This past December, Tal Gross, PhD, took to the pages of The Washington Post with a bold declaration. “This year, I resolve to ban laptops from my classroom,” pledged the assistant professor of Health Policy and Management. His op-ed garnered a whopping 633 comments, and those responses gave Gross, who has since penned pieces for Al Jazeera America and The Hill, a glimmer of the influence wielded by public intellectuals.

Gross was a member of the inaugural class of Public Voices Fellows, a yearlong initiative that brings Columbia faculty together with journalists for mentoring, discussion, and collaboration. Intended to expand the breadth and quality of ideas that appear in influential media, Public Voices helps faculty members like Gross extend their reach in the marketplace of ideas.

“Researchers, as a whole, need to have a voice beyond the university’s boundaries,” says Gross. “Working all year with my writing coach, I learned how to translate my research into a story to reach new audiences.”

This past spring, six new faculty members from across the Mailman School began their fellowships, with support from Columbia’s Lerner Center for Public Health Promotion. The goals of the Public Voices Fellowship run tandem to those of the Lerner Center, says Chair of Sociomedical Sciences Lisa Metsch, PhD, a member of the Center. “Mailman School faculty have an enormous role to play in raising the visibility of public health scholarship,” she says. “One of the Center’s goals is to take academic insights out of the library and put them to work improving population health. The new media landscape is filled with possibility, and I am delighted that our faculty have an opportunity to become pioneers there.”

**HONOR ROLL**

**A SAMPLING OF FACULTY AWARDS**

- **Karolynn Siegel**, PhD, professor of Sociomedical Sciences, named to the Steering Committee of the National Human Genome Research Institute’s Center for Research on the Ethical, Legal and Social Implications of Psychiatric, Neurologic and Behavioral Genetics.

- **Quarraisha Abdool Karim**, MS ’88, PhD, professor of Clinical Epidemiology, awarded the 2014 Thas-Lenovo Science Prize.

- **Ayaga A. Bawah**, PhD, assistant professor of Population and Family Health, nominated to serve on the board of the Tamale Teaching Hospital of the University of Development Studies in northern Ghana.

- **Les Roberts**, PhD, associate professor of Population and Family Health, awarded the Robert H. Kirschner Award for Global Activism by the Heartland Alliance’s Marjorie Kovler Center.
EXIT 65
STUDY COLLECTS DATA ON ELDERLY DRIVERS

BY THE YEAR
MORE THAN
ONE
IN FIVE
AMERICANS
WILL HAVE
CELEBRATED
65TH BIRTHDAY, most will continue driving for many years to come. To understand their needs, the AAA Foundation for Traffic Safety has launched Longitudinal Research on Aging Drivers (LONGROAD) with the Mailman School and six other institutions. The 5-year, $12 million project will track 3,000 active drivers aged 65 to 79 in California, Colorado, Maryland, Michigan, and New York. The study—comprising annual assessments, interviews, and data from a GPS tracking device in participants’ cars—will investigate such issues as prescription drug use and deteriorating vision, circumstances surrounding driving cessation, and mobility options for those who no longer drive.

“To many older adults, driving is essential for mobility and independence,” says Guohua Li, MD, DrPH, a professor of Epidemiology and principal investigator for Longroad. “This project will provide us much-needed insights into how to help older adults retain their driving privilege as long as they safely can, and how to provide them with comfortable and convenient transportation alternatives when they stop driving.”

VISITING PROFESSOR OF EPIDEMIOLOGY
JACK GEIGER, AN ORIGINATOR OF THE
COMMUNITY HEALTH CENTER MODEL
IN THE UNITED STATES, WAS AWARDED
THE 2014 FRANK A. CALDERONE PRIZE,
administered by the Mailman School since 1992 and created to raise the profile of public health by celebrating an individual who embodies its extraordinary possibilities. Today community health centers serve 23 million patients at 9,000 sites across the country, using a model Geiger and his collaborators piloted in the 1960s to give care to those who otherwise would not have access. “Public health is intrinsically political and will become more political in the decade or so to come,” said Geiger in his Calderone Prize lecture. “We have to talk to the public, give legislative testimony at every level, flood the blogosphere, write letters to the editor, and raise our voices.”

HONOR ROLL

* **Frederica Perera**, MPH ’76, DrPH ’82, PhD ’12, founding director of the Columbia Center for Children’s Environmental Health, awarded a 2015 Heinz Award for the Environment.

* **Robert Fulfillove**, EdD, professor of Sociomedical Sciences, appointed by Governor Andrew Cuomo to a task force to end the AIDS epidemic in New York.

* **Stephen S. Morse**, PhD, professor of Epidemiology, named to the National Science Advisory Board for Biosecurity of the National Institutes of Health.


* **Virginia Rauh**, ScD, professor of Population and Family Health, invited to give the MIND Institute Distinguished Lecture at the University of California, Davis.


* **Diana Hernández**, PhD, assistant professor of Sociomedical Sciences, named a JPG Environmental Health Fellow at the Harvard University School of Public Health.

Amidst the outcry sparked by events in Ferguson and Staten Island, students explored public health’s role in reducing violence. “We already know these health disparities exist,” said Whitney Skillen, MPH ’16. “We want to investigate what police brutality and racism have to do with it.” Students led the charge for #BlackLivesMatter to inform discussions in Mailman School classrooms.

**FOR THE LAST FOUR YEARS,** a core component of the orientation for incoming Master of Public Health students has been a module known as Self, Social, and Global Awareness (ssga). Introduced as part of extensive curriculum revisions in fall 2012, ssga is designed to heighten self-awareness about the power and privileges that exist based on identity—gender, race, age, sexual orientation, and religion, among other categories—and to demonstrate how they affect population health.

The program was developed by a team led by Dr. Cheryl Franks, an expert in diversity and anti-racism training, with Dean of Students Marlyn Delva, EdD, a lecturer in Epidemiology, and Associate Dean for Field Practice Linda Cushman, PhD, a professor of Population and Family Health.

SSGA continues to evolve with the addition of new events including lectures, small-group discussions, and theater outings. “Each year, we’ve thought to expand it and simultaneously respond to student feedback,” says Cushman. “It’s a living, breathing thing.” For 2015–16, components of ssga have been incorporated into Integration of Science and Practice, small-group sessions in which students meet throughout the year to discuss case studies that integrate traditional classroom education and the real-world experience of working as a public health professional. Also new this year, doctoral and MS students were welcome to participate.

The fall 2015 kickoff event featured “The Danger of a Single Story,” a 2009 TED talk by novelist Chimamanda Ngozi Adichie, in which the author explores the influence of the “single stories” we hold about others. Such stories are incomplete and even dangerous, says Adichie, because they affect not only our thoughts and feelings, but often our actions, as well. Moreover, such views are often subconscious, complicating and limiting our ability to work productively. In 2014, students saw the Pulitzer Prize–winning play Disgraced, then discussed with members of the cast the themes of cultural assimilation, deception, and identity explored in the script.

**SSGA IS A CENTERPIECE OF THE SCHOOL’S MISSION NOT ONLY TO BE AWARE OF AND UNDERSTAND SOCIAL INEQUITIES BUT TO DEVELOP STRATEGIES TO ELIMINATE THEM.**

By the end of 2017, all faculty will also have been exposed to the program. “ssga is a wonderful and critical first step toward the Mailman School community embracing and prioritizing our discussion of structural power arrangements,” says Cushman. “I am very pleased with how far we’ve come, but we have a lot more work to do in our classrooms, in the School, and on the macro level, in society in general.”

**RACE TO THE TOP**

**INEQUALITY UNDER SIEGE**

Amidst the outcry sparked by events in Ferguson and Staten Island, students explored public health’s role in reducing violence. “We already know these health disparities exist,” said Whitney Skillen, MPH ’16. “We want to investigate what police brutality and racism have to do with it.” Students led the charge for #BlackLivesMatter to inform discussions in Mailman School classrooms.
Last year amid the Ebola outbreak, you co-authored an essay in *The American Journal of Bioethics* calling to task officials who require placebo controlled randomized clinical trials (RCT) to assess emerging treatments. Why?

I don’t want to be perceived as someone who doesn’t like randomized controlled trials. *Au contraire*. In the particular case of the Ebola outbreak, however, I believe there is a more urgent humanitarian question: What are the best options that we have to go forward and in a careful, safe manner end the epidemic?

**What were your ethical concerns?**

The outbreak was getting out of control and throughout much of West Africa, the standard of care was no care at all; some clinics didn’t even have running water. Between 70 and 90 percent of people who contracted the disease died. Even with supportive care as we understand it in this country, the fatality rate could be as high as 30 percent. Using a conventional RCT in that setting is both unethical and impractical. You’re dealing with desperate patients with a death sentence and you’re asking for their informed and voluntary consent to take a placebo? That’s tragic.

**What model do you propose?**

At the time, we had 14 possible treatments, not all equally promising. Our formulation was to take the four most promising treatments and get them to different clinics—if you can’t randomize individual patients due to the threat of violence, randomize treatment centers. In relatively short order, you can select the best treatment. You don’t know if it works better than a placebo, but you can see whether people stop dying, and you’re asking for their informed and voluntary consent to take a placebo? That’s tragic.

**What’s your rule of thumb for study design?**

There is a simple guiding principle: What is the most important question to answer at this moment? If there’s no humanitarian crisis, you can use the traditional hypothesis-testing approach. But in the midst of a fatal epidemic, we don’t have a lot of time to answer an abstract question of statistical significance. We need to pick the best answers now and worry later about false positives. ✍

Bruce Levin, PhD