutrition, and the physical & social foundations of health (including a course on personality development and one on principles of health education)!

Courses were broken into three categories: Required Core Courses, Elective Core Courses (such as “Community psychiatry” in social foundations, or “Occupational Medicine” in the Physical Foundations of Health core module), and Elective Courses.

Between 1968 and 1969, the Sociomedical Sciences designation emerged for the first time, and sociomedical research methods/population dynamics became part of the social foundations of health.

Quantitative study continued to be a key component of the curriculum:



Above: 1965 Yearbook

The 1980s

Per then-MPH student Debra Osinsky, MPH '85, currently associate director of academic programs at the Columbia Mailman School, much has changed since the 1980s:

“The core courses at the time were larger, while other [courses] at the time were about 20 students.

I don't remember the faculty sharing as much about their research back then—that's also been a positive change [in the intervening years]!

I think more HPM students are going into hospitals and consulting [today] than before. When I was a student here, a lot more HPM students worked in the health department. And there are still a number who do, but the percentages have changed. In some ways there are more opportunities now. People understand more what public health is and its importance. When I think about the career fairs, they used to be smaller and [today] there do seem to be more and diverse opportunities.”

At the same time, our core mission and purpose remains strong. When the Medicare and Medicaid Act were enacted in the mid-1960s, a new focus on health care access, insurance, and health equity rose to the forefront of academic life and activism for Columbia Mailman students. That emphasis has not wavered, per Osinsky—

“When I was first here, people were doing research and advocating for single payer [health care], and we're still doing that!”

Osinsky has seen the School evolve over time, first as a student and now as an integral part of the life of the School. By 1998, in the health policy and management department, there were 33 students total, and students could opt to be on either the policy or the management track. The general public health program was also housed in the HPM department and run by Dr. Bernard Challenor, a pioneer in his field, who managed admissions for the department, reading all applications personally. (To read more about the remarkable life and legacy of Professor Challenor, please [click here](#).)

Registration in the present day.

The more things change...

Public institutions and health movements have evolved with the times. Mid-century courses were taught by lecturers who were leading practitioners in applied public health in New York City, such as Meyer J Plishner, MPH, Queensboro Tuberculosis and Health Association, and Harry Gilbert, Industrial Hygienist at the NY Naval Shipyard. It is critical to appreciate and understand the contributions that fields such as occupational/industrial health and tropical medicine, which tend these days to be considered less mainstream areas of study or subsets of wider disciplines, have made to the overall field of public health.

Nowadays, as compared to the 20s, 60s or 80s, MPH entrants come from a wider variety of academic backgrounds and majors than ever before -- with some entering as newly-graduated undergraduates, others bringing work experience and still others pursuing dual or combined degrees across schools.

...the more they stay the same!

Today, the Columbia Mailman CORE curriculum is organized following many of the themes established all those decades ago. The origins of today's six studios can clearly be seen in mid-century coursework, though the CORE has been refined since the mid-60s to include a more formalized focus on global perspectives and on health systems.

Students take a combination of Foundations of Public Health (encompassing Public Health History and Ethics, Health and Human Rights); Research Methods and Applications (ReMA) (encompassing Qualitative and Quantitative methods); Determinants of Health (encompassing biological, social and environmental determinants); Public Health Interventions (encompassing Applying Theory to Interventions, Program Planning and Evaluation, and Systems Thinking); Global and Developmental Perspectives (encompassing Globalization and Global Health, as well as the Life Course); and Health Systems (encompassing Health Economics, Comparative Healthcare Systems,

and U.S. Public Health & Healthcare Systems).

Additionally, it is important to note that many of the people who defined the Columbia Mailman School of Public Health in its earlier iterations stayed affiliated for generations to come. For instance, Elinor Downs, MD, MPH, a professor of public health practice as of 1965 who eventually became the School's associate director for academic affairs, lived to see two pandemics, passing away in 2020 at the age of 108. (More to come on the people who have defined our School through the years in a future dispatch!)

One thing is clear, however: regardless of the decade in which you attended our School and the specific courses you took, you, fellow alumni, have been part of the long course of evolution of our great field of public health.



Above: Students at Columbia Mailman Class Day on May 17, 2022.

How YOU Have the Power to Change Someone's Life for the Better

By: Renuka Bijoor, DDS '03, MPH '15



Martin Luther King Jr. once said, “Life’s persistent and most urgent question is, ‘What are you doing for others?’” If you are reading this article, it may well mean that you, as an alumnus, want to be engaged with the Columbia Mailman School of Public Health. One way to become involved and make a significant impact is to invest in future generations of public health professionals. Graduating from an institution as prestigious as Columbia Mailman has had profound benefits to the career trajectories of many alumni. A fitting way of expressing gratitude is by giving.

Why is it so important for us to invest in Columbia Mailman? By giving, we provide fundamental support to students in their pursuit of academic growth, achievement, and development as they strive to become future leaders and advocates in public health. Furthermore, the spirit of philanthropy is in line with the Alumni Development Project, which has a mission of paving the way for the next century of public health leaders. Julie Jenson, MPH '13, a graduate of the health policy and management department and chair of the development committee of the Columbia Mailman Alumni Board, is passionate about education, mentorship, and the importance of healthy and holistic living. She says, “As alumni, we are celebrating the last 100 years by creating a catalyst to ensure that students can help solve the pressing public health challenges our world faces in the next 100.”

All Columbia Mailman students are required to complete a practicum to graduate. Many students use their practicum experience as part of their master’s thesis or capstone paper, furthering their education. Unfortunately, many practicum sites are unable to offer financial remuneration. This lack of

compensation may challenge a student's ability to fulfill their practicum experience if they are economically disadvantaged. The stipend fund will allow students who do not have financial means to select practicums aligned with their interests and goals, without having to worry about finances.

A new fund named the Alumni Centennial Practicum Stipend Fund was established by the Alumni Board to help low-income students satisfy their practicum requirement for graduation. "Endowing practicum stipends," says Jensen, "allows us to provide financial support to five promising students each year, in perpetuity." Eligible students would receive \$5,000 a year.

The plan is to build up an endowment of \$500,000 over the next five years that is fully funded. The projected goal can be reached if a minimum of 100 alumni donated at least \$1,000 a year for five years.

We are pleased to announce that the first \$125,000 contributed will be matched by an anonymous donor. What better incentive could we as alumni have to help reach this goal? You also have the option to make monthly installment payments of \$83. For less than \$3 a day, the cost of a coffee, you will make a positive impact on a student's graduate experience.

Donors will be acknowledged for their support, and will receive an annual report with updates on the stipend recipients. All alumni who donate \$1,000 a year will become members of the DeLamar Society, which recognizes the School's most enthusiastic donors. They will also receive special recognition at the Alumni Summit. Additionally, donors will be invited to join special events and conversations and engage with sponsored students and the Columbia Mailman alumni community.

We hope that we can count on your generosity to support our many talented students. It is the kind spirit of our alumni that contributes to the continued growth of the Columbia Mailman School of Public Health as a leader in cultivating the public health professionals of tomorrow.

Project FORWARD 2022: An Update

By: Stacey M. Cameron, Esq, MPH '15
@smcameronlaw



In the summer of 2020, the Columbia Mailman School of Public Health introduced a response to the state of racial divide and turmoil brought on by years of systemic racism, oppression, health inequity and injustice. FORWARD was launched by Dean Linda Fried and senior leadership; it is an acronym for “Fighting Oppression, Racism and White Supremacy through Action, Research and Discourse.” FORWARD has taken on the daunting challenge which will, undoubtedly, take years, if not decades, to address and rectify. The Columbia Mailman School of Public Health was established in 1922 and is currently celebrating its Centennial in the study and practice of public health. Columbia Mailman’s Centennial celebration is timely as a notable marker of the initiation and intentions of FORWARD.

One of FORWARD’s stated goals is to be transformative within the institution and our surrounding world, presenting itself as a role model for other academic institutions to use as a road map and model. Another FORWARD goal as noted on its website is the creation of “an anti-racist institutional culture and environment.” FORWARD exists as a permanent structure set to make extensive changes year to year to ensure its success and longevity. Over 100 community participants are committed to the task of making both concrete short- and long-term systemic changes. The structure of FORWARD begins with the Accountability Cabinet which reports directly to Dean Fried. The Alumni Board and Health Equity Board of Advisors report to the Accountability Cabinet. Lastly, the Action Corps is made up of students, faculty, staff, leadership, and alumni designed to target and address: 1) Student Recruitment, 2) Curriculum, 3) Faculty/Staff Recruitment and 4) Community. Since

FORWARD's inception, progress has been made beginning with "Fast Forwards," which are areas where changes can be implemented now.

In speaking with Dorcas Adedoja, Chair of the FORWARD Health Equity Committee and Accountability Cabinet Member, several "Fast Forwards" have been implemented and are currently in place, including Curriculum Review and the FORWARD Practicum Program, in which additional resources are supporting qualified students through stipends for practicums with local organizations, aiming to advance health equity. Such practicum support provides Columbia Mailman students with the opportunity to engage and work with underserved communities in need. Support for students in FORWARD's RISE and MOSAIC mentoring programs was designed to assist first generation and students of color by providing additional funding and resources for mentoring assistance as needed.

Updates continue with FORWARD and include work towards becoming a more diverse School community. The Office of Diversity, Culture and Inclusion (ODCI) added additional staff to create a more robust response to the daily needs of students directly in this area. ODCI further offers a wide range of new programs and resources geared toward the betterment of student diversity amongst marginalized student populations within the School. FORWARD is responsible for the creation of the mandatory Face Forward Speaker Series for all first-year students. This Face Forward Series is a four-session workshop which introduces incoming students to anti-racist practices. The Series provides space for students to engage further on the topic. The Face Forward Speaker Series is moderated by Professor Robert Fullilove and previous guests have included Dr. Mary Bassett, Appointed Commissioner of NYS Department of Health, and C. Virginia Fields, Former Manhattan Borough President (1998–2005) and President and CEO of the National Black Leadership Commission on Health, Inc. Another prominent FORWARD update is the addition of Dr. Michael Joseph, a graduate of Brooklyn College (BS), Yale University (MPH) and the University of Michigan (PhD), as Columbia Mailman's new Vice Dean of Education and Professor of Epidemiology. Dr. Joseph's new role as Vice Dean of Education began in March 2021. His background includes 16 years in key leadership roles at SUNY Downstate School of Public Health, with

extensive programmatic experience in supporting students from marginalized backgrounds in their ability to enroll at schools such as Columbia Mailman with professional health programs.

In the area of academic support, FORWARD introduced the addition of two new initiatives to support current students. First, the MPH Core Pilot Tutoring program boasts six new learning specialists to provide tutoring to students who are engaged in the CORE. Secondly, the WritingWorks Doctoral Dissertation program provides academic support to PhD and DrPH students in the completion of their dissertation, offering writing retreats and similar support. Lastly and most important to note, through FORWARD, Columbia Mailman will recognize the Indigenous People with a land acknowledgment. A formal statement will be placed on the University's website and visibly displayed on campus for the land that Columbia sits on, which is previously that of the Lenapehoking people. This prominent step in recognizing actions of the past before steps towards the future can be properly addressed and achieved through FORWARD. These FORWARD updates are not exhaustive as progress is ongoing to unravel oppressive and anti-racist existing vestiges of the past and to bring to light a renewed academic institution and community.

For our alumni community, the FORWARD Health Equity Alumni Committee is now recognized as an official committee through the Columbia Mailman Alumni Board. To further support and prioritize FORWARD, the Alumni Board also changed its bylaws. The new bylaw which reflects this commitment states, "Support the School's mission to produce public health leaders committed to improving health for all by ending unjust disparities in health and life expectancy due to income, race, ethnicity, gender and other socially-determined risk factors." In addition to the Action Corps, the FORWARD Health Equity Alumni Committee provides another avenue for alumni to get involved with this critical initiative.

Looking again to the beginnings of FORWARD, it was Dorcas Adedoja, MPH '20 along with fellow alumnus, Daniel Alohan, MPH '21 who both penned the original letter to Dean Fried bringing to light the lack of proper attention to the racial divisiveness of our country coupled with the global pandemic of COVID-

19 and its ill effects on Black communities. Adedoja and Alohan's letter with support of the Black & Latinx Student Caucus and Columbia Mailman faculty galvanized and demanded response, attention, and action from the institution. Almaz Falol, MPH '09 initiated the Columbia Mailman Alumni Board's involvement in FORWARD while alumna, Barbara Lee-Jackson, MPH '78, lent the support of Columbia's University-wide Black Alumni Council. These efforts made FORWARD what it is today. That response is FORWARD.

Gratitude is extended to their brave and courageous steps in bringing to light and acknowledgement where the Columbia Mailman School of Public Health has stood previously and where it stands today with the creation and implementation of FORWARD. When I asked Dorcas Adedoja for their thoughts on the current status of FORWARD, they responded, "While much work remains ahead. FORWARD has undeniably made progress in its first year." Adedoja further added, "I am confident that the FORWARD Action Corps and the FORWARD Health Equity Committee will serve as sustainable support networks for students and alumni dedicated to ending health disparities." Alumni participation is welcome and needed as FORWARD seeks the involvement of a diverse alumni and has now launched the FORWARD Alumni Committee, which seeks to further engage and pair students with alumni thus creating a vast network outside of the Columbia Mailman academic institution and community.

Many changes, programs, and initiatives are in place and currently being implemented through FORWARD. Change can be difficult but can be achieved. As a notable human being responsible for changing the landscape of an entire country, Mahatma Gandhi once said, "Be the change that you wish to see in the world." And with that, FORWARD and the Columbia Mailman School of Public Health seeks to be that change.



Columbia University's Role in Addressing COVID-19

By: Susan Amlani, MBA '04, MPH '01

As an alumna, when I come across an article or conversation about the COVID-19 pandemic, I often apply the learnings acquired during my MPH at Columbia Mailman. I have heard from numerous experts from Columbia University in the media throughout the pandemic. This made me wonder about the impact and role that Columbia Mailman, or more broadly, Columbia University, was playing to address this pandemic.

So I decided to do a little digging and found that, sure enough, Columbia has been on the forefront of addressing this pressing public health issue in a multifaceted way. COVID-19 has impacted every aspect of our lives, from the way we work (remote for me), to childcare, to how we socialize, to how students attend school. For me, Columbia Mailman's recent tagline, "Public Health is Everything" rings truer now than ever before.

And in the spirit of "Public Health is Everything," I learned that Columbia experts from a wide range of disciplines, from medicine to social science, have tackled COVID-19 using a multi-pronged approach. This approach has contributed to advancements in understanding the disease, advocacy both domestically and globally, capacity-building, pandemic planning and preparedness, and education and training.

New York City's COVID-19 Response

Columbia Mailman has had a major impact on New York City's response to the pandemic. The NYC Department of Health and Mental Hygiene recently recognized Dr. Wan Yang, assistant professor of epidemiology, and her team for helping to model the spread of COVID-19 variants in New York City to aid the

city's response. Dr. Yang and her team helped the city establish priorities for vaccination, conduct scenario-planning of implementing different public health measures, and evaluate the impact of COVID-19 on health systems in New York City.

In addition, Columbia Mailman's ICAP, a global health organization founded and directed by Dr. Wafaa El-Sadr, MPH '91, Professor of Epidemiology and Medicine, has been tapped to work with key partners to lead a new New York City initiative called the Pandemic Response Institute (PRI). The PRI's goal is to improve New York City's ability to respond to future pandemics and other health emergencies. ICAP is partnering with other organizations like the City University of New York's School of Public Health and Health Policy to address gaps and improve coordination among government, community organizations, industry, and academia. A key objective of the initiative is to improve health emergency responsiveness for NYC's most vulnerable communities who often are hit hardest by health emergencies like COVID-19.

The Global COVID-19 Response

Columbia Mailman has also had a strong impact on the global response to COVID-19. Dr. El-Sadr has helped lead through her work in strengthening surveillance systems globally, training healthcare workers and equipping them with personal protective equipment and producing public health campaigns. Much of this work has been advanced by ICAP which aims to strengthen global health systems to address diseases like HIV/AIDs and now COVID-19. Dr. El-Sadr was recently appointed as Director of the Columbia Worlds Project, which addresses numerous challenges such as COVID-19, cybersecurity, energy access, and maternal health. In addition, Dr. El-Sadr has shared her expertise on COVID-19 with the public through well-known media outlets, such as WNYC, CSPAN, *The New York Times*, and *The Washington Post*.

Ian Lipkin, Director of the Center for Infection and Immunity and Professor of Epidemiology at Columbia Mailman, has made a strong impact on the COVID-19 response globally. As a member of the Lancet COVID-19 Commission, he

and his colleagues outlined key actions to strengthen the pandemic response worldwide through improved global health cooperation. In a report, the commission outlined lessons learned from the COVID-19 pandemic and suggested ways forward for multi-lateral and integrated global collaboration to improve the pandemic response.

The University COVID-19 Response

Columbia faculty and staff have also worked tirelessly to keep the Columbia community safe. Donna Lynne, DrPH '03, a Columbia Mailman alumna and faculty member, was appointed the University's COVID-19 director in 2021. In a recent article, Lynne talked about the earlier days of the School's pandemic response.

“We had to become a cohesive and flexible team as things changed rapidly from day to day. We needed consistent policies, procedures, and protocols,” Lynne said. “We also had to manage the fear and anxiety that had taken hold of the community, which could only be accomplished through communication and transparency.”

Lynne collaborated with another fellow Columbia Mailman alumna, Melanie Bernitz, MPH '12, senior vice president of Columbia Health, to respond quickly when the pandemic first hit. Bernitz was instrumental in implementing the University testing and tracing programs. In addition, Bernitz developed and implemented University policies like masking and social distancing based on CDC recommendations.

Columbia University Steering the Way

Columbia Mailman has been on the forefront of addressing and understanding the many ways COVID-19 continues to impact and shape our world. Faculty, staff, and alumni have shared their expertise via the media, developed compelling public health campaigns, contributed to public service announcements, evaluated policy implications, deepened our understanding of

the epidemiology of the virus, and provided much needed guidance on prevention and treatment. So, when I feel down about how devastating this pandemic has been to our world and how it continues to impact our lives, I am heartened by all the arduous work and progress we've made. Together, the Columbia community has come together and has made an impact in fighting COVID-19.



Above: A student at Columbia Mailman Class Day on May 17, 2022.

Interview with Jessie Schutt-Aine, MPH '94

By: Annette B. Ramirez de Arellano, DrPH '86



Could you say something about your background prior to studying public health at Columbia?

I attended the University of Virginia in Charlottesville and studied economics and French. I was interested in languages and studied at the University of Valencia and the Sorbonne in Paris. I also was in Dakar for 6 months as an intern with the National Council of Negro Women. I was excited with the experience and felt “Now is the time to do it.” I learned that, even when you are not sure that something is in your career path, if it's something you're interested in and you're passionate about, go for it. Often you find in retrospect that it fit perfectly into your career path.

My father is from Haiti and my mother is from Chile. I was born in the United States, and both of my parents are clinicians: my father is a doctor, and my mother is a nurse. But I knew I would not be a clinician; I was just not interested in the clinical aspects of health. To be honest, I did not know much about international public health. But I knew I wanted to work internationally, travel, and learn about other cultures. On my first job after college, in Africa, the Executive Director talked to me about public health, and I thought, “Wow, that's what I'd like to study, because I'm interested in health, wellness, and prevention of disease.”

What in your studies particularly prepared you for your current work?

When I was applying to schools, I visited Columbia and absolutely fell in love with the Columbia Mailman School. They had a great tour, and I got to meet different professors and I loved the program. I learned a lot from my professors, and I also learned a lot from the students, who were from different countries and had had different global work experiences. I use the skills I learned at Columbia every day. Even recently, working outside of the field, I recognized that the thought process in public health is unique to public health: you start with a goal or objective and work backward on the actions required to get there. That's not the way everyone thinks. I later supplemented my studies with international affairs because I was interested in the interface between health and policy.

For anyone interested in international health, working for the World Health Organization (WHO) is the 'holy grail.' How did your studies and other experiences prepare you for that?

Each experience contributes; there is no one path. A lot of people ask, “How do you get into the UN system?” I had moved to Washington, DC, which is home for me. I got a call for a one-month contract at Pan American Health Organization (PAHO). I had shared my C.V. with someone from PAHO a year earlier, and she was looking for a consultant to write a document related to adolescent sexual and reproductive health. I had previously worked with the International Planned Parenthood Federation, and I was available. The month-long job was a foot in the door with the United Nations. The contract kept getting extended, and I later moved to PAHO's Haiti office to work on adolescent health; which led me to Geneva. Ever since, I tell people that, if you

get a short-term contract, go for it. It's a foot in the door.

Some people who want to work internationally think about working in New York or Geneva. I always encourage graduating students to gain country experience. The UN interfaces with governments, and in order to collaborate with government you need in-country experience, and an understanding of the complexity of country-based work.

For each international post in WHO, there can be up to 200 or more candidates. Having country experience is definitely a criterion for most posts.

How did you pick up your language skills?

Family gave me a big jumpstart on that. My grandmother lived with us for years and she didn't speak English, so we spoke Spanish. My parents spoke French to each other and I went to Haiti and Chile as a child. And I studied both these languages in school because I was interested in them. Now my husband is from Martinique, and I lived in Martinique for 5 years. With each experience, the languages get stronger and I use them all the time. What's nice is that there are a lot of places I can go to and communicate. Even if the language is not perfect, people appreciate that you're making the effort to speak their language.

What are some of the major challenges you have faced to date?

The first that comes to mind is COVID-19. I was at PAHO/WHO, so we were on the front lines, watching it early on, from December 2019 and even before, when the first cluster of cases emerged in Wuhan. And we knew then that, as a communicable disease, it would not be contained in one place, especially with the extent of travel and globalization. One day the virus is in a rural area in Central Africa and the next day it's in a big city capital in the US or Europe. The whole world was trying to figure out COVID-19, and everyone was looking at WHO and PAHO for answers. And we were all learning.

I was based in Barbados and my role was working with the CARICOM and Caribbean institutions on this. We worked closely with CARICOM to better understand the trajectory of the epidemic, and to help countries obtain PPE, tests, vaccines, etc.: the whole bit.

The first COVID-19 case to hit the Caribbean was in March 2020. We had witnessed the epidemic move from China to Europe, and the US. There were supply issues, with the bigger countries taking a larger share of vaccines and PPE, etc., and the Caribbean had trouble accessing supplies. The Caribbean is very dependent on tourism, so the economies are very fragile.

The Caribbean region understood rather quickly what a large epidemic could do to people with non-communicable diseases, who were more vulnerable. The Caribbean took a lot of preventive measures. CARICOM and the Ministries of Health met regularly to understand and respond to the pandemic, address supply issues, protocols for preventive measures, and advocate for access to PPE, testing kits, and later for vaccines. They came together and fought for access to resources that were available to some of the bigger countries but were not necessarily coming to the Caribbean.

The Caribbean's approach was to focus on prevention: strict mask mandates, testing, quarantine, lockdowns. But there also has to be a balance between preventive measures and the economy. With a tourism-dependent economy, COVID-19 had a significant impact on the livelihoods, and that had an effect on everybody.

What courses did you find particularly useful?

Epidemiological skills are the strength in public health and I wish I had taken more epidemiology courses because I loved the one course I took. Research methods and statistics are also essential. I really enjoyed courses on the history of public health: smallpox eradication, John Snow and cholera, etc. These case-based approaches put public health in perspective. I use the skills from the core CORE curriculum to this day. Even when I'm using Survey Monkey, I revert to the qualitative methods course. A lot of the education was case-based, and you learned from the professors who were working in the field and could provide real-life examples. This was supplemented by the students who brought varying degrees of their field experiences to the classroom discussion.

What advice would you give to students who aspire to work in the international field? What courses should they take?

The one thing that I've learned is that it's really about humility. When you go to another country, another culture, especially as a “technical expert,” it's important to understand what you bring to the table but also that there is technical expertise on the ground: understand the culture, the people, the knowledge on the ground. Listen and be humble. It's an exchange.

How much do you travel?

In 2019, I traveled a lot: 60 percent of the time. It's very stressful. I keep a packed toiletry bag and a mental checklist I review before I travel. One of the good things about the pandemic is that we learned to replace the physical meetings with online meetings. It's enabled more people to come to the table—something positive that is likely to continue.

What are the next steps for you?

I've also been doing work in philanthropy. I'm on the board of a foundation that works in the intersection between climate, education, and girls. There's a lot of potential there. There are a lot of people who have financial resources and want to give but don't know how to give or whom to support.

How do you see the future for international health post-pandemic?

The pandemic has shown the importance of health. We can take health for granted—especially when we are healthy. They always say that it's the Minister of Finance who gets the first appointment in the morning, but here we have health at the forefront, and people have a greater understanding of the link between health and the economy. There's a new appreciation for public health.

Thank you very much for your time and knowledge.

I'm honored to be interviewed.



Polio Vaccination Posters

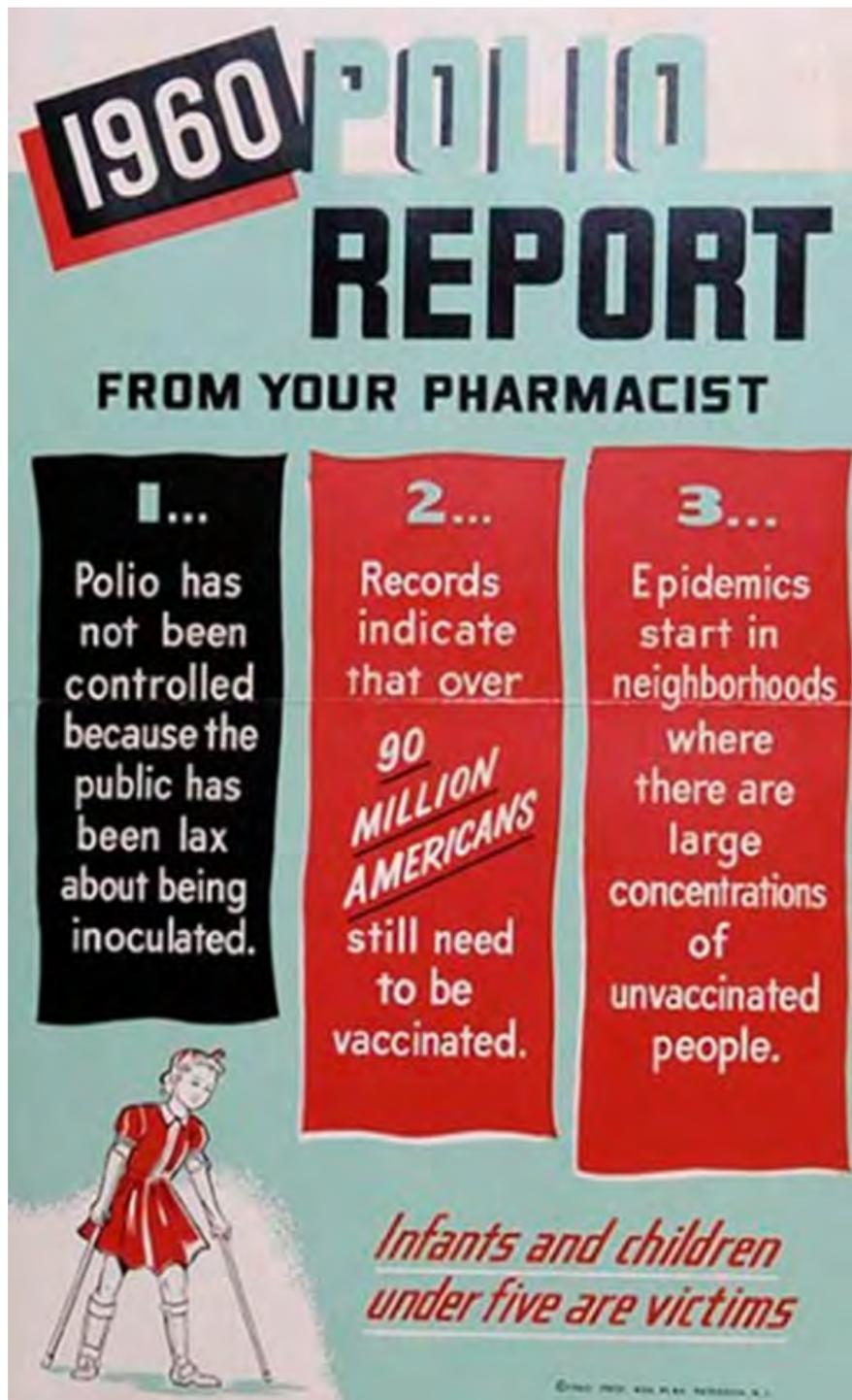
Sourced By: Theodore Nappi, PharmD '76

Two historical posters from the 1950s and 1960s, which were created to encourage the public to receive their Polio vaccinations



APinchak, Seymore Francis (Frank), 1922-2014, "1960 Polio Report from Your Pharmacist 3 Poster Set for Pharmacy Windows," American Institute of the History of Pharmacy Digital Collection, accessed January 23, 2022, <https://aihp.omeka.net/items/show/236>.

Three years later...



Pinchak, Seymore Francis (Frank), 1922-2014, "1960 Polio Report from Your Pharmacist 3 Poster Set for Pharmacy Windows," American Institute of the History of Pharmacy Digital Collection, accessed January 23, 2022, <https://aihp.omeka.net/items/show/236>.

Thank you to the Communications Committee
members who made the Centennial issue of
E-Mailman possible:

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