

The Director's Column

Dr. Nils Hennig, Program Director



Welcome to another issue of The Scoop.

Early in my job I learned that people who care about and support public health are motivated by

altruism and a desire to help others. That is especially true for Dr. Kurt W. Deuschle, who should be viewed as one of the founders of our program. He was a leader in creating public health and medical school programs in community medicine. He taught that understanding local culture is a necessity when providing health care in rural and poor areas.

Dr. Deuschle began his career in 1952 with the Public Health Service in Fort Defiance, Arizona in the Navajo Nation. As head of the tuberculosis program at the Navajo Medical Center, he recognized that disease could be prevented most effectively by combining Western and Navajo medical practices and by involving health workers from the community. In 1968 he came to Mount Sinai to create a community medicine program focusing on the needs of the residents of East Harlem.

Our program is still inspired by his model of public health programs integrating research, service and education in underserved areas. For this issue of The Scoop, one of our students shares some background on this pioneer in public health and community medicine. Other articles in this issue emphasize the importance our program pays to the career development of our students (The First Annual Public Health Career Fair, DrPH vs. PhD Discussion Panel), advocacy (Violence Against Women: An Emergent

Public Health Issue), new exciting program offerings (Communitology — Game Design and Public Health), a recap of National Public Health Week, and reflections on our recent Public Health Grand Rounds series focusing on global public health.

While world hunger was not a specific topic of our recent Grand Rounds, I want to share some thoughts and one action item on this important global public health issue with you. Poverty is the major cause of hunger; therefore hunger and poverty need to be addressed together. According to Bread for the World nearly 1.2 billion people in developing countries live in extreme poverty, living on less than \$1.25 a day. The vast majority of the world's hungry people live in developing countries, where 13.5 percent of the population is undernourished. Millions of people in developing countries produce their own food as smallholder farmers. This is a precarious existence. The challenges they face include growing enough food to feed their families, depending on the weather for a sufficient crop each year, or getting sufficient nutrition to maintain their health. These living conditions and other challenges that can come and go put many people at risk of hunger.

According to UNICEF, nearly half of all deaths in children under 5 are attributable to undernutrition, translating into the loss of about 3 million young lives each year worldwide. Undernutrition puts children at greater risk of dying from common infections, increases the frequency and severity of such infections, and contributes to delayed recovery. The interaction between undernutrition and infection can create a potentially lethal cycle of worsening illness and deteriorating nutritional status. Poor nutrition in the first 1,000 days of a child's life can also lead to stunted growth, which is associated with impaired cognitive ability and reduced school and work performance.

The good news is that the number of hungry people in the world is falling and fewer children are dying due partially to better nutrition. Since 1990 the world has reduced the number of people who live in extreme poverty by over half. The reasons for this are multiple, but are based on policies that break the cycle of poverty, hunger and poor health. Successful programs include investing in smallholder farmers, bridging the gender gap (women farmers gain access to resources), removing the obstacles to health, designing financial services for the very poor, delivering financial and health services together, and supporting agents of change.

One very successful policy example is the Global Food Security Act (GFSA) which Congress passed with overwhelming bipartisan support in 2016. GFSA builds on the success of Feed the Future, the U.S. government's program to reduce global hunger and malnutrition. GFSA recognizes the important role of small-scale farmers and producers, women, and local food economies, and promotes country ownership, sustainable agricultural development, and civil society engagement. The comprehensive global food and nutrition security strategy authorized by this legislation also builds the resilience of communities and provides safety nets for the most vulnerable food insecure populations, while fostering improved nutrition, agricultural research and delivery, management of agricultural resources including soil, environmental protection, land tenure rights, capacity building, and gender equality and female empowerment. Feed the Future programs have already achieved impressive results. Since the Initiative began in 2011, there has been a 19% drop in poverty and a 26% reduction of stunting in targeted program areas. In the regions they work, 9 million more people are living above the poverty line, 1.7 million more households are not suffering from hunger, and 1.8 million more children are free from stunting.

Violence Against Women: An Emergent Public Health Issue

By Mickdaelle Etienne, MPH Student in the Epidemiology Track

I stood frozen in the dirty kitchen, my back resting lazily against the cold marble counter. I threw quick glimpses at the door, surveilling the entrance for any signs of disturbance, and I watched my friend, standing in front of a hot stove, in complete disbelief.

“I feel so stupid, how could I know someone for so long and not know they were capable of doing something like this? And to me, of all people,” she said.

A disease can be defined as a condition that has harmful effects on individuals. Violence against women seems to spread like an infectious disease in our communities, triggering both physical and psychological trauma. In the US, millions of women, including my friend, fall prey to their partners. This vicious cycle can be prevented.

I now obsess over clues that would reveal why my friend is a victim. She is a 23-year-old MPH candidate. She is me. I am her.

The Centers for Disease Control and Prevention reports the lifetime prevalence of intimate partner violence (IPV) is approximately 31.5% among women, with 22.3% experiencing at least one severe act of physical violence. Seventy-one percent of women first experience some form of IPV before the age of 25, with approximately 23.2% experiencing such violence before age 18 (1).

There is a basic infectious disease framework. It begins with an exposure and follows an incubation period. By treating violence as an infectious disease, it can be treated with a public health approach, with a framework based on promotion and prevention, education, and treatment.

The World Health Organization suggests school-based programs for adolescents as a tool to prevent violence within dating relationships (2). If we can identify early risk factors that can help inhibit violence, we can reduce individuals' exposure to the disease of violence. Violence against

women is a violation of a woman's rights. We cannot settle for treatment after violence has occurred, like hoping that a disease might go away with antibiotics. We cannot dissect every society, cut out the violent individuals, and sew them back together. But we can use epidemic-like control to reduce it. We can engage high risk individuals to prevent its spread. We can mobilize the community through public education and reverse its behavior. We need to break the chains for women who are captive, those who are paralyzed. Because we are born women -should not mean we are at a disadvantage.

References: 1. Centers for Disease Control and Prevention. (2014, September 5). Prevalence and Characteristics of Sexual Violence, Stalking, and Intimate Partner Violence Victimization — National Intimate Partner and Sexual Violence Survey, United States, 2011. *MMWR. Morbidity and Mortality Weekly Reports*. Retrieved from https://www.cdc.gov/mmwr/preview/mmwrhtml/ss6308a1.htm?s_cid=ss6308a1_e 2. World Health Organization/London School of Hygiene and Tropical Medicine. Preventing intimate partner and sexual violence against women: taking action and generating evidence. Geneva, World Health Organization, 2010.

DrPH vs. PhD: A Discussion Panel & Reception

By Nina Williams, MPH Student in the Health Care Management Track

Approaching the completion of graduate school can be daunting. Conversations around next steps both challenge and excite young professionals like me. The DrPH vs. PhD Panel, hosted by the Graduate Program in Public Health, provided invaluable insight to students who are considering pursuing a doctoral degree. Students from across the MPH Specialty Tracks gathered on March 20, 2018, to hear panelists' accounts of their personal and academic journeys. Guest speakers Ann-Gel S. Palermo, DrPH, MPH, Jeanette Stingone, PhD, MPH and Brianne Ciferri, MPH, spoke in ways that resonated with me because we are all members of the ISMMS community.

The speakers provided useful advice: Pursue specific programs based on what motivates you. With either degree, students will enhance their current skills and develop the capacity to ultimately transform the field of public health. I encourage students to watch the discussion on Blackboard in MPH Student Organization, Career Services & Alumni Relations.

Students' Thoughts

The DrPH vs PhD Panel was incredibly informative. The three panelists described their decision-making process and how they leveraged their training, showing me the possibilities for my future in this field. — *Araliya Senerat, MPH Student in the Health Promotion and Disease Prevention Track*

I went into the discussion knowing more about PhD programs, and wanting any information I could get on DrPH programs and the difference between the two. I appreciated that the panelists had different academic experiences and career goals in mind.

— *Jessica Webster, MPH Student in the Epidemiology Track*

At the panel we heard from speakers across the field of public health. The panel was very helpful in identifying key differences and similarities between the degrees and helping students understand the different ways to fund the degrees.

— *Gavi Hecht, MPH Student in the Epidemiology Track*



Dr. Ann-Gel S. Palermo, Brianne Ciferri, and Dr. Jeanette Stingone respond to student questions.

The First Annual Public Health Career Fair



Jaqueline Attia welcomes attendees.



Marni Goldstein talks with Public Health Solutions representatives.

The Public Health Career Fair took place on April 2, 2018 for all students and alumni of the Graduate Program in Public Health. Representatives from various organizations shared their part-time, full-time, and internship opportunities with attendees.

The Graduate Program in Public Health's First Annual Public Health Career Fair was a great way to kick off the beginning of the Spring II 2018 term. As a first year MPH student, I wasn't looking for a specific job, but employers were still happy to speak with me about their organizations and the types of positions that relate to my interests. Being able to speak directly with potential employers was an invaluable experience. — *Faith Arimoro, MPH Student in the Health Care Management Track*

The First Annual Public Health Career Fair was very beneficial to my job search. I have been back and forth between health education and research as my next career step, and many companies had different opportunities available in both fields! It gave me a chance to see the different jobs available in the New York City area. — *Araliya Senerat, MPH Student in the Health Promotion and Disease Prevention Track*

I was able to meet with recruiters from various organizations (including NYU Langone Health, Harlem United, Memorial Sloan Kettering, and Icahn School of Medicine), who recommended specific positions to which I could apply. It provided excellent resources and was a great way to make connections. I would highly recommend any student or alumni looking for employment to take advantage of this wonderful opportunity in the future! — *Bheesham Dayal, MPH Student in the General Public Health Track*

I enjoyed interacting with employers and learning about the types of careers in public health. Attending the Public Health Career Fair helped me understand that job fairs are foundational components of securing internships and job offers. I had the opportunity to make a great first impression, and I was invited to an interview with one of the representatives at the fair shortly after! Networking like this is crucial. — *Naissa Piverger, MPH Student in the Health Promotion and Disease Prevention Track*

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Feed the Future farmers achieved higher product yields and have earned \$2.6 billion dollars in new agricultural sales. Since its passage, GFSA has shepherded an updated whole-of-government Global Food Security Strategy, strengthened the accountability, implementation, and effectiveness of the Feed the Future Initiative, and reinvigorated a global commitment to help people feed and nourish themselves. Nongovernmental and civil society organizations, faith-based organizations, U.S. academic and research institutions, U.S. businesses, national governments, multilateral institutions, and U.S. farmers have all recommitted to fighting extreme hunger and malnutrition.

GFSA must be reauthorized this year. President Trump and the current administration are pushing to cut poverty-focused international aid by one third and to virtually eliminate U.S. humanitarian aid. They have announced their intention to withdraw U.S. funding for the program. To continue GFSA as a matter of law, the Global Food Security Reauthorization Act (H.R. 5129 and S. 2269) was recently introduced as bipartisan legislation in the House and Senate, reaffirming the commitment to fighting hunger and poverty worldwide. As an important first step the House Foreign Affairs Committee just passed the bill. It now awaits a final vote in the House. I want to encourage you to reach out to your representative urging them to support the passage of the

Global Food Security Reauthorization Act of 2018, an important global public health legislation to fight hunger and poverty.

Finally, I want to congratulate our 2018 Graduates. It was a privilege to get to know and work with you. You have the skills, insights and compassion to make a difference in today's world. According to the American Public Health Association, "public health promotes and protects the health of people and the communities where they live, learn, work, and play." Apply what you have learned at Mount Sinai; engage the social, political, and economic foundations that determine population health; and never forget the aspirational, purpose-driven mission of public health.

Figures in Public Health: Kurt W. Deuschle, MD

Pioneer in Community Medicine

By Faith Arimoro, MPH Student in the Health Care Management Track

Today, we take it for granted that cultural competency is key in the provision of health care. At Mount Sinai, students are taught to be aware of the needs of the communities we work with and to tailor our interventions according to those needs. The truth is that these ideas were brought into the mainstream through the efforts of passionate individuals. While a number of figures played a key role in this shift, one was Mount Sinai's very own Kurt W. Deuschle, MD, chair of ISMMS's Department of Community Medicine (now the Department of Environmental Medicine and Public Health) from 1968 to 1990. Born in Kongen, Germany in 1923, Dr. Deuschle immigrated to Baden, Pennsylvania with his family as a one-year-old child. Trained in internal medicine at the University of Michigan, and sub-specializing in medical oncology and chemotherapy, Dr. Deuschle was on track to have a career in cancer care. One experience changed the trajectory of his life forever. He emerged with a completely altered view of the role of medicine, community, and health that would shape his entire career.



Dr. Kurt W. Deuschle, 1976

In his late twenties, Dr. Deuschle and other freshly minted doctors were placed in a two-year program with the United States Public Health Service as part of a service requirement for the Korean War. As a participant in the Navajo-Cornell Field Health Research Project,

Dr. Deuschle developed a prototype of a community health center focused on tuberculosis. Though the project was important in its own right, its success was heavily impacted by the way Dr. Deuschle approached it. Rather than pursue a top-down approach that emphasized the difference between the outside doctors and the community, he developed a model of training members of a community to be involved in their own healthcare. Rather than dismiss indigenous beliefs, he developed an appreciation for these beliefs as aids to care, even combining allopathic and indigenous Navajo approaches. Rather than see his service as a transient, unsubstantial experience, he developed lifelong relationships with his colleagues and patients. The relationships he developed with his patients would last another twenty years, even after he was no longer responsible for their care. If Dr. Deuschle walked away with anything it was this: clinical medicine was not enough.

Once he returned from a second period of working with the Arizona Navajo community, Dr. Deuschle went to the University of Kentucky as the founding Chair of the Department of Community Medicine — the first of its kind in the United States. In that role, he helped develop the department's national and international reputation. He implemented novel health programs for people living in the Appalachian region and developed a curriculum focused on epidemiology, cross-cultural fellowships, and field work. In 1968, Dr. Deuschle arrived to the newly established medical school at Mount Sinai, where he took on the role of Ethel Wise Chair of the Department of Community Medicine. It was through this role that he carried on his mission to develop innovative programs, this time emphasizing outreach to the residents of East Harlem. With his influence as Chair, Dr. Deuschle developed

an interdisciplinary team. His was the only medical department that included a senior-level health economist and a health sociologist.

In a 1977 interview with Albert S. Lyons, MD, at Mount Sinai, Dr. Deuschle defined community medicine as “the scientific discipline of examining population groups or using population groups to assess therapy or value of therapy, understand more about the natural history of disease, understand more about the distribution of disease and the dynamics thereof.” Dr. Deuschle coined the term community medicine at a time when the terms “public health” and “social medicine” were inflammatory. Though this definition's similarities to public health are striking, he stressed that the name was not the important thing.

What might set public health and community medicine apart is this: unlike public health, community medicine is inherently clinical. Its roots began in medical training. At the new medical school, now the Icahn School of Medicine at Mount Sinai, Dr. Deuschle, along with the schools' other groundbreaking thinkers — envisioned community medicine as one aspect of the “three legged” stool of medical education. The new school would be made up of three facilities: basic sciences, which generate knowledge of diseases and their treatments; clinical medicine, which transformed basic science knowledge into treatment; and community medicine, which helped to identify and solve the health problems of human populations. Community medicine was more than just prevention: it was preventative medicine with concern for the delivery of care. Community medicine viewed medical care as a social technology, linked epidemiology and clinical care to community organization, and relied on the concept of statistical compassion: the notion that there are individuals behind numbers, people who may be our patients, friends, or strangers we pass on the street.



In 1970, Mount Sinai and the Archdiocese donated a van to the Community Association of East Harlem Triangle. The Mount Sinai Hospital buildings on the right stand where the Guggenheim Pavilion is located today.

Some say we can learn more from the failures of public health than its successes. As groundbreaking as the concept of community medicine was at the time, today you would be hard pressed to find a stand-alone “Department of Community Medicine” at most medical schools in the US. Rather, the field is more commonly merged with other medical disciplines, or its ideas dispersed throughout public health training programs. There are a variety of reasons community medicine did not take off — at least in name alone — but it is more important to focus on its success. Chief among these is that today, more and more frequently we as students hear the principles of community medicine in our classroom and practice experiences. We are prompted to see individuals’ health in the context of their community and involve communities in identifying health priorities. For some, these calls to action are heard so often that they may no longer seem so ground breaking.

Dr. Deuschle was integral in establishing these principles. Since he passed away in 2003, Dr. Deuschle has continued to be an inspiration to students at Mount Sinai, and beyond. He made a positive difference in the lives of hundreds of Arizona Navajo, Appalachian highlanders, and East Harlem residents. Dr. Deuschle’s accomplishments are in no way limited to the following: he served as President of the American College of Preventive Medicine, was a recipient of the New York City Mayor’s Award of Honor for Science and Technology, and was also the recipient of the American Public Health Association Award for Excellence in Domestic Health. He consulted all over the world in various countries including: China, Colombia, the Dominican Republic, Jamaica, Mexico, Nigeria, Turkey, and Vietnam.

The author conducted research on Dr. Deuschle’s career in the Mount Sinai Archives. Photos courtesy of the Arthur H. Aufses, Jr. MD Archives/Mount Sinai.

For current MPH students, Dr. Deuschle’s journey in community medicine is directly relevant to our work. Over the course of his career, he developed the following four dictums which are worth reflecting on as we prepare to be the next generation of leaders in public health:

1. Be grounded in [professional and clinical] skills to ensure credibility with peers in the profession before setting out on social/policy mission, but also remember our own humanity and recognize our limitations.
2. Publish and act. If something is worth doing, it is worth doing well – writing it for others to see makes it more likely that you will do it well.
3. Leadership is an opportunity and a responsibility.
4. Know who your constituents are, listen to them, and do not lose sight of your responsibility for service.

Public Health Grand Rounds

By Lisa Kim, MPH Student in the Health Promotion and Disease Prevention Track

Achieving Universal Health Coverage in Low-Income Settings

Presented by Jeffrey Sachs



Dr. Jeffrey Sachs

On February 6, the Graduate Program in Public Health hosted its inaugural Grand Rounds. We had the pleasure of hearing from Jeffrey Sachs, PhD, the Director of the Center for Sustainable Development at

Columbia University and a leading expert on economic development and the path to end poverty.

The lecture began with a discussion on the United Nations Sustainable Development Goals (SDGs), which were established to achieve socially inclusive economic development using environmentally viable means. This approach serves as a framework for attaining a holistic vision of a good society. Dr. Sachs explained that the SDGs are attainable and do not require heroism — rather they require efforts that are well-planned, sustainable, and have continued financing. He discussed the barriers to universal health care in low income countries, including poverty, market power, technology, and humanitarian and environmental crises. In low socioeconomic countries, small increases in national income can have the greatest impact on improving health. He touched on the success of certain public health campaigns, but noted that more children are dying from the health effects of poverty than other diseases. Thus, economic growth and development must be part of the strategy as we aim to improve society.

Dr. Sachs also directed our attention to the US. Whereas in sub-Saharan Africa, the cost of the basic primary health care system is \$100 per person per year, the US spends \$10,000 per person per year because of the corporatization of health. Dr. Sachs encouraged us to analyze the systematic way in which industries drive healthcare. For example, one can seek to understand how Purdue Pharmaceuticals contributed to the opioid epidemic or how food monopolies drive obesity. Lastly, alluding to the placement of Mount Sinai, straddling East Harlem and the Upper East Side, Dr. Sachs reminded us to look even closer — to notice the disparities that exist in our own neighborhood and remember that public health and community-based approaches are necessary here as well.

Front Line Reports: Doctors without Borders Experience

Presented by Jason Cone



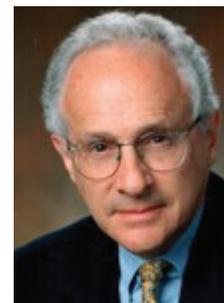
Dr. Jason Cone

Mr. Cone discussed the three humanitarian principles of MSF: Neutrality, meaning that MSF will not take sides; Impartiality, meaning that MSF will provide care based on needs alone; and Independence, meaning freedom from political influence in assessing needs and the protection against the manipulation of aid. The Grand Rounds provided a platform to discuss the practical and ethical ramifications of providing aid and the sociopolitical consequences that may arise after MSF provides significant funding in a region. The majority of MSF funds is spent on programs addressing medical relief during or after armed conflict, programs combatting epidemics, and other

programs mitigating forced displacement, malnutrition, and environmental and natural disasters. MSF responds to these issues by creating primary health and mobile clinics, supporting existing health care systems, and providing direct services, such as treatment of infectious diseases, vaccinations, and support in water and sanitation, and overall health promotion. Cone ended the lecture with a call to action — MSF needs as much help as it can get. Whether in the form of financial donations, or by working with MSF, individuals from all fields of expertise can support MSF in achieving its mission.

DNDi Update: Best Science for the Most Neglected

Presented by Bennett Shapiro



Dr. Bennett Shapiro

The third Public Health Grand Rounds hosted Dr. Bennett Shapiro, former Executive Vice President for Merck and current member of the Board of Directors for Drugs for Neglected Diseases initiative (DNDi).

Dr. Shapiro described DNDi's new model of creating drugs that help the most neglected patients and diseases by using molecular insights from various drugs that have been abandoned. DNDi has developed, translated and implemented seven new treatments for neglected diseases like sleeping sickness and Chagas, that are easy to use, culturally appropriate, affordable, field adapted, and non-patented. Treatments like these, with no financial market, may not have been created otherwise. Dr. Shapiro emphasized how the success of this initiative is only possible through innovative partnerships and a shared vision to improve the lives of the most neglected people and diseases.

Communitology – Game Design and Public Health

By Lisa Kim, MPH Student in the Health Promotion and Disease Prevention Track

How can we make public health practice deliver on its potential? The answer — Communitology — include the community in the process, and couple the public health knowledge with impactful design. In Fall 2017, Cappy Collins, MD, MPH, partnered with Parsons School of Design to create a student experience called Communitology — Game Design and Public Health. The team of public health and design students partnered with community organizations and East Harlem community members to approach problems with a game theory lens focused on understanding the interdependent decision-making process between players towards an outcome. The group worked with Concrete Safaris, a gardening and physical activity non-profit organization in East Harlem, to apply their knowledge and theory to real-world applications. Concrete Safaris aims to empower children as agents of social change to alter their environments to be more healthful, and to harness their skills, abilities, and talents to do good.



David Jacobi participating in garden maintenance.

One Student's Experience

By David Jacobi, MSW-MPH Student in the Health Care Management Track

“Communitology”, as Cappy Collins, MD, MPH, defines it, is the study of communities, emphasizing that different populations have different cultures, problems, and effective ways to approach solutions. Communitology is at the core of public health. We directly experienced this work by collaborating with Concrete Safaris on a garden project for youth and other community members in East Harlem. Working closely with the Executive Director of Concrete Safaris offered a unique perspective on how to best work in unison with community members and the residents of New York City Housing Authority (NYCHA).

Concrete Safaris had been maintaining gardens in local NYCHA buildings, but the non-profit lacked effective signage, a cohesive messaging strategy, a singular mission statement, and robust forms of outreach to garner attention to the garden. I wore many hats during this experience, from talking to NYCHA residents about their reasons for not using the gardens, to constructing culturally sensitive messaging to be used on wayfinding signage and surveying garden volunteers to develop better processes for organizing workflow. Cappy and I also taught the Parsons design students about preventive medicine, sociocultural factors influencing population health, and the usefulness of logic models to approach problems.

The students from Parsons School of Design were the creative team that produced the deliverables to Concrete Safaris. The artists, architects, web designers, and Parsons faculty explained the cultural impact on how people “play” and interact with each other, and how simple aesthetics such as color choice or shape can change an individual's interpretation.

The experience was a well-rounded application of the skills I developed in the public health program. I consulted with an executive director of a non-profit. I imparted knowledge to students who worked in different fields. I merged public health advocacy and preventive medicine with product design for messaging campaigns. I worked with volunteers and Harlem residents to conduct quality improvement interventions. I learned a lot and I worked a great deal. I would recommend this experience for anyone who wants to gain exposure to community analysis and outreach, public health consulting, and the non-profit field.



David Jacobi presenting to Executive Director of Concrete Safaris Mac Levine and group members.

National Public Health Week 2018

The Graduate Program in Public Health joined organizations across the country in celebrating National Public Health Week, April 2-8, 2018. This year's Planning Committee was composed of staff and a group of dedicated students: Jaqueline Attia, Rachel Fletcher-Slater, Odalys Jimenez, Dominique Peters, Naissa Piverger, Peradeba Raventhirarajah, and Whitney Wortham. These events were co-sponsored by the Delta Omega Honorary Society in Public Health.

Dr. Valentin Fuster, Physician-in-Chief of The Mount Sinai Hospital, began the week by presenting on **New Frontiers in Cardiovascular Health** and sharing his insight on gene, environment and behavior interactions, and the use of imaging in early stages of disease.
- *Mariah Chingee, MPH Student*



Dr. Padmini Murthy

On Tuesday, Dr. Padmini Murthy, Global Health Director at New York Medical College, spoke on **Women's Health, The Environment and Human Rights in the 21st Century**. She urged that we must consider gender in "the development, implementation, and enforcement of environmental laws, regulations, and policies" to address the global burden of environmental injustice.

— *Blean Girma, MPH Student*

Practicing Mindfulness with Mickie Brown was equal parts informative, simple and refreshing. Her work with mindfulness was a necessary reminder to take care of ourselves, especially in the tense hospital environment.

— *Rachel Fletcher-Slater, MPH Student*



Ms. Mickie Brown



Dr. Noé Romo

Amidst current heated debates on gun control, it was refreshing to hear Dr. Noé Romo's lecture, **A Public Health Approach to Community Violence Prevention**. Dr. Romo, Director of Pediatrics Inpatient Service at Albert Einstein College of Medicine, discussed primary, secondary and tertiary prevention of violence, and highlighted Cure Violence New York's community engagement, like enrolling prior gang members as credible outreach staff. — *Miti Saksena, MPH Student*

On Thursday evening, the Mount Sinai Human Rights Program, which provides trauma-informed medical assessments to US asylum seekers, invited Liz Willis, JD, co-founder of the Asylum Seeker Advocacy Project, to lead the screening of **"Lost in Detention."** The conversation shed light on immigration laws and processes, the psychological impact of detention centers, and action steps we can take to help protect asylum seekers. — *Mitchell Bayne, MPH Student*



Ms. Liz Willis and Human Rights Program students

The **Public Health Day of Service at the New York City Rescue Mission** was an exciting and humbling experience. As public health professionals, we have a responsibility to ensure that our communities have access to healthy food. Partnering with NYC Rescue Mission is an excellent experience I recommend to all students.

— *Odalys Jimenez, MPH Student*

Not only does the staff work tirelessly to provide access to wholesome meals, they also build relationships with the diners. Working with them was an incredible experience and a wonderful way to wrap up NPHW 2018. — *Whitney Wortham, MSW-MPH Student*

ANNOUNCEMENTS

Public Health Research Day will be held on **Thursday, May 31!** Events include the annual poster session, blue ribbon oral presentations, a keynote address, and a cocktail networking reception.

Interested in having your writing or photos published in The Scoop? Be a part of our next issue! Contact one of our editors to get involved.



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The Scoop SPRING 2018

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