Health SPHere: Spring 2005

Boston University School of Public Health

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Boston University
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Welcome to the Spring 2005 issue of Health Sphere.

Each edition of this publication explores the work of talented people in the SPH family who are dedicated to improving the lives of others, at home and abroad. Our faculty, students, alumni, staff, and research associates all apply their knowledge and experience to making this a better world.

In the pages that follow, you will learn more about the efforts of three of our outstanding faculty: Wendy Mariner, professor of health law; Michael Grodin, professor of health law, bioethics, and human rights; and Mary Barger, assistant professor of maternal and child health. There are also profiles of three alumni: Elizabeth Cohen ('92), Yvette Cozier ('94,'04), and Kevin Neill ('97). In addition, David Rosenbloom, professor of social and behavioral sciences and director of our new NIH center for alcoholism prevention, weighs in on preventing problems with alcohol among young people.

I am pleased and proud that SPH is able to attract outstanding students and faculty, maintain productive ties with its alumni, and make contributions to the field of public health. I hope that this issue of Health Sphere will engage your interest in the vital work that we are doing regionally, nationally, and internationally.

Robert F. Meenan
M.D., M.P.H., M.B.A.
Is Birth Normal?

Increasingly High-Tech Childbirths Are Worrisome to Assistant Professor Mary Barger

By Tricia Brick

IN SPH'S UNDERGRADUATE Introduction to Public Health course, students are asked: do you believe that birth is a normal process that should not be interfered with unless absolutely medically necessary? In recent years, the number of students who answered "yes" to that question has dwindled; last year, fewer than half raised their hands to agree that yes, birth is normal, says Assistant Professor Mary Barger.

"When I first became a nurse-midwife, it was the era of the Boston Women's Health Collective and Our Bodies, Ourselves, and the women's movement worked to reclaim birth and insisted on making hospitals friendlier and making birth welcome for the whole family," Barger says. "Women were saying, 'We want to become educated about the birth process, and we want to do it our own way.' I think the pendulum is swinging to the other side now." In recent years the perception is growing that birth is a high-risk condition that requires medical intervention to be successful, Barger says, and the trend worries her.

Barger, a certified nurse-midwife, is director of SPH's Nurse-Midwifery Education Program, which enables registered nurses to earn a Master of Public Health while preparing for the national nurse-midwifery certifying exam. She has spent twenty-five years delivering babies and providing well-woman gynecology, prenatal, and postpartum care, and she still balances her teaching and research with a practice at Brigham and Women's Hospital. But as a nurse-midwife, she is more than a medical practitioner; she is also an educator and an advocate for women and their families.

Last spring, she returned to her alma mater to present a thirtieth-reunion talk to the Stanford University Nurse Alumnae meeting. "I think that the process of birth is under threat today," she told her fellow alums in a lecture titled "Is Birth Normal?" She referred frequently to the Maternity Center Association's Listening to Women study, which surveyed new mothers about their birth experiences and their attitudes toward childbirth. "For all practical purposes, natural childbirth no longer exists in the United States," Barger said in her speech. "Ninety-nine percent of labors in this country, according to the testimony of the mothers themselves, are what the study authors call 'technology intensive.'"

Barger works with obstetricians in her practice at Brigham and Women's, and she understands well the value of medical technology—when used properly, it certainly saves the lives of mothers and babies. But she sees a spectrum in the use of technology, ranging from natural childbirth through pharmaceutical pain relief and induction to elective cesareans. And, as she noted in her speech, she believes that the technology-intensive end of that spectrum is increasingly prominent.

For example, she points to the Listening to Women findings that half of women surveyed had experienced certain widespread interventions: electronic fetal monitoring, IVs, epidural analgesia, artificially ruptured membranes, pitocin to induce or augment labor, bladder catheters, and stitches. The need for some of these routines has "absolutely no basis in evidence," Barger explains. "There's absolutely no research to support them, and in some cases they are not only ineffective but are actively harmful."

"As a midwife, my job is to inform women fully, and then they can make a choice."
Barger adds that a reported 27 percent of American babies were born via cesarean section in 2003, and the number of elective cesareans—surgeries performed for reasons other than medical necessity—has also been increasing.

For many women, cesarean delivery promises a birth that is quicker, less painful, and more easily controlled by their doctors. These women and their doctors view a cesarean as just another birth choice, akin to opting for a nurse-midwife instead of an obstetrician. It’s a viewpoint that seems to be gaining popularity in recent years, in both the obstetric professional literature and among moms-to-be. In the popular media, it’s as common to read about celebrities who have planned their cesarean dates to fit into busy schedules—or to avoid the weight gain that can accompany the last few weeks of pregnancy—as it is to hear about the comparative risks of cesarean versus vaginal births.

But women are still six times more likely to die during a C-section than a vaginal birth, Barger says. “As a midwife, my job is to inform women fully, and then they can make a choice,” she says, “and, ultimately, if a woman really wants an elective C-section, and she was fully informed, fine. But I’m not sure that in this debate, women are being fully informed.”

At its heart, the question “Is birth normal?” is inseparable from the issue of who controls women’s bodies, knowledge, and choices. Though Barger believes that “it is worth fighting for the right of women to have the kinds of births that they want,” she is concerned that the current trend toward unnecessary technological intervention in birth threatens to take control away from women and put it in the hands of a medical establishment that treats pregnancy as a disease—as an abnormality—rather than as a normal, natural experience in the life of a woman and her family.

As she asked in her Stanford lecture, “Is birth normal? Were we meant to touch, with our very bodies, things that are deeper, and bigger, and sweeter than ourselves? Is giving birth meant to be a good surprise? Is giving birth an honor? Or is it merely a meaningless burden, an expensive, leftover horror from our primitive, ape-like past, which modern medicine can cure us of?”
Professor Wendy K. Mariner Sheds Light on Last June’s Supreme Court Managed-Care Liability Ruling

By Kelly Cunningham

LAST JUNE, in a decision that further widened the divide between health care insurers and their beneficiaries, the U.S. Supreme Court concluded that a managed care organization (MCO) cannot be held liable for personal-injury damages incurred by a patient as a result of the MCO’s denial of benefits—even if that denial goes against the recommendation of the patient’s physician. This ruling, in the case Aetna Health Inc. v. Davila, determined that the federal Employment Retirement Income Security Act (ERISA) overrides state laws that enabled patients in nongovernment employer-sponsored health plans to sue their insurers.

What does this mean for the estimated 140 million Americans who participate in ERISA plans? “Essentially, it means that there is really no penalty for health plans to deny medical benefits to their beneficiaries,” explains Wendy K. Mariner, SPH professor of health law, bioethics, and human rights and recent author of an article on the subject for the New England Journal of Medicine. “Under ERISA, the insurer is required to give you only the cost of the treatment wrongly denied. Not extra medical care that you may need as a result of the denial. Not pain and suffering. Not lost wages.”

To many, this ruling seems out of line with a logic of responsibility. But, as Mariner explains, the court decision deems the contract between insurer and insured a financial agreement rather than an agreement for necessary medical care. “They have promised to pay for certain services,” she says. “If they fail to pay for those services, you’re entitled to that dollar payment, but nothing else, because that’s all the contract requires. It’s not an obligation to provide an appropriate standard of care.”

Insurers assert that this ruling will prove to be a boon to beneficiaries, preventing many large-settlement lawsuits and thereby lowering premium costs. While Mariner agrees that there is some truth to this, she remains unconvinced that the types of court cases now prevented by this ruling previously had much of an effect on insurance premiums. “High costs of health care are pushing premiums higher, so health insurance becomes less affordable,” she says. “That’s perfectly understandable. What is not at all evident from the data is that liability costs have a significant effect. The costs that are driving this rise in health care premiums tend to be costs of technology and provider payments.

“It’s an odd argument on the part of the industry,” Mariner continues. “If insurers claim that they’re going to save large amounts of money by not paying damages for liability, that suggests that they’re often negligent and would be paying out high amounts of damages if not for the Supreme Court decision. That hasn’t been true in the past, generally. They’re not rampantly negligent, and they’re not paying out huge amounts of money, so what are they going to save? Even if there are savings, it is not likely that they will lower premiums to any significant extent.”

Denied a powerful legal recourse against insurers who may not have their best interests in mind, many Americans are left feeling as though they must fend for themselves. While this could have some surprisingly positive effects—beneficiaries taking the initiative to educate themselves about their illnesses and health care options; patients gaining savvy regarding the status of insurers as financial,
A Question of Fairness

By Cynthia K. Buccini

THESE DAYS, a visit to the doctor's office often means more time in the waiting room than in the examining room. But patients aren't the only ones feeling frustrated. Faced with dwindling reimbursement rates from managed care organizations and pressured to take on more patients, physicians are stressed, too.

The answer for some doctors is to establish a new kind of practice in which they can devote more time to fewer patients. It's called concierge or boutique medicine, and in the last few years, these practices have opened in Massachusetts, Florida, California, and Washington. For an annual fee, these doctors will make house calls and offer e-mail consultations and access during non-business hours. They will even accompany patients on visits to specialists. Because they see a limited number of patients, they don't have to rush through each visit and can spend more time on preventive care.

But the practices, criticized as elitist, have sparked some debate among medical professionals, particularly about the ethical implications. "There's enormous concern about what it is you're paying for," says Michael A. Grodin, professor of health law, bioethics, and human rights at SPH and professor of psychiatry at BU School of Medicine. "The concern is that you're paying for things that should be done normally, as part of a good standard of care. If that's the case, then we have a big problem." He points out that patients in the traditional health care system already have access to much of what some boutique practices provide. If they're sick, patients can usually get an appointment with their doctor—or another member of the practice—promptly. And all medical practices have physicians on call twenty-four hours a day.

There's no question the well-to-do have access to the extras. Massachusetts General Hospital's Phillips House, for example, offers dignitaries private rooms, specially prepared meals, lounges for reading and visiting, and complimentary satellite TV. But the health care, Grodin says, is the same for all Mass General patients. "I have no problem with the wealthy getting better amenities. I do have problems with the wealthy getting better medical care."

There are other issues as well, particularly if these VIP practices take hold in rural areas without enough physicians to begin with. Patients who can't afford the fee or don't want to pay it may have trouble finding a new doctor. "That doctor has to see even more patients, which causes even more stress," Grodin says. "It's a fundamental question of fairness."

Grodin, himself a medical doctor, doesn't see concierge care sweeping the country. "I think that there are legal and insurance problems," he says. "People don't have the money to pay for it, and again, most people think, and rightly so, 'Why should I pay for something I should be getting anyway?'"

Instead, he sees these practices as a symptom of a problem. Doctors feel that they don't have enough time to talk with their patients and that they are not giving them the best care they can, he says. "What it means is we need to look seriously at why doctors are unhappy, why they're leaving medical practices, why they feel stressed, why primary care is overloaded." ::

rather than medical, entities—it could also lead patients to view their insurers as being untrustworthy, according to Mariner. "And that will damage the ability of health plans and patients to work together to find reasonable benefits to cover," she explains. "It becomes harder for the public to embrace any kind of health reform that would use insurance companies or health plans. In the 1990s, consumer complaints about health plans' controls over which physicians patients could see and what kinds of care they could receive created a public-opinion backlash against managed care. Many plans dropped limitations such as gatekeepers and preauthorization of referrals to specialists. If insurers reintroduce restrictive controls on benefits and people perceive health plans as unwilling to be held accountable for their own decisions, there may be a new backlash against managed care." ::
The Science of Good Reporting

CNN's Medical Correspondent Elizabeth Cohen ('92) Finds the Human Angle

By Cynthia K. Buccini

IN A GIVEN WEEK, CNN medical correspondent Elizabeth Cohen ('92) might cover the medical uses of marijuana, the proposed testosterone patch for women, or the increased rate of heart attacks during the winter. Over the years, she's crisscrossed the country to report on a meningitis outbreak in Ohio, conjoined twins in California, stem cell research, the first implantable artificial heart, the first cloned monkey. Her documentaries have explored obesity and America’s obsession with looking younger.

But it’s not all hard science. Recently, Cohen reported from Fort Campbell in Kentucky, where a baby boom is under way among military couples. “It was just a great way to spend the day,” says Cohen, who has been a reporter for seventeen years, fourteen of them at CNN. “It was so much fun. They were lovely people, and cute babies.”

No matter the subject, Cohen says, the stories are always fascinating. And some, like her documentary *Fountain of Youth*, are particularly personal. In the hour-long piece, Cohen interviews men and women who use Botox, undergo plastic surgery, or maintain a strict diet and exercise regimen in order to appear younger.

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But she felt strongly about also including people who live happy, healthy lives without the help of such products and procedures.

Her producer found just the pair to profile: a 101-year-old woman and her then 94-year-old niece, both participants in the New England Centenarian Study at Boston University School of Medicine. The older woman happened to be Cohen’s great, great aunt, and the niece her grandmother. “So I interviewed them, and that was just terrific,” she says. “One of the things my grandmother talked about was how she is proud of the lines on her face, and even if Botox had been available when she was younger, she wouldn’t have used it.” The wrinkles, her grandmother says in the segment, “show I have lived.”

The documentary, which also featured the oldest practicing lawyer in Massachusetts, Reuben Landau (LAW’26), premiered in November 2003. “It felt good,” Cohen says, “to be able to counteract some of those messages that people get—that you have to change yourself, you have to look younger, you have to look better, your nose has to be better, your lips have to be better—and to be able to show people aging naturally and doing really well: someone who is still practicing law at the age of 100 and my grandmother, who’s still a leader of the family, still driving her car now at the age of 95. I really felt as though that had an impact.”

The Next Bob Woodward

As a child, Cohen dreamed of being a journalist. “I remember my father tucking me into bed one night and talking about President Nixon and Woodward and Bernstein and thinking, ‘I want to be Woodward and Bernstein,’” she says, referring to Bob Woodward and Carl Bernstein, the *Washington Post* reporters who uncovered the Watergate scandal.

After graduating from Columbia College in 1987 with a degree in history, Cohen worked for States News Service in Washington, D.C., where she developed an interest in covering health issues. “I wrote a lot about, for example, the nursing shortage, a big deal at the time,” she says. “I realized that’s really what I enjoyed.”

A year later, she moved to the Times Union, of Albany, New York, where she broke a significant story about area coroners who were remov-
ing parts of arteries from trauma victims and sending the tissue—without the families' knowledge—to researchers studying atherosclerosis in young people. Covering the story, and the related issues of organ donation and informed consent, made Cohen realize that she'd be a better reporter if she continued her education. "I interviewed George Annas while I was in Albany," she recalls. "I learned more about him, and I decided I really wanted to go to BU and major in health law." Annas, Edward B. Utley Professor and chairman of the SPH Department of Health Law, Bioethics, and Human Rights, became her advisor and has remained a valued source. "I call him all the time, I use him in stories, and I consult with him," Cohen says. "He continues to be such an inspiration." Cohen turns to other SPH faculty as well, including Leonard Glantz, professor of health law and associate dean for academic affairs; Wendy Mariner, professor of health law; and David Ozonoff, professor of environmental health.

In all her stories, Cohen says, her priority is to get the facts right and put the issues into context in a way that commands the attention of her audience viewers. But it's the people that viewers remember, and Cohen tries to humanize every story. "One of my favorite stories was talking to two women who had conceived children through in vitro fertilization and had leftover embryos in freezers," she says. "One mother wanted to donate them to be used to develop stem cells, and the other felt very strongly that she did not want them used for stem cells. She was seeking families to adopt the embryos to implant in another woman's uterus. So it was really fascinating to see two different women who had made very different choices under a similar set of circumstances."

Stem cell research is a challenging subject because of its scientific complexities and the ethical and political debate. For Cohen, there's only one way to navigate the thicket of issues. "I always go back to the science," she says. "You can debate whether we should do stem cell research, but if audience members don't know what stem cells are and where they come from and how you make them, then they really can't understand the debate."

Elizabeth Cohen, CNN medical correspondent, says the stories she works on are endlessly fascinating. "It's a great job. I get up every morning excited to come to work."
The Risks of Underage Drinking
A Conversation With David Rosenbloom

David Rosenbloom, professor of social and behavioral sciences, is director of the new Center to Prevent Alcohol-Related Problems Among Young People, established at SPH with a $10 million grant from the National Institute on Alcohol Abuse and Alcoholism. Rosenbloom also is director of Join Together (www.jointogether.org/home), a substance abuse and gun violence prevention program at SPH. He spoke with Health Sphere about the problem of underage drinking and the new research center, which focuses on ways to prevent this problem.

Q: Why did the National Institute on Alcohol and Alcoholism fund the new research center at SPH?
A: The center was created because there is very strong evidence that alcoholism is a disease that develops in adolescence. During that time, the brain is changing and growing rapidly, and it is vulnerable to damage from the repeated use of alcohol. We are doing research to learn why so many kids start drinking early and what happens to enable some of them to stop.

We are also developing and testing new approaches to better prevent or reduce early and harmful drinking. Approximately 20 percent of adolescents start drinking at or before age thirteen. Those kids are many times more likely to become alcoholics, do poorly in school and in jobs, engage in risky unprotected sex, and get into fights than people who start drinking at an older age. Approximately 12 percent of people between the ages of eighteen and twenty-four can be classified as alcohol dependent. About half of these people reduce their drinking significantly, so that by age twenty-nine, about 6 percent of the population is alcohol dependent.

The younger you are when you start drinking, the more likely you are to become alcohol dependent at some point in your life and to have alcohol-related problems of some kind. On the other hand, people who do not start drinking before the age of twenty-one almost never become alcohol dependent.

We hope that research at our new center will help us understand these issues so we can design prevention steps and interventions that will be effective. We still don't know how much early drinking is the cause of all the problems we see in these young people, or if it's just a symptom of some other underlying problem.
Q: Are you saying there is some science behind the laws that prohibit the sale of alcohol to individuals under the age of twenty-one?
A: Yes. The legal drinking age of twenty-one saves more than a thousand lives every year in this country. Research done by Ralph Hingson, professor of social and behavioral sciences at SPH, shows that when the drinking age was raised, the rate of alcohol-related deaths by automobile decreased among young people. Research has also shown that a given amount of alcohol has a much greater impact on brain function and response in a young person than it does in someone over twenty-one.

Setting the legal age for any behavior is somewhat arbitrary and hard to enforce. The goal of our legal, social, and parental actions should be to get young people—from, say, ages sixteen to twenty-four—through the riskiest transition in their lives as safely as possible. The laws about drinking, and how parents and other institutions act to support them, play an important role.

Q: Many parents think drinking is just a rite of passage for teens and that they should help their teenagers learn responsible drinking. Does this work?
A: There isn’t any evidence that teaching a child to drink “responsibly” at home reduces binge drinking at high school parties or colleges. It is naive to think that if you drink with your children at home, they will not drink more with their friends, especially when peer pressure can be intense. Yes, the legal drinking age is lower in Europe, and there is a widespread belief in this country that kids over there learn to drink moderately at home and don’t have so many problems. But the facts show that this is a myth. Many European countries now have teen drinking problems that are worse than ours. The rate of teen bingeing in the United States is in the middle of the range among industrialized countries.

Q: What can parents do to prevent their kids from using alcohol and illicit drugs?
A: Talk to them about not drinking and taking drugs. Tell them why their health and safety are at risk.

Know where they are, who they are with, and what they are doing. Insist on calling the parents at the houses they will visit to confirm that adults will be present. Parents should insist on doing this all the way through high school, even though their children will hate them for it. It’s the job of parents to keep their children safe, not to be popular. It will be easier if all the parents at a given school agree to follow the same rules for their kids.

Insist that a child never get in a car driven by someone who has been drinking. Parents should tell their kids that they will pick them up any place, at any hour, and with no questions asked if they have no way to get home without getting into a car driven by someone who has been drinking. This alone would save many lives every year.

Finally, parents need to be decent role models themselves. If a member of the family has an alcohol or drug problem, getting treatment for the adult and supportive counseling for the child is the best way to prevent the child from developing a drinking problem.

Q: Are there policy changes that research has shown can reduce youthful drinking?
A: The social and legal environment can have a big impact on whether and how much people drink. An effective way to limit youthful drinking is to make it more expensive. Research demonstrates that if beer were to cost more, kids would drink less. Beer costs almost nothing to make, so taxes are the only way to force the price up. But beer taxes are ridiculously low in most states—less than a penny or two a bottle—and haven’t been raised in years.

Massive beer advertising is also part of the problem of youth drinking. Exposure to alcohol advertising should be significantly reduced. Research has demonstrated that advertising influences young people’s decisions to start drinking at a young age. Kids who grow up in media markets with higher levels of alcohol advertising are significantly more likely to start drinking early than similar kids who grow up in media markets with lower levels of alcohol advertising. Throughout the United States, young people see more ads in magazines and on television for beer than do adults, despite industry claims that they do not target underage drinkers. Just like the cigarette makers, the beer industry is highly dependent on getting people to start drinking their brands when they are very young. Approximately 15 percent of all the beer in this country is drunk by people who are under the age of twenty-one. The voluntary advertising codes and the “responsible” drinking campaigns of the alcohol industry are notably ineffective.

“The goal of our legal, social, and parental actions should be to get young people ... through the riskiest transition in their lives as safely as possible.”
Karen Antman Named Med Campus Provost

UNIVERSITY PRESIDENT ad interim Aram V. Chobanian announced recently that Karen H. Antman, a renowned oncologist and clinical investigator, has been named provost of the Boston University Medical Campus and dean of BU's School of Medicine.

As provost, Antman is responsible for the overall operation of the Medical Campus, which includes the School of Medicine, the Goldman School of Dental Medicine, and the School of Public Health. She will also oversee the University’s relationship with Boston Medical Center. Her goals include increasing philanthropic support to the Medical Campus schools and encouraging partnerships between academia and industry. The appointment is effective May 1.

Antman has served for the past year as deputy director for translational and clinical services at the National Cancer Institute of the NIH. Previously, she was Wu Professor of Medicine and Pharmacology at Columbia University College of Physicians and Surgeons, a staff physician at Presbyterian Hospital, and director of the Herbert Irving Comprehensive Care Center, an NCI-designated cancer center. She has also been a member of the faculty at Harvard Medical School and a staff physician at Brigham and Women's Hospital.

She has also served as president of the American Society of Clinical Oncology, the American Association for Cancer Research, and the American Society for Blood and Marrow Transplantation. For seven years she was associate editor of the New England Journal of Medicine.

SPH Dean Robert Meenan praised Antman’s appointment: “Provost Antman will bring new perspectives and new energy to the Medical Campus,” he said. “I very much look forward to working with her on a range of efforts to strengthen the School of Public Health and increase collaborations with the School of Medicine.”

Karen H. Antman will become provost on May 1.

Two SPH Students Serve As Schweitzer Fellows

TWO SPH STUDENTS, Nadia Khouri and Jonathan Wolf, are among the thirty graduate students from Boston-area schools of health and human services selected to serve as 2004–2005 Boston Schweitzer Fellows. Schweitzer Fellows are required to commit a year of service with a community agency and to design and implement a health-related community outreach project that assists underserved individuals as well as communities that lack adequate health services. In addition to their direct service, fellows meet monthly to discuss their projects, ideas, and experiences.

Khouri, who studies international health, is working with settlement organizations in the Boston area to provide information to refugees and immigrants about available subsidized health insurance programs. Her efforts are intended to help newcomers and settlement workers understand what health care is available. Wolf, a dual-degree student at the Boston University Schools of Public Health and Social Work, is interviewing homeless individuals in the Boston area and recording their life stories. He hopes to transcribe and publish these stories as a means of sharing the human side of homelessness.
Summer School, SPH Style

By Jane Cormuss

ATTENDING SUMMER SCHOOL rarely brings joy to the hearts of undergraduate students. But last summer, twenty-four undergraduates from across the country happily came to Boston University to participate in an innovative six-week program hosted by SPH and funded by the National Heart, Lung, and Blood Institute (NHLBI).

The selective Summer Institute for Training in Biostatistics attracted eighty applicants who wanted to learn more about the expanding field of biostatistics. The undergraduates who were admitted had backgrounds in mathematics, statistics, biology, sociology, psychology, and economics.

Classroom sessions introduced students to the principles of biostatistics, epidemiology, and statistical genetics, as well as applications in clinical trials. Students also met with practicing biostatisticians in the Boston area. Part of the program involved working with data collected through internationally known studies such as the Framingham Heart Study. Students visited offices of the Framingham Heart Study, the Massachusetts Department of Public Health, the Harvard Clinical Research Institute, and DM-STAT, Inc., a local data management and statistical consulting group.

The grant from NHLBI covered all costs—tuition, meals, housing, and extracurricular activities—associated with the program.

The summer wasn't all work. Students relaxed and enjoyed getting to know one another through various activities: a Red Sox game at Fenway Park, a trip to George's Island, and a Duck Tour of Boston by amphibious vehicle.

In addition to gaining exposure to the basics of biostatistics and earning four college credits, participants learned about graduate-level education in the discipline. Many have since applied for admission to the School.

College sophomores, juniors, and seniors who are majoring in mathematics, science, or another quantitatively oriented area of study may apply for admission to the Summer Institute for Training in Biostatistics. Applicants must be American citizens or permanent residents of the United States.

For more information about the summer 2005 session at SPH, please visit www.bu.edu/sph/departments/biostats/sibs.

Books...

- Marcia Angell (MED '67)
  SPH Board of Visitors
  The Truth About Drug Companies (Random House, 2004)

- George Annas
  Edward R. Utley Professor and Chair, SPH Department of Health Law, Bioethics, and Human Rights

- Lawrence W. Vernaglia ('94) and Susan L. Williams, editors
  Massachusetts Health and Hospital Law Manual (Massachusetts Continuing Legal Education, Inc., 2004)
New Fund Pays Tribute to Katherine M. Skinner

The Department of Health Services at SPH has established an endowed memorial fund to recognize the accomplishments of Katherine M. Skinner, associate professor of health services, who died last spring after a long illness.

She was known widely for her commitment to understanding the experiences of female veterans. Her work as the principal investigator of the Women's Veterans Health Study at the Bedford Veterans Administration clearly reflected her commitment to directing national attention, for the first time, to the overall health status of women who have served in the armed forces. An area of particular interest for her was violence against women in the military.

In addition, she was a passionate advocate for and advisor to students at SPH. She was renowned for her love of teaching, her sense of humor, her dedication to serving as a mentor, and her willingness to explore areas of study that were not always popular, but nonetheless important. She is greatly missed by her students and colleagues.

Each year an award from the fund will be presented to an outstanding student who is interested in studying women’s health issues. To learn more about this fund, please contact Elizabeth Ollen, director of Institutional Development and Alumni Relations, at 617-638-4290.

Students who received merit scholarships chatted at the Dean’s Scholarship Reception at SPH last September. The annual event is hosted by Dean Robert Meenan.
Honoring a Teacher

The Ruth Siegel Memorial Teaching Fellowship Fund has been established at SPH by Michael Siegel, associate professor of social and behavioral sciences, as a tribute to his mother. The purpose of the fund is to train students to teach and to enable faculty to enhance their teaching skills through seminars.

Ruth Siegel was a schoolteacher, as was her mother. She received a degree in chemistry from Barnard College and a master's degree in teaching from Yeshiva University. She taught science at Bronx High School of Science and at Great Neck North Junior High School. For many years, she taught religious education to kindergarten students at the United Jewish Center in Danbury, Connecticut. In those classes, she instructed Michael in the art of teaching when he was a young boy. She died in a car accident when Michael was seventeen years old.

In 2001, Michael received the Scotch Award for Excellence in Teaching, a competitive award based on recommendations from students, faculty, and staff. His mother would have been proud. At SPH, we are grateful that Michael has chosen to honor her in this way.

A Contribution to Women's Health

Beryl Bunker, one of the first female vice presidents at John Hancock, is well known in Boston circles for her philanthropy. She also wishes to make a serious contribution to the study of women's health issues; she believes strongly that information pertaining to women's health should be clear and accessible to as broad an audience as possible.

So she established a charitable gift annuity that will help SPH catalogue and shelve the archives of the Boston Women's Health Book Collective, publishers of the groundbreaking book for women Our Bodies, Ourselves.

"I wanted to make a gift that would make a difference," she says, "but I also wanted to provide annual income for myself and my husband. The School of Public Health has promised to keep the collection open to the public and to keep it up to date. I'm glad to have a part in making that happen." The Bunker Collection, as it will be known, has also received a substantial gift from John Hancock to aid in this project.

If you would like to include SPH in your estate planning and would like to know how a gift might provide current income and tax benefits, please contact Elizabeth Ollen at 617-638-4290 or at ollen@bu.edu.
Dean Robert Meenan, faculty, alumni, and students gathered in Washington, D.C., last fall for the annual SPH/APHA reception at Café Atlantico. The reception took place during the American Public Health Association's 132nd annual meeting November 6-10.

1. SPH student Lorenza Holt, left, with Jill Center ('82).

2. Dean Robert Meenan with student Bahby Banks.

3. SPH students Desiree de la Torre and Wan-Ju Wu enjoy the festivities.

4. Dean Robert Meenan, right, with Harrison Spencer, president and CEO of the Association of Schools of Public Health.

5. Sue Gallagher ('80) with Alan Balsam ('82).

Photographs: Samantha Williams, Enfocas Photography
Environmental Health

Ike Eriator ('91) teaches environmental health at Jackson State University in Mississippi and is an anesthesiologist at the University of Mississippi Medical Center.

Steven Ward ('95) received a National Certificate of Merit from the National Environmental Health Association. He is the director of public health in Watertown, Massachusetts.

Wayne Lifshitz ('98) works at CARE International. He, his wife, Eva, and their son, Max, have moved back to the D.C. area from Angola, where he spent a year managing a USAID-funded program for Africare. In D.C., Wayne will manage a four-country HIV/AIDS education program. His work will take him to Sierra Leone, Rwanda, Mozambique, and Thailand.

Nadia Juzych ('99) is a senior research scientist at the Michigan Public Health Institute and continues to work on several projects, including educational programs for physicians and the public on antimicrobial resistance, as part of the Michigan Antibiotic Resistance Reduction Coalition. She also is involved in a program at the National Eye Institute that teaches individuals the importance of early detection and treatment of ocular diseases in order to prevent vision loss; a research project on the compliance of emergency room staff to publish guidelines for treating Group A beta-hemolytic streptococcal pharyngitis; and an evaluation of health literacy among populations at high risk for ocular diseases. She writes, “I am also working on a project in collaboration with researchers at Johns Hopkins University to evaluate the capacity and preparedness of state public health agencies to respond to community concerns regarding potential clusters of non-communicable diseases.” Nadia has two sons, three-year-old Daniel and one-year-old Nicolas.

Suzanne Muchene ('01) has moved back to Boston from Maryland. She is an industrial hygienist in the VA Boston Healthcare System.

Jennifer Allard ('03) is pursuing a Doctor of Veterinary Medicine at Tufts University.

FROM THE PRESIDENT OF THE SPH ALUMNI BOARD

JULIE WISNIEWSKI ('00)

I AM THRILLED to be the new SPH Alumni Board President. I was proud to accept the nomination to serve when Julie Ross ('01) stepped down late last year. Many thanks to Julie for her hard work and dedication throughout her two years as president. She recently relocated to Washington, D.C., where she has taken a position with the U.S. Department of Transportation.

I was happy to have the opportunity to meet many SPH alumni at the BU presidential event at the Boston University Club on November 8. And the School's annual APHA reception was a great success, with more than 200 alumni, faculty, and friends enjoying Café Atlantico’s ambiance in Washington, D.C., last November.

This year, the SPH Alumni Board will work on the School’s Distinguished Alumni Award program. I would like to congratulate this year’s honorees: Gurarrach Gaigago ('98) and William Ghali ('95). Carmen Urdaneta ('97), who lost her life in a plane crash in Afghanistan (see page 20), will be honored with a posthumous Distinguished Alumni Award. On Monday, April 11, alumni and current students will gather for the annual Career Fair/Career Connections, an opportunity for students to network with alumni and members of the local public health profession.
Epidemiology

Bill Strohsnitter ('03) is an assistant professor in the Department of Obstetrics and Gynecology at the Tufts School of Medicine and Tufts-New England Medical Center.

Jeena Easow ('04) is a research assistant and coordinates clinical trials in the Department of Emergency Medicine at Boston Medical Center.

Epidemiology/Biostatistics

Beth Sommers ('89) presented two papers at the APHA meeting in Washington, D.C., last November: “Community-based Research on Complementary and Alternative Medicine” and “The Pan-African Acupuncture Project: An Innovative Approach to Empowering Health Workers in Uganda.” She was elected to APHA’s governing council and is the first acupuncturist to hold this position. She was also reelected as the newsletter editor of the section on Alternative and Complementary Health Practices.

Alexander Ortega ('94) is associate professor of child and family health policy in the School of Public Health at UCLA's Department of Health Services.

Nikki Gettlinger ('96) lives in Maryland, where she works as a manager for NIAID's infectious disease intramural program. “I do mainly novel Phase 1 vaccine studies,” she reports.

Rob LaBadie ('98) lives in Connecticut, where he is a clinical pharmacology statistician at Pfizer. Rob is involved in study design, sample-size calculations, analysis, and reporting of types of clinical pharmacokinetic bioavailability, bioequivalence, food effect, drug-drug interactions, and special populations.

Dan Eccher ('99) works as a data specialist at Frontier Science in Brighton, Massachusetts. Much of his work is with the Eastern Clinical Oncology Group, one of the largest clinical cancer research organizations in the United States. Dan and his wife, Brigid, welcomed their first child, Jonathan Eccher Mullally, on January 5, 2005.

Sheri Della Grotta ('01) and her husband welcomed their second daughter in January. She joins three-year-old sister Kaleigh Nicole. Sheri has been working as a project coordinator at Bradley Hospital in Rhode Island for the last two and a half years. She works on the study “Prenatal Methamphetamine Use Among Pregnant Women and Child Development.” She writes, “I am responsible for all of the data collection and management for this study, which recruits women (at delivery) who either admit to using methamphetamine during their pregnancy or who deny use but have a confirmation for methamphetamine in the baby’s meconium.” Participants—mothers and their children—are followed for three years, a period in which the children’s development is tested along the way.

Ian Lemieux ('02) writes, “I am a senior associate at Genzyme, in the group known as pharmacovigilance—medical affairs. I am responsible for the receipt, regulatory assessment, and analysis of adverse-event reports for a pharmaceutical product (indicated for patients with end-stage renal disease), as well as the company’s diagnostic products.” Ian is part of the team that provides safety input in the review of new or ongoing protocols, promotional materials, and labeling to ensure compliance with domestic and international regulatory requirements. “For me, it’s been a way to apply my interest in epidemiology and biostatistics in the industry setting,” he says.

Rosie Batista ('03) began a position as clinical research coordinator at Beth Israel Deaconess Hospital in May 2004. She returned in December 2004 from a three-month stay in India, where she worked with an NGO that serves orphans affected by HIV.

Alison La Tourette ('03) married Hectory...
A Matter of Social Justice

By Jane Cormuss

A MEDIC in the U.S. Army, Kevin Neill ('97) served three tours in Egypt as part of a peacekeeping force. The inequities he witnessed in public health services provided to various population groups set the course for his career. "With my military experience, a general interest in health and medicine, and the amount of time I had spent traveling about, I was naturally drawn to study international public health," he says.

Today, he is manager for the bioterrorism preparedness program with the Navajo County (Arizona) Public Health Services District. "Navajo County has within its own borders the Hopi Nation, a large segment of the Navajo Nation, and most of the White Mountain Apache Nation," he says. "As my own program serves the needs of these sovereign nations, in terms of emergency preparedness, the knowledge I gained at SPH, regarding cultural approaches to health, has proved critical. For example, on the advice of my tribal liaison, we have set aside funds to hire traditional healers to bless bioterrorism-related training and drill sessions, as the general feeling among tribes here is that drills that involve diseases, such as smallpox, serve to invite them to occur."

As program manager, Kevin plans, coordinates, and facilitates the countywide defense-preparedness program; provides necessary training to first responders and members of the community at large; and provides information to the public. "I feel like I am part of a process that is reinvigorating the traditional role of public health, a role that's stagnated in this country for years," he says.

Following his military service, Kevin received his undergraduate degree in international studies at the School for International Training, in Brattleboro, Vermont. The timing was a bit unorthodox, he acknowledges, in terms of starting a new professional journey. "I am something of a late bloomer and didn't get my undergraduate degree until I was thirty-nine," he says. "Consequently, I decided to go straight to graduate school at BUSPH."

The decision to pursue a master's degree in public health reflected his desire to address the inequities he had observed while in the Army. He had come to equate the practice of public health with the pursuit of social justice. At SPH, he concentrated on learning about various cultural approaches to health care, applying his new knowledge in his current professional role.

Kevin believes he is making a difference "by contributing in tangible ways to the public health preparedness for some 100,000 people. SPH taught me that, like politics, all public health is local. In that sense, I've found the greatest fulfillment working for a county health department, as opposed to feeling merely like a cog at a much larger health organization." ::

Kevin Neill ('97)

Photograph: Courtesy of Kevin Neill

Health Law

Andrea Maalouf ('93, SDM'87) has returned to work after several years as a stay-at-home mom. She teaches at the Goldman School of Dental Medicine in the Department of General Dentistry, Division of Removable Prosthodontics. She lives in Westwood with her three children, Rose, Abraham, and Joey.

Larry Vernaglia ('94) has been named co-chair of the Communications Committee of the Health Law Section for the Boston Bar Association, for which he is also on the Health Law Section Steering Committee and is co-editor of the Health Law Section newsletter. He is a partner in the Health Law Group at Hinckley, Allen & Snyder in Boston, where he represents hospitals and a variety of other health care providers in regulatory matters, including Medicare/Medicaid reimbursement compliance advice and appeals, mergers, acquisitions, and financings. Larry also edited the Massachusetts Health and Hospital Law Manual published in the fall of 2004.

Melissa Bottrell ('95) has moved back to California. She writes, "Still working in bioethics and loving it... Berkeley is great."

Juliette Shih ('97) manages an operations group at Genzyme in Boston. "My group is responsible for developing systems for assessing and improving the overall quality of health sphere 17
of our clinical trial data and for developing documentation to govern the conduct of the departments that actually produce the data. I also work on policy initiatives through some of the industry trade groups and regulatory authorities.”

Jana Meyer ('04) lives in California, where she works at WellPoint, the Blue Cross/Blue Shield provider in the state. Jana is a health coach and registered dietician. “I conduct dietetic consultations with members of the health plan who have diet-related diseases or conditions. WellPoint also evaluates health outcomes of members who choose to participate in the health coaching program and those who do not.”

Health Services

Sue Gallagher ('80) (See Social and Behavioral Sciences.)

Gary Shostak ('81) retired from his position as director of health services for the Massachusetts Department of Youth Services (DYS) in October 2003 after a twenty-two-year career. He writes, “Since then I have been consulting, gardening, birding, and doing volunteer work with an India-based NGO.” In October 2004 Gary received the Neela P. Joshi Memorial Excellence in Adolescent Care Award for his work at DYS. The award is presented by the New England Chapter of the Society of Adolescent Medicine. Gary traveled to Nepal in January 2004 and India in February 2004 to visit friends and assist with an HIV training program for Indian and Nepali health care professionals.

Alberto Cardelle ('89) was recently tenured and promoted to associate professor at East Stroudsburg University in East Stroudsburg, Pennsylvania.

Susan Graham ('90) moved to Mombasa, Kenya, last summer to begin her doctorate research. “My project is a study of antiretroviral therapy and its effects on genital tract shedding of HIV-1 in a cohort of female sex workers in Mombasa.” Susan will be in Kenya for two years.

Lynn Hassan Armstrong ('93) lives in Holden, Massachusetts, and is a labor and delivery nurse at UMass/Memorial Hospital.

Jane Craycroft ('95) took a position at Harvard Pilgrim Health Care in June 2004. In the Department of Ambulatory Care and Prevention, sponsored jointly by Harvard Pilgrim and Harvard Medical School, she is the project manager for a longitudinal study known as Project Viva, which seeks ways to improve the health of mothers and their children by looking at the effects of the mother’s diet and other factors during pregnancy. More than 2,600 women in the Boston area have participated in the study. Children are currently followed until age four, though the ultimate goal is to follow them for as long as possible. “We’re currently submitting another grant to NIH to follow the kids until age eight, at least,” she writes.

Caroline Bullock ('98) married Jason Lyon in September 2003. Caroline is a third-year resident in internal medicine at Fletcher Allen Health Care in Burlington, Vermont, where she is also working on cardiac research with the director of cardiac rehabilitation. Caroline hopes to remain in the Burlington area to practice general medicine. Before starting her residency, Caroline was a member of a core group of Vermont practitioners, legislators, and consultants who established the Vermont Public Health Association chapter of the APHA. “I think we were the last state to finally organize! It was a great experience,” she writes.

Neenah Estrella-Luna ('01), her husband, and their two cats moved back to Boston in early fall of 2004. Neenah began work on a Ph.D. in Northeastern University’s Law, Policy, and Society program.

International Health

Malik Jaffer ('98) and his wife, Ambereen Jaffer ('98) welcomed their first child, a son, Hafiz Ali Jaffer, born November 23, 2004.

Mohammed Ali Bhuiyan ('00), the South Asia coordinator for the UNAIDS program, was transferred to Bangkok, Thailand, in October 2004. “This is part of UNAIDS’ recent restructuring process for strengthening the technical capacity of our Asia Pacific regional office in Bangkok,” he writes.
Ramatu Daroda ('00) lives and works in Nigeria. Ramatu is the senior training and services advisor for Ipas, an international agency based in North Carolina that focuses on women’s sexual health and reproductive rights.

Jeremy Ogusky ('01) completed two years with the Peace Corps, working in Lesotho as an HIV/AIDS advisor to a district AIDS task force. The group was responsible for coordinating all HIV and AIDS activities at the district level, among other things. "I have assisted the task force in planning community home-based care programs and helped create strategies for government ministries to address the pandemic. I have also spent much time with the local cycling club, and we have done a number of HIV-awareness-raising rides."

Tamarra James ('02) began her third year in the doctoral program in the Department of Epidemiology at Columbia University in the fall of 2004. "I have received a cancer training fellowship from the National Cancer Institute at NIH. My research is predominantly in breast cancer and social disparities in health. I am enjoying my work here. I truly enjoyed my experience at BUSPH and especially in the Department of International Health."

Melissa O’Leary ('02) has been accepted to the College of Osteopathic Medicine at Michigan State University and will begin pursuing a D.O. in the fall of 2005. "Part of the program involves medical missions to South America and Africa, where students become involved in research and the provision of health care to underserved and underrepresented populations. I plan to take part in that type of mission-based medicine as a student."

Amy Pierce ('02) is the program director at Lifeworks, a substance abuse prevention service agency in Austin, Texas.

Michele Bradford ('03) works in Burundi as a consultant for PADCO Inc. on a USAID/OTI project to support the peaceful implementation of the Arusha Accord. In September 2004, she and Nita Patel ('03) went on safari in the Masai Mara and were fortunate to see the migration of thousands of animals from Kenya toward the Serengeti in Tanzania. Michele hopes other SPH friends will visit her, too.

Ellen Donoghue ('03) joined the Center for College Health and Safety at Education Development Center, Inc. in Newton, Massachusetts, as a research assistant. Ellen was elected to the SPH Alumni Board in September 2004.

Sera Bonds ('04) participated in the relief effort in Sri Lanka following the December earthquake and tsunami as director of Circle of Health International. "A team composed almost exclusively of BUSPH alumni and students departed for Sri Lanka to contribute to the relief effort focusing on women’s health." A documentary film crew visited the team in the field to develop a film about Circle of Health International, an organization founded by Sera and IH lecturer Monica Onyango. Other SPH alumni and students who participated in the effort were Rachel Seranno, Adam Rosenbloom, Johnny Lee Park ('04), Cliff Lubitz, and Lisa Dickey.

Social and Behavioral Sciences

Susan Gallagher ('80) returned to Boston in October 2004 after completing a Robert Wood Johnson Health Policy Fellowship in Washington, D.C., where she worked with U.S. Senator Dick Durbin on global health issues, medical research, and mental health and public health workforce issues. Last September she was in Kiev, Ukraine, presenting an overview of global HIV/AIDS issues from a public health professional’s point of view at a meeting of the International Research Exchange for scientists in Eurasia. Sue also coauthored two papers in the American Journal of Public Health and Accident Analysis and Prevention on the
Ambereen Jaffer ('98) (See International Health.)

Genita Johnson ('88) is a senior health advisor at the Harvard School of Public Health.

Sharon Marable ('92), is medical director of the Rhode Island Department of Health's Office of Women's Health. On October 14, 2004, the John Hope Settlement House presented Sharon with an Outstanding Community Service award "for her contributions to improving health for people of color in Rhode Island." Earlier in 2004, she was presented with a special recognition award for health education and awareness.

Ken Vail ('94) lives in San Francisco and is the manager of health promotion services at the Tenderloin AIDS Resource Center (TARC). "My role is primarily the management of HIV-related education and prevention efforts." TARC has received a two-year CDC Social Networks Demonstration Project grant aimed at training HIV-positive individuals to recruit homosexual African-American men, transgenders, and injection-drug users for HIV testing and other services.

Annie Lewis O'Connor ('96), adjunct faculty member in SPH's Department of Social and Behavioral Sciences, has received a Ph.D. from Boston College. Her NIH-funded dissertation was titled "Screening Mothers for Intimate Partner Violence During Their Child's Pediatric Visit: A Method Approach." Annie also has had an article published in American Nursing, "Should Health Care Providers Be Mandated to Report Intimate Partner Abuse: A State of the Science."

Claudia Menashe ('97) lives in Washington, D.C., and is developing a national health museum.

THE SPH COMMUNITY mourns the loss of Carmen Urdaneta ('97), who died in a plane crash thirty-five miles outside of Kabul, Afghanistan, on February 3. She was thirty-two.

Carmen was a senior communications associate at Management Sciences for Health (MSH) based in Cambridge, Massachusetts, a private, nonprofit organization that works to improve public health services for those who need it most. Carmen had arrived in Afghanistan on January 10 to work on a comprehensive communications plan for the organization's Rural Expansion of Afghanistan's Community-based Healthcare program, which is helping the country rebuild its health system. She was conducting interviews and gathering information to be used for press releases, feature stories, and other communications, according to MSH. Two of her colleagues from MSH were also killed in the crash, which claimed the lives of 104 people and was caused by severe weather conditions.

Carmen was born in Venezuela and raised in Topeka, Kansas. She received a Master of Public Health, with a concentration in international health, and joined MSH in 1999 as a communications associate for the Family Planning Management Program. She became senior communications associate in 2004.

Carmen, who lived in Brookline, Massachusetts, was well regarded among colleagues and friends for her writing and photography, which reflected a wealth of personal and professional interests.

Kimberly Freire ('99) is working on her dissertation as a Health Behavior and Health Education Fellow at Sheps Health Services Research Center in Chapel Hill, North Carolina.

Jose Cassul ('01) is the quality assurance director for the Center for Family Studies in the Department of Psychiatry at the University of Miami Medical Campus. Jose oversees all the monitoring for family therapy clinical trials (NIDA sponsored).

Jason Lucas ('03) is a second-year medical student at Temple University School of Medicine.

Matthew Mimiaga ('03) entered the doctoral program in the epidemiology department at the Harvard School of Public Health last fall. He is a senior researcher at the Fenway Health Center.

Nita Patel ('03) is the program manager of eye health at Helen Keller International. "It fits my background well because I have my M.P.H. and am also an optometrist. I work mainly on international refractive error (spectacle) programs for school-age children and on the domestic program." She is based in New York.

Heather Smith ('03) is a third-year medical student at UMass Medical School in Worcester, Massachusetts.

Robyn Keske ('04) works for DM-STAT, Inc., a data analysis company in Medford, Massachusetts. As a project manager, Robyn works on data originating from an NIH multisite study on autism and research conducted on sonograms to see if they accurately detect Down Syndrome.

In Memoriam

We are grateful to the dedicated alumni and friends who made many generous gifts to the 2005 SPH Fund. The School is committed to educating the finest public health leaders, but the costs required to do so continue to rise.

Please consider a gift to the SPH Fund today and help support our students, faculty, and the School as we contribute to the well-being of individuals and communities around the world.

To learn more about supporting SPH, please contact Elizabeth Ollen, director of Institutional Development and Alumni Relations, at 617-638-4290. Or use the enclosed reply envelope for your tax-deductible gift.

Thank you!