

## The Director's Column

*Dr. Nils Hennig, Program Director*



As the Academic Year 2016-2017 is coming to an end, I want to congratulate all of you, our graduates. I have had the privilege to get to know and work with you. I am confident that you have the skills, insights and compassion to make a difference in today's world. Public Health is about everything we do as a society to promote, improve and protect the health of all individuals and communities.

***This is such an important time to be in public health. Our students, alumni, faculty and staff strive for health equity. Their accomplishments and potential inspire me and I hope that their stories inspire you as well.***

According to the World Health Organization (WHO), global average life expectancy increased by 5 years between 2000-2015; the fastest increase since the 1960s. (Those global gains reversed declines during the 1990s, when life expectancy fell in Africa because of the AIDS epidemic, and in Eastern Europe following the collapse of the Soviet Union). This increase was greatest in the WHO African Region, where life expectancy increased by 9.4 years to an average life expectancy of now 60 years, driven mainly by improvements in child survival and expanded access to antiretrovirals for HIV treatment.

While the poorest WHO Region had the greatest increase and is catching up with other regions, the trend within the US is the opposite. According to a recent study published in JAMA (Inequalities in Life Expectancy Among US Counties, 1980 to 2014: Temporal Trends and Key Drivers) the average life expectancy between the rich and poor counties in the US now varies more than 20 years and is predicted to grow even wider

in the future. At first glance, overall average life expectancy in the US seems to follow the global trend with an increase of 5.3 years over the study period. But a closer look reveals that the gains are mostly in the richer counties in central Colorado, Alaska and the rich counties along both coasts. By contrast, some of the poorest counties in North and South Dakota which include Native American reservations and southern counties in the heartland hardly had any improvement in life expectancy, and the average life expectancies were up to 20 years less than in the rich counties. A significant minority of counties (11.5%) were actually experiencing an increased risk of death for residents aged 25-45 years. For many Americans, their zip code seems to be a better predictor of health than their genetic code.

While the magnitude of America's widening life-expectancy-gap might be surprising, the contributing factors are not: socioeconomic and racial injustice; educational inequality; lack of access to quality healthcare and insurance; risk factors such as smoking, drinking, physical inactivity; the opioid epidemic; lack of gun safety and control – just to name a few. The US is spending much more money on healthcare than any other country but the return is disappointing as we have not yet sufficiently tackled these preventable factors and larger social determinants. Our graduates are prepared to participate in the process of moving public health forward – from great ideas and innovations, to focused evaluations and trials, to scaling up and sustaining effective programs.

This is such an important time to be in public health. Our students, alumni, faculty and staff strive for health equity. Their accomplishments and potential inspire me and I hope that their stories inspire you as well. This issue of The Scoop highlights the power of public health in action – from applying genomics to clinical research; ending lead poisoning in America; teaching social justice and bioethics; to discussing global health sustainability in a new era of nationalism; promoting gender equality; and providing support for the homeless on the Public Health Day of Service.

### **A Special Congratulations to the Following Award Recipients:**

**Outstanding Culminating Experience:**  
Thesis – *Ceciley Bly*  
Manuscript – *Rosalyn Plotzker*  
Capstone – *Heather Omdal*

**Excellence in Public Health Practice:**  
*Jeffrey Aalberg*

# BioMe Biobank Program featuring: Amanda Merkerson, MPH

By Kim McArdle, first-year MPH student in the Epidemiology Track

The BioMe Biobank Program at the Institute for Personalized Medicine (IPM) was launched in 2006-2007 under Erwin P. Bottinger, MD. Bottinger's goal was to bring a more personalized medicine approach to all therapeutic areas by helping researchers apply genomics to clinical research and treatment. He created a de-identified genetic material bank linked to phenotypic Electronic Health Record (EHR) clinical data. This visionary ambition would be especially relevant to future researchers interested in longitudinal patient data, instead of a single snapshot of their clinical information.

The engineering of the two-part tracking system for BioMe Biobank was specifically designed with Bottinger's revolutionary goal in mind. The first system, the Donor Management System (DMS), assigns a unique donor ID to each consenting participant. The donor ID links them to their case-report form that is completed by the Clinical Research Coordinator. Next, the participant has their blood drawn, at which time the unique specimen ID is created. The donor ID and the specimen ID are communicated into the second system, the Laboratory Information Management System (LIMS). No patient health information ever transfers from the DMS to LIMS. The lab is completely blinded to the identities of all participants. At the end of each day the blood samples are processed immediately for plasma and overnight for high quality DNA.

It takes a great deal of coordination, oversight, and management for a program like BioMe to be successful. This is where Amanda Merkerson, MPH, steps in. Amanda is the Managing Director of the BioMe Biobank Program at Mount Sinai. She supervises all BioMe staff, including Clinical Research Coordinators and Laboratory Coordinators, maintains and enforces IPM Biobank policies and procedures as stipulated by the Institutional Review Board (IRB) protocol and laboratory protocol, and ensures



Photo: Amanda Merkerson, MPH, and her team of Clinical Research Coordinators.

compliance of the Biobank project with the Mount Sinai Program for Protection of Human Subjects and Federal Regulations. She also handles the submission of all regulatory procedures, such as project amendments and annual renewals. Perhaps most importantly, she serves as liaison to faculty, physicians, and researchers to promote BioMe for use in research projects.

Since its IRB approval in July of 2007, BioMe has enrolled close to 38,000 participants. To maximize the recruitment process Research Coordinators are dispersed among Mount Sinai's main campus and off-campus sites. Research Coordinators integrate their processes into the clinical workflow such that they really become a team with the physicians and nurses, an important feat. "It is now commonplace for our Coordinators to engage in the clinic, and [patients] expect, appreciate, and like to be asked if they are willing to participate in research here at Mount Sinai - one of the greatest research institutions in the country. To enroll into this Program is an extremely altruistic, feel-good thing to do and our patients express that when they sign up," says Amanda.

Anyone with a medical record number who has received preventative or clinical care here at Mount Sinai is eligible to enroll into BioMe. As a participant in BioMe herself, Amanda states that, "[she] cannot think of an easier, more exciting way to become a

part of the personalized medicine revolution. For patients to simply consent, give a small tube of blood, and fill out a short family history questionnaire they can feel like they are contributing to the future of medicine. If not helping themselves, they are helping others to not have to go through what they went through."

As the ten-year anniversary quickly approaches this July, the BioMe Program celebrates the research advancements met thus far. One such triumph was the pioneering of a genome-informed clinical decision support tool when prescribing heart medications, specifically clopidogrel (Plavix®), to patients with a CYP2C19 gene variant. BioMe was used as a recruitment tool to enroll eligible participants in an IPM Pharmacogenetics (PGx) research study. In the consent process, participants were explicitly informed that their participation gave researchers permission to input genetic information into their EHR via EPIC. As a result, a "pop-up alert system" was designed to show up in EPIC for orders of clopidogrel for CYP2C19 poor metabolizers. Within nanoseconds, this platform delivers decision support in real time by 1) alerting clinicians that the use of clopidogrel in this population could lead to adverse cardiovascular events, and 2) suggesting alternative therapies and dosing advice while keeping the patients' personal genetic make-up in mind.

*continued on page 6*

# Member's Day at the United Nations

By Patricia Moscibrodzki, second-year MPH student in the Global Health Track and Co-President of the United Nation Association Chapter at Mount Sinai

Within one generation, the fabric that binds humanity from one continent to the next has been entirely digitized and otherwise fundamentally transformed.

We have seen first-hand that the globe is capable of adapting to dramatically new norms, methods of conducting business and ways of interconnecting in a remarkably short period of time. Although significant progress has been made, there is still much to be done. This is a reminder that progress and success are not always synonymous.

This year, a record number of United Nation Association (UNA) members from high schools, colleges, and universities met in the General Assembly Hall at the UN Headquarters in New York City to participate in Member's Day. Held on February 17, 2017, this day included informative talks and healthy discussions on the most pressing issues facing the United Nations. As part of the newly established chapter of the UNA at the Icahn School of Medicine at Mount Sinai, a group of public health and medical students participated in Member's Day. Members heard expert presentations on topics like refugee conditions, conflict resolution, and sustainable development, and networked with community leaders, other students, and representatives from globally-focused organizations.

During the conference, Nicol Perez, the Youth Observer of the UN reminded us that "for the UN to work, we need to work." As the Youth Observer, Nicol works to empower young Americans to be active participants in dialogue on international issues and encourages change that makes a global impact. Fortunately, technological advances in the last 30 years have equipped today's youth with the tools necessary to take immediate and impactful action. Youth advocacy is a gateway for achieving equity in all spheres of society, economy and policy and ultimately, will result in the collective upheaval to the challenges we now face.

For example, since 1990, the number of childhood deaths per year has been cut in half. In this time period, vaccines, which are the greatest achievement of biomedical science and public health, were responsible for the lowest gap recorded in childhood



Photo: Icahn School of Medicine at Mount Sinai students at UNA-USA Member's Day 2017.

deaths between developed and under-developed countries. Yet, the prevalence of malnutrition continues to destroy the human potential. Children who are stunted by malnutrition are not just below their global peers in height, but they are behind their peers in cognitive development, which limits them for their whole lives.

Another challenge yet to overcome is gender inequality. Male dominance in the poorest societies is crippling. Limiting women's power is harmful to everyone, because when women have the same opportunities as men, families and societies thrive. Not only does gender equity unleash women's potential, but it also unleashes men's

potential as well. Equity frees everyone to work as partners and thus opens doors of progress and prosperity for the human race.

Over the course of Member's Day, it became clear that global development for the year 2030 will be a grand challenge. With regards to refugee conditions, Kamal Amakrane, the Director in the Office of the President of the 71<sup>st</sup> Session of the United Nations General Assembly, heralded, "There isn't a crisis of refugees, it's a crisis of compassion." His words will hopefully inspire young Americans to play a key role in shaping the responsibility of their country and facilitate continued recognition of foreign aid as a priority in our changing world. In advocacy and the effort to create global change, equality is an essential part of the solution. A focus on equality would ensure that the issues at hand are sufficiently addressed, rather than rearranged.

The hope of the UNA is to spread awareness and focus on the implementation of good health and well-being. The UNA chapter was formed at the Icahn School of Medicine at Mount Sinai in order to educate, inspire, and mobilize students to support the principles and vital work of the United Nations. The 1.8 billion young people between the ages of 10 and 24 present an enormous opportunity to transform the future, and the first steps can be as simple as mobilizing a group of public health and medical students.

For more information about the UNA at Mount Sinai, please contact [publichealth@mssm.edu](mailto:publichealth@mssm.edu).

# Getting the Lead Out: A Major Public Health Success Story Has One Final Hurdle

By Sarah Goodman, second-year MPH student in the Health Care Management Track and Sue Preziotti, third-year MPH student in the Health Promotion and Disease Prevention Track

Many of us may take for granted the major improvements in environmental health that have taken place over the second half of the 20th century. More specifically, today's youth and young adults are typically unable to fathom how lead poisoning once irreparably harmed large swaths of the American population. Today, greater numbers of people are free from significant lead exposure, and a vision to end lead poisoning in the U.S. is now within reach.

A leading figure in the path towards elimination is Mount Sinai faculty member Philip Landrigan, MD, MSc, an epidemiologist, pediatrician and internationally recognized leader in public health and preventive medicine. He is currently the Director of the Children's Environmental Health Center and Dean of Global Health at Mount Sinai. Dr. Landrigan has worked tirelessly for decades to protect children from lead poisoning and other environmental health threats through research and evidence-based advocacy.

One of his earliest and arguably most pivotal accomplishments involved critical studies proving pediatric lead exposure's detrimental impairments to children's nervous systems and overall cognition.

As an Epidemic Intelligence Service Officer at the U.S. Centers for Disease Control and Prevention (CDC) in the early 1970's, Dr. Landrigan was part of a team deployed to investigate the exposure to a lead ore smelting plant in southwest Texas that was suspected to be poisoning local children. The team's rigorous epidemiological research revealed that sixty percent of schoolchildren living within a mile of the plant had elevated blood lead levels, and that even small amounts of lead exposure lowered a child's IQ.

The landmark studies contributed to a turning point in America -- they were critical in persuading the U.S. Environmental Protection Agency (EPA) to ban lead from gasoline and house paint. The policy initiatives led to an extraordinary public health impact of reducing blood lead levels in children by 95% over time. However, more than half a million American children still have high blood lead levels today.

We asked Dr. Landrigan to speak about lead poisoning in America, what still needs to be done, and what it all means for today's students interested in environmental health and medicine.

## Q: What effect does lead exposure have on children?

**A:** Lead damages children's brains. It causes lower IQ's and learning disabilities, impairs language skills, shortens attention span, and predisposes children to hyperactive and aggressive behavior. Lead exposure in early childhood is linked to later increased risk for dyslexia and school failure. Infants in the womb and children under the age of 5 are the most vulnerable because their brains are still developing. The harm caused to brain development is irreversible. Higher levels of exposure are the most dangerous, but no level of lead is safe.

## Q: Can you further explain the significance of the Texas studies?

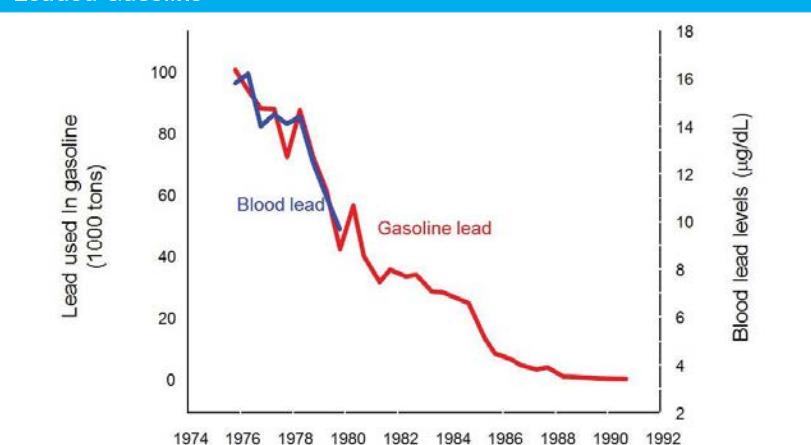
**A:** Lead had been used widely in paint, gasoline, water pipes and other products over the 20th century. Although its effects on children's health were first recognized in 1904, it wasn't until the 1970s that preventive policy was enacted, spurred by two key events: 1) the confirmation that lead could cause brain injury without prior warning signs or symptoms, and 2) the realization that lead in gasoline could destroy converters required on all new cars under the Clean Air Act.

The powerful discoveries together served as a tipping point, resulting in lead being banned from gasoline in 1976 (Figure 1), from house paint in 1978, and from drinking water pipes in 1986.

## Q: How big a problem is lead exposure in the U.S. today?

**A:** Approximately 23 million older American homes still contain lead paint hazards, and an estimated 10 million homes have lead water pipes. The CDC estimates 535,000 children under the age of 6 still have elevated lead blood levels.

Figure 1. Change in Blood Lead Levels in Relation to Use of Leaded Gasoline



**Q: What did the 2016 incident involving lead in the Flint, Michigan drinking water teach us?**

**A:** The poisoning of many innocent children in Flint, who will suffer the consequences for the rest of their lives, was completely avoidable. It reminded us of the dangerous health effects of lead and that the burden of exposure often falls upon the poorest communities. The environmental health community is building on renewed focus resulting from the tragedy to drive policies that will protect children from the preventable harms of lead poisoning.

**Q: Tell us about the plan recently outlined to end lead poisoning in America?**

**A:** Today, we have an extraordinary opportunity to end lead poisoning in America. We can tackle the root causes by addressing three key areas:

1. Map local sources of lead (this can be done block by block with proper funding).
2. Contain the sources (e.g., replace lead pipes and remove lead paint from homes).
3. Stop producing lead (e.g., vast quantities of lead are still used in battery production, but new lead-free technology can be substituted).

On December 15, 2016, Mount Sinai was a sponsor of the National Summit to End Lead Poisoning hosted by the Health & Environmental Funders Network. We created a Call to Action which outlines more specific recommendations to end lead poisoning in the U.S. in five years.

**Q: Given the current U.S. political setting, where spending cuts on environmental protections seem likely, how do you make the economic case for the plan?**

**A:** The economic case to end lead poisoning is as clear as the ethical one. There will be billions of dollars in annual savings to taxpayers. Studies have shown that for every dollar invested in lead poisoning

prevention, the public receives a return of \$17 to \$221. This is because childhood lead exposure affects lifetime earning potential, and current levels of lead exposure in the U.S. amount to an aggregate income loss of over \$40 billion a year. Healthier communities are more productive. Moreover, investment in work to eradicate sources of lead will also provide jobs.

**Q: Your work in this area has spanned more than four decades. What are some of the major obstacles you encountered?**

**A:** I have learned two big lessons through my life's work that go beyond science and medicine. The first is that anyone who becomes involved in efforts to protect children and other vulnerable populations against toxic chemicals, such as lead, needs to be prepared mentally and morally to encounter vicious opposition from the entrenched vested interests who profit from production of the harmful material. The second lesson is the enormous importance of perseverance.

**Q: Can you offer advice to students interested in advocating for public health causes on staying committed in the face of setbacks?**

**A:** I would say to all students that devoting a portion of your life to advocating for public health causes is good and noble work. It is not work that will make you rich, but it is work that is good for the soul, and at the end of the day it is work that will give you the deep satisfaction that you have made the world a little better. But that said, it is very important that your advocacy be based on scientific evidence and that you do not sacrifice your credibility for your desire to bring about change.



Dr. Landrigan's involvement in identifying and studying environmental toxins and their effects on children goes well beyond lead poisoning, and it spans the globe. He has been involved in evidence-based solutions to reducing children's pesticide exposure, participated in the World Health Organization's campaign to eradicate small pox, and was also a central figure in developing the medical and epidemiological studies following the destruction of New York's World Trade Center on September 11, 2001.

MPH students have the privilege to hear Dr. Landrigan speak about his work in MPH 0001 Introduction to Public Health. He also guest lectures in other courses, such as MPH 0400 Introduction to Epidemiology and MPH 0112 Public Health Law.

Dr. Landrigan has received numerous awards throughout his career, including the Meritorious Service Medal from the U.S. Public Health Service, and he was recently presented with the 2017 Lifetime Achievement Award from The National Council for Science and the Environment (NCSE).

# Faculty Spotlight: Dr. Rosamond Rhodes

By Priscilla Agyeman, first-year MPH student in the Global Health Track

The Bioethics program at the Icahn School of Medicine at Mount Sinai is comprised of physicians, philosophers, nurses, lawyers, and sociologists, and is led by Director and Professor Rosamond Rhodes, PhD. Dr. Rhodes has been teaching bioethics since the program was started in 1980. Her role includes

overseeing the medical ethics curriculum for medical education, eleven residency programs, and postdoctoral programs. Dr. Rhodes also serves as a member of Mount Sinai's Ethics Committee and the Institutional Animal Care and Use Committee (IACUC).

Dr. Rhodes is a self-described philosopher specializing in moral and physical philosophy. Her career path includes time as a secondary teacher

and housewife before obtaining a PhD in Philosophy from The Graduate Center, CUNY in 1990. She has written over 125 articles and chapters on various topics such as cloning, abortion, organ transplantation, psychiatry, surrogate decision making, research ethics, and physician-assisted suicide.

When asked about the most rewarding part of teaching MPH 0007 Social Justice in Public Health and Medicine, formerly Public Health Policy, Medicine and Social Justice,

Dr. Rhodes states:

*“Seeing students learning the vocabulary of ethics, learning to understand the concepts, and then learning to use those concepts as tools to provide an ethical analysis of the decisions they have to make. They start off with muddy thinking and they move to real clarity and incisive insights, figuring out their own creative ideas and developing studies they want to undertake. Watching the students go through that whole process and develop into critical thinkers about the ethical issues in their field is very rewarding.”*

Dr. Rhodes wants incoming students to apply their clinical and applied experiences to difficult decision-making situations. During her course, she uses the technique of “thought experiments” which means, “you create an example that is illustrative of a problem, and you confront people with the example and challenge them to think it through.” Dr. Rhodes wants students to realize medicine is not a one-dimensional approach, and she hopes that students use their critical thinking skills for each case they come across. Using the comparison of different specialties in medicine, such as emergency medicine and palliative care, she draws the example that each specialty has different levels of priorities regarding comfort, privacy, and urgency.

Being a student in Dr. Rhodes’ course is an eye-opening experience that will enrich the educational training of any future public health professional. She is dedicated to teaching students to look beyond what is at face value and dig deeper because it is a skill that is crucial to forming the most efficient doctors, medical and public health professionals. Her contribution to the Bioethics program at ISMMS is undeniably significant, and any pupil of hers would learn invaluable information.

## BioMe Biobank Program *(continued from page 2)*

Ultimately, the goal of personalized medicine is to treat patients on a molecular level: what makes you, you. It is the hope that with this mission in mind, society will eventually see a reduction in the cost of health care, the burden of adverse health events, and the time it takes to find the right treatment for ailing patients. “I think that moving forward with a personal approach to medicine is necessary and, quite frankly, very exciting. With a program as innovative as BioMe I think... I know, we are leading the charge in this field,” explains Amanda.

BioMe continues to expand to other research venues, including female infertility, psychiatry, influenza, dermatologic disorders, inflammatory bowel disease, hepatitis and more. “We exist for the purpose of supporting research and are more than happy and willing to collaborate”, says Amanda on the opportunity for MPH students to get involved with BioMe. I personally work on regulatory affairs and will help the investigator craft their research application to the IRB for approval.”

Amanda explains her belief that the public health profession is the future of personalized medicine. “Even though we speak of “personalized” or “precision”

medicine as being for the molecular individual, targeted treatments would never exist without a program as unique and ‘public health-centered’ as BioMe. Data management, programming, algorithm development, questionnaire and case-report form development, scientific writing, pharmacoepidemiology, health policy, and social and behavioral sciences are just a few of the public health concentrations it takes to run BioMe!”

Keeping this in mind, it is clear that our public health students have the opportunity to be at the forefront of this revolution.

# American Public Health Association Annual Meeting: Student Recap

By Michelle Falcon, second-year MSW-MPH student in the Global Health Track

My first words of advice: Get involved in the American Public Health Association (APHA) and attend the Annual Meeting. I am currently a dual-degree student, pursuing a Master of Public Health at the Icahn School of Medicine at Mount Sinai and a Master of Social Work at Fordham University's Graduate School of Social Service. Though it was my first time at the American Public Health Association Annual Meeting, I found it to be highly beneficial, both professionally and academically.

The Opening General Session of the 144th APHA Annual Meeting was held on October 30, 2016 in Denver, Colorado. The Opening General Session of the conference included keynote speaker Cecile Richards, President of the Planned Parenthood Federation of America. Hearing her speak about how far public health and women's rights have come in the last decade was truly motivating. I also had the opportunity to hear APHA President, Camara Jones, MD, MPH, PhD, speak about the three levels of racism: institutionalized, personally mediated, and internalized. Dr. Jones stressed the importance of the environment and how crucial it is to address institutionalized racism, as it is the most fundamental of the three levels and would ignite the most change. Through these presentations, my horizons broadened and I met peers and leaders in the field who made me feel at home in the field of public health.

There are over 30 sections of APHA that represent major public health disciplines or programs. When I registered to attend APHA, I chose to be a member of the Public Health Social Work and International Health sections. The conference had poster, panel, and roundtable sessions. There were also educational institutes. I had the opportunity to attend the Global Health Institute. Hearing about the changing landscape and what skills are necessary to adapt gave valuable insight into the future of the public health profession. I was also able to attend the Student Leadership Institute, where I had ample time to network with students from various academic

institutions around the country. It was wonderful to be able to share experiences, projects, and career plans on a peer-to-peer level.

One of the sessions I attended was MSW-MPH Education: Meeting the Needs of Dual Degree Students, a roundtable session led by Abigail Ross, PhD, MPH, MSW, from Fordham University and Betty Ross, MSW, MPH, from Boston University. Among those in attendance were students and faculty of dual degree programs nationwide. The intimate setting was conducive to sharing our concerns. It was comforting to see that many of the students and I shared the same feelings. It was also reassuring to know that everyone there had an interest in making their programs excel and improve for future students of public health social work. I am still in touch with the students I met. We share ideas and will work together to build this growing field. This home base is especially useful in helping professionals navigate the marriage of the two fields. I was inspired to join the section and am now Co-Program Planner.

After participating in the Student Assembly, I became the Campus Liaison for the Icahn School of Medicine at Mount Sinai. As Campus Liaison, I encourage more students to get involved in APHA because it is a great opportunity to see where public health is headed and to expand your professional network.

I would like to thank the Graduate School of Social Service at Fordham University and the Icahn School of Medicine at Mount Sinai for funding this opportunity. I would like to extend a special thanks to Dr. Abigail Ross who has been immensely helpful to me as a budding professional in navigating APHA and the growing field of public health social work. The next APHA Annual Meeting will be held November 4 - 8, 2017, in Atlanta, Georgia. Students whose abstracts are accepted for presentation are eligible to apply for travel awards through the Graduate Program in Public Health. I look forward to building more connections and hopefully meeting some of you there!

## National Public Health Week

National Public Health Week is an initiative led by the American Public Health Association. Every April, schools and programs of public health and health organizations around the nation hold events to advocate for public health action and support community wellbeing. This year, MPH students teamed up with the Graduate Program in Public Health to plan several events.



### Molecular to Population-Level Approaches to Cardiovascular Health

Valentin Fuster, MD, PhD, Physician in Chief for Mount Sinai Hospital and Director of Mount Sinai Heart, spoke to an overflowing room of Mount Sinai community members. This was the first Spotlight Series lecture for Cardiovascular Epidemiology, a new course led by Dr. Rajesh Vedanthan and Dr. Sunil Agarwal.

— Kayla Dellefratte



### Yoga in the Park

The rain couldn't stop us. We had a great turn out for our event despite having moved indoors. Registered Yoga Teacher Brendan Rooney led the class of beginners and advanced yogis.

— Michelle Falcon

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## National Public Health Week (continued from page 7)



### Global Health Sustainability in a New Era of Nationalism

Alexander Preker, PhD, President/CEO of Health Investment & Financing Corp., Nata Mendabde, PhD, Executive Director of the World Health Organization Office at the UN, and Nils Hennig, MD, PhD, MPH, Director of the Graduate Program in Public Health, participated in a discussion on global health sustainability. They concluded that building technical skills and social skills, as well as acquiring cross-sectoral understanding of issues, will be required to achieve a balance between globalization and nationalism. Co-sponsored by the UNA at Mount Sinai. — *Patricia Moscibrodzki*



### Women's Well-Being in These Neo-Liberal Times

Shirley Gatenio Gabel, PhD, MPH, Professor at Fordham University's Graduate School of Social Service, called attention to the importance of considering intersectionality in the effort to promote gender equality. She highlighted the Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW), which is the most comprehensive and detailed international agreement which seeks the advancement of women. Co-sponsored by Delta Omega, Honorary Society in Public Health, Beta Omicron Chapter. — *Patricia Moscibrodzki*

## Events for ISMMS students

**Movie Screening: *Before the Flood*.** The Public Health Interest Group co-sponsored a screening of the 2016 climate change documentary *Before the Flood*. In the film, Leonardo DiCaprio explores the impact of man-made global warming. — *Patricia Moscibrodzki*

**Trump'd: Facing the Reality of the New Administration.** Several students gathered together to discuss the recent election of Donald Trump, an event that has impacted many of our students and their communities to varying degrees. Craig Katz, MD, Associate Clinical Professor of Psychiatry and Medical Education at Mount Sinai, acted as the facilitator for the discussion. The discussion operated as a means for students to connect and share resources for continued collaboration. — *Heather Omdal and Luis Torres*

### Desserts and Deities

Hosted by IcahnBeWell, students shared sizable pieces of delicious red velvet and carrot cake as they openly discussed the role of faith in their lives. — *Heather Omdal and Luis Torres*



### Public Health Day of Service

MPH students plated food for the soup kitchen at New York City Rescue Mission. The organization aims to provide support for hungry and homeless individuals in the city. — *Michelle Falcon*



## ANNOUNCEMENTS

Public Health Research Day will be held on **Thursday, June 1!** Events will include the annual poster session, keynote address, oral presentations, and a cocktail networking reception.

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Icahn School  
of Medicine at  
Mount  
Sinai

## The Scoop SPRING 2017

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