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The Making of a Public Health Practitioner

by Jaclen Muoi Tuyen, MPH
School of Epidemiology and Public Health
Yale University

My summer internship, with the North Thailand Perinatal HIV Prevention Trial (NT-PHPT) in 1997, provided me with a rare glimpse into the "real world" of clinical trials, complete with logistical challenges and politics. As a student in the International Health Division at Yale's School of Epidemiology and Public Health, my interest led to this NIH-funded and Harvard-sponsored study which administered AZT to pregnant women with HIV. My primary objective, of gaining hands-on international experience, was realized when I participated in the day-to-day administrative and logistical functions of the trial. By visiting study sites and meeting with Thai government officials and professionals, I became cognizant of the complexity and scope of the trial, including organizational and interpersonal politics at various levels.

Yale's introductory epidemiology course was helpful in unraveling a few of the clinical complexities. For instance, I understood the public health implications of this trial in evaluating the efficacy of a shorter, simpler, more cost-effective, and possibly safer AZT regimen to prevent pediatric AIDS in North Thailand. However, course work could not capture the whole host of ethical and other issues that clinical trials must confront.

Beyond seeing public health principles at work in a clinical setting, I also interacted with the local community. My own research project, funded by the Fogarty International

Center's Minority International Research Traineeship, was to analyze barriers to treatment, compliance and follow-up among HIV-positive pregnant women. Even with the assistance of a translator to overcome my language barrier, the interviews were difficult to conduct due to the sensitivity of the issue, mobility of the target population, and the time constraint of one summer. However, through in-depth interviews with these women, their husbands, and health care professionals, I developed a deeper appreciation of the traumatic experiences of families affected by HIV.

In my attempt to establish a support network of AIDS-related NGOs and self-help organizations for these families, I was impressed by their commitment and enthusiasm to work together to ameliorate the biomedical, as well as psycho-social, effects of the HIV epidemic at the community level. At an organizational level, networking generated support and provided a venue for the clinical trial to disseminate information to hard-to-reach villagers about the availability of HIV treatment for pregnant women. At a personal level, networking was an excellent opportunity to make contacts for future reference and possible job placements.

The internship affirmed my aspirations to pursue international health and development work and broadened my perspective of what that career path entailed. I became more confident about putting into practice the knowledge and skills gained in the first year of the public health program. As "practice makes perfect," the public health internship increased my chances of becoming a better health practitioner.

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As I sit here reviewing and revising the newsletter, I think to myself that the future of public health is indeed bright. Initially when I took on the challenge to produce a newsletter that was in keeping with the standards which the Caucus was born, I had no clue what to do or how to do it. Like many of you, I am a student. I am also relatively new to the field and idea of public health and what exactly it entails. As a first year student, I have taken the time to immerse myself in the field, inclusive of joining APHA (my first major Association). In so doing, I have opened myself up to a *whole new world* full of wonders and possibilities.

Upon being selected as Editor, I imposed upon myself the challenge of making the newsletter as inclusive as possible. It is my goal to increase, not just readership, but also participation from our members, and to also help the caucus attain its goal to increasing its general membership. This is not a simple goal or challenge for someone in unfamiliar surroundings and limited knowledge of electronic communication, i.e. email, but an attainable one.

As I embarked on my journey, I asked questions of who, what, when, where, and how. The answers, to which, you see before you. Through the use of e-mail, faxes, phones, U. S. mail and other modes of communication, the Caucus continues to have a publication of which it can be proud.

Through your efforts, we have been able to increase the participation in the newsletter. We not only have articles and statements from around the United States, but also around the world. Through your efforts, we continue to have quality articles which can benefit everyone. This issue, focusing on internships, contains information that we, as students, should read carefully and take heed of. As well, the professionals among us can also learn some of what is important to students.

It is only through consistent and continuous communication that we can improve ourselves and, in turn, the world around us. I would like to thank all of you who contributed to the newsletter and encourage those of you who did not to do so. As well, I would like your feedback on this issue. Suggestions and/or comments can be sent to the addresses below or e-mailed directly to me at wsmith3@uic.edu. With your continued involvement and commitment, the future of public health can truly be nothing short of spectacular.

McKenzie
University of Illinois at Chicago

All Eyes on Us

It has been an amazing two years for the Public Health Student Caucus. Since our inception, we have increased membership to 800, expanded opportunities in leadership, career enhancement and program development, and strengthened relationships with public health schools and programs, health-related professional organizations and health policy and advocacy groups.

Our efforts have resulted in creating one of the largest and fastest-growing groups in the American Public Health Association. Seeing that we encompass 20% of APHA members, with a 5% increase in general membership due to students (the only demographic group marking a rise last year), we finally cannot be ignored. APHA has made students one of their priorities. There are seats on key boards and committees held by students, and active solicitation of PHSC's stance on vital public health issues. Now, other organizations are taking notice.

PHSC is seen as the "ones to watch" for the "future" of public health.

1997-98 is a crucial sophomore term for our organization. This is no time to be complacent. The honeymoon is over, and our novelty is slowly wearing off. All eyes are on us, and what we will do next.

What is next? The future of PHSC depends on you, our members. It is only through your participation and involvement that the success of PHSC can be achieved. Do not let hindsight be 20/20. Be part of the vision of success for the Public Health Student Caucus.

Maria S. Cervania
University of Illinois at Chicago

Caucus updates, membership information, available opportunities, and more are on the World Wide Web!
Check out the PHSC *on-line!*
<http://www.sph.unc.edu/caucus/>

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MENTORING COMMITTEE

THE FIRST NATIONAL PUBLIC HEALTH STUDENT-MENTOR PROGRAM

As Blackwell stated in *Academe* (1987), mentoring is a process of instructing, counseling, guiding and facilitating. With the world getting smaller and telecommunications getting larger each day, there has been a growth of relationships being built through telephone conversations, electronic mail, and facsimiles correspondence. Therefore, there have been greater opportunities for interested students to connect with field practitioners outside of the typical classroom setting.

The First National Public Health Student-Mentor Program is a nine-month pilot study designed to match practicing public health professionals with students primarily sharing similar career interests. The program began on February 1, 1998 in which 52 of 84 students were matched. Participants represent 28 career fields, 11 public health settings, 33 U.S. states and territories, 6 races/ethnicities and both sexes. Matches were prioritized by 1) field of experience—field of interest, 2) geographic location, 3) public health setting, 4) race/ethnicity, 5) gender, and 6) any additional preferences (i.e. focused area of interest). Approximately one-third of the participants will have the opportunity to meet face-to-face.

To help the participants develop the most professionally advantageous relationship, PHSC shared the objectives and recommended guidelines for the program. PHSC has not prescribed a particular frequency or mode of communication. It is left to the discretion of the student-mentor pair to set the limits appropriate for their schedules. In addition to servicing the match of the students and mentors, PHSC serves as a third party to offer advice, accept suggestions, develop alternatives and relay messages should a participant's demographics change.

Each participant will complete a mid-term and final evaluation. Components of the survey include: the mode and frequency of communication, strengthened interest in the career field, and development of new skills. Each matching criteria will also be analyzed. The survey data will be used to seek external funding, so we can offer this program to all students members thereafter. Open recruitment/enrollment for mentors will continue throughout the year for subsequent programs.

To date, the participants' testimonies have been extremely positive. Both the mentors and the students have expressed professional and personal satisfaction with their match.

*Be Part of the Advancement,
Be a Volunteer!*

The Mentoring Committee has a number of research and programming opportunities. Positions include a Health Educator, Data Manager and Analyst(s), Recruitment Officer, Survey Interviewers, Underwriter, and Grants Specialist. Experience is not necessary. Interested students should contact the Mentor Chair, Ponn P. Mahayosnand at (work) 860-679-4938 [EST], fax: 860-679-4077, or by e-mail [mahayosnand@peripheral.net].

The results of the evaluation suggest that if a match is designed appropriately, a mentor can make a positive contribution toward a student's education, career development, networking skills and professional confidence. However, the data may conclude that a mentorship relationship is not sufficiently effective in the absence of a face-to-face encounter.

PROGRAMMING COMMITTEE

1998 APHA Annual Meeting

It is not too early to start thinking about attending the APHA annual meeting. It will be held this November in Washington, DC. The location makes this meeting a particularly great opportunity for students since many of the non-profit organizations offering jobs are located in the Metropolitan Washington Area. There is also a good chance that many of the governmental public health officials from the Surgeon General's office and the Department of Health and Human Services will be around since they are in Washington.

The theme of this year's meeting, Public Health and Managed Care, centers around the implications of managed care for public health. As managed care organizations become more and more involved in population based care, the partnerships between public health professionals, health care purchasers, and providers become more and more important. The new relationship between the American Medical Association and the American Public Health Association coupled with the managed care theme promises to make this year's meeting a very important and exciting one.

The Public Health Student Caucus will be sponsoring several sessions at the meeting this year. Look for our student orientations, business meetings, leadership seminars, and advocacy workshops. Keep checking the APHA website (www.apha.org) and this newsletter for more information as the meeting approaches.

If you are interested in helping plan PHSC's annual meeting activities, please contact Jeanne Alongi, Programming Committee Chair, at email jial@cdc.gov, or by telephone, (404) 724-0456 (before 10pm Eastern time).

ADVOCACY COMMITTEE

"10 TIPS FOR ADVOCACY"

Participating in advocacy efforts and responding to legislative alerts are a great way to get your voice heard! Often, your congressional representatives and state legislators are not aware of certain issues. This is where you come in as a key informant, to educate them about important issues that need more attention drawn to them. The following tips will help you to get involved.

1. Get to know policy makers well.
2. Establish a relationship by contacting your policy makers before you start to address an issue.
3. Acquaint yourself with the staff of the legislators.
4. Learn about and understand the legislative process.
5. Identify fellow advocates and partners in the general and public health community.
6. Be open to negotiation for changes in legislation.
7. Be polite and remember to thank those who have listened to and helped you.
8. Be honest, straight-forward, and realistic when working with legislators and their staff.
9. Be aware of the issue's time frame, and try to act in a timely manner.
10. Follow-up with legislators and staff via thank you letters and the like.

Get involved today through the Public Health Student Caucus Action Committee. Help work on current issues and your areas of interest. We need you to help us be heard! For more information about advocacy, e-mail PHSC Action Chair France Nguyen at fnguyen@ucla.edu.

MEMBERSHIP COMMITTEE

A warm welcome to all 123 new PHSC members! This year the PHSC has set a recruitment goal of 1000 members. We currently have 737 members, and the achievement of our goal is in sight.

Being a part of the PHSC is not contingent upon student status. If you are interested in student issues or have close ties to public health students, you are invited to be a part of the PHSC.

The end of the 1997-1998 school year is close at hand, and recruiting students to the PHSC is as easy as sending them to our webpage. Make sure your "recruit" knows how easy it is to become a PHSC member!

If you are interested in serving on the Membership Committee as the PHSC contact at your school of public health, please contact Maryanne O. Maliwat by e-mail: mali0038@tc.umn.edu, or Snail mail: 320 7th St. SE, Apt 207, Minneapolis, MN 55414.

FINANCE COMMITTEE

The Finance Committee would like to thank all members for their participation and their dues.

We are currently looking for your input on ideas about sources of funding for our caucus. We are looking for grants, foundations, universities, organizations or anyone who can help us get

money. If you have any ideas, please send them to me: Adriana C. Linares by e-mail at sph1774@utsph.sph.uth.tmc.edu. Thank you for your help.

APHA BRIEFS

Everything You Always Wanted to Know About Sections, SPIGs, and Caucuses

by Heather Young, MPH, CHES
George Washington University

Three of the questions most commonly asked by students and new APHA members are: what is the difference between a Section, a Special Primary Interest Group (SPIG), and a Caucus; how do I know which ones to join; and how can I become more involved in any of these. When members join APHA, they are asked to choose to belong to one primary Section or SPIG.

What are Sections, SPIGs, and Caucuses?

APHA's Sections and SPIGs provide an important opportunity for members to pursue specific professional interests within the large, multi-disciplinary structure of the Association. They develop the technical and scientific foundations for Association activities; propose policy statements and advise on publications, testimony, and reports; help develop the structure and content of the Annual Meeting; and assist in APHA governance. A Section is characterized by having at least 400 active, current members, and is generally larger and more elaborately organized than SPIGs. There are currently 25 Sections representing most major professions within public health.

SPIGs include APHA members who share a common occupational discipline or program area interest which has no primary Section affiliation. SPIGs may ultimately apply for Section status, but at this time do not wish to assume all the responsibilities of a Section. Seven SPIGs currently operate within APHA. A Caucus has a minimum of 15 members

who hold a particular position on an issue that is relevant to the Association. Presently, there are 16 existing Caucuses.

Which ones should I join?

APHA and the Public Health Student Caucus encourages all members to join a Section or SPIG. Primary membership entitles you to hold committee and leadership positions within the Section/SPIG, vote on Section/SPIG issues, and receive Section/SPIG newsletters. While members may only choose one primary Section or SPIG, you have the option of joining several secondary Sections. Although you will not be able to hold committee/leadership positions or vote, you will receive Section information and newsletters. Caucuses offer great opportunities to become involved in special areas of interest or to meet people in a similar situation (i.e. students). Members can join an unlimited number of Caucuses and are not excluded from belonging to a Section/SPIG.

How do I get involved in the Section/SPIG/Caucus?

Sections, SPIGs, and Caucuses are very eager to have students become involved in their activities. The best way to get involved is to attend business meetings or planning sessions at the Annual Meeting. Specific committees within many Sections advertise their need for volunteers in their quarterly newsletters. Section Chairs and the heads of Section committees also welcome students to contact them. Of course, the PHSC always needs volunteers, so please contact one of the committee chairs to get involved in our activities. The Public Health Student Caucus highly encourages involvement in your Section/SPIG, as well as within the Caucuses. The best way to gain professional and leadership experience is to get involved. Feel free to contact APHA if you need more information about Sections, SPIGs, and Caucuses.

ARTICLES

How I used E-Mail for my International Health Practicum

by Amelia Barile
University of Pittsburgh
Graduate School of Public Health

You hear how technology is the wave of the future. How many of us swear by OVID for each and every literature search? Lectures and seminars often employ the latest and greatest in presentation tools, only to be complicated by the unexpected such as broken outlets and incompatible software. However, in the midst of all the internet/world.wide.web/e-mail hubbub, there are many of us who benefit immensely from modern technology.

This is my virtual journey in looking for and completing my practicum requirement for my MPH under the HSA (Health Services Administration) Department.

Due to my International Health focus, I wanted to complete my fieldwork experience overseas. My preference was in Asia, but I was willing to go anywhere. Beginning January 97, I used the Student Organized Resource Center to start me on my leads. Because I wanted to save money, and electronic mail is free, I tried to make my first contact with people through e-mail. I

requested internship applications and sent my resume and a brief personal description to several internship programs in Barbados, Kenya, Washington DC, Thailand, China, Latin America, the UN, and USAID. I also sent mail to the webmasters of various home ages, as well as key personnel as I surfed the web.

There were tons of dead ends and closed doors, but also some good leads. I wondered if this wasn't a lot like what my future job search would be like! My two best prospects were an international cancer study in Washington DC and Maejo University in Thailand. I had previous associations with that school before, and this was a very real and exciting possibility. I first sent a fax to the Department of International Affairs, because I didn't have any e-mail addresses. The assistant to the President e-mailed me a very positive response.

We e-mailed regularly for several months about what type of research I wanted to do, who I would need as my advisor there, what documents they required, and all sorts of arrangements. It's amazing how friendly and helpful people can be, even when you are just words on a screen to them. Summer was quickly approaching, and things were coming together. With the guidance of my advisors, I did preliminary research into women's health issues, both in gen-

eral as well as Thailand specifically, using the Internet and OVID at Falk Health Sciences Library.

June 28, 1997 arrived, and there I was at Maejo University in Chiang Mai, Thailand. All the details surrounding this would be an article in itself! Within three days, I was set up with a computer account. I was very grateful, because they had just set up their Internet server a little over a year ago. Perfect timing! It was so helpful to have people at Pitt a mere key stroke away. My fellow classmates and my advisor were such great support academically and emotionally during my times of panic. I spent a great deal of time in the computer center looking up websites and journal articles for many women's health topics and information about Thailand. In fact, the homepage for Thailand's Ministry of Public Health was a wealth of information that I could not find at any library in the city of Chiang Mai or the three universities there.

The two months I spent in Thailand gave me an appreciation for the challenges and rewards of doing public health research in a foreign environment. Some plans completely fell apart in my hands, while other situations I would count as miracles! Now I have to analyze my data. I wonder of SPSS has an on-line consulting service for statistical questions?

Internship Insights at WHO

by Carmen Aldinger

MPH Candidate, Yale University

I was an intern in the summer of 1997, at the World Health Organization (WHO) Headquarters, in Geneva, Switzerland. For twelve weeks, I worked in the Division of Health Promotion, Education and Communication with the School Health Team of the Health Education and Health Promotion Unit. My assignment was to develop a draft for a new document on healthy nutrition in WHO's Information Series on School Health. This document was to be based on the format of the first document in the same series that addressed Helminth infections.

Internships at WHO are not paid. However, I felt that I was treated as a professional and could establish valuable professional contacts. As well, I gained useful internship-related experiences that I would like to share.

Since I secured my placement five months before my internship began, I was able to arrange some of my class assignments, during the semester prior to my placement, to prepare for my internship. For instance, in my Introduction to International Health class, I had to critically analyze an international health agency. I chose to do my project about WHO Headquarters and gained valuable insights into WHO's accountability, transparency, equity and sustainability. This information also helped me to assimilate more easily once I was at my internship placement, since I knew of some of the internal struggles of the organization.

My preceptor had made sure that I had a well defined project that would benefit WHO as well as me. This proved to be advantageous, since other interns, with less defined projects, had more difficulties to define and focus their work and did not necessarily leave with a major paper that could benefit them in their future careers. During my internship at WHO, my preceptor ensured that I could devote all of my time to my assignment. He introduced me to several other professionals and tried to meet with me daily, giving me detailed feedback and chances to discuss health promotion related concepts.

I drafted a 50 page advocacy document for healthy nutrition in schools that included two sections of arguments, to convince policy and decision makers that healthy nutrition is important and that nutrition interventions in schools will really work. Planning of the interventions was addressed in sections on school and community involvement, situation analysis, political and community commitment, supportive school policies, goals and objectives. A major section of the paper described how to integrate nutrition interventions within the various components of a health-promoting school: school health education; healthy school environment; school health

services; nutrition and food programs; community and family involvement; physical exercise, recreation and sport; counseling and social support; and health promotion for school staff. The last section covered evaluation.

Since I completed my first draft early, my preceptor arranged for me to give a presentation about my paper at WHO. I created a computer-assisted presentation in PowerPoint and presented my document during a school health workshop, at the Fourth International Conference on Health Promotion in Jakarta, Indonesia, from where I received constructive feedback. Based on this feedback, I completed a major revision of my document. Comments from my supervisor and from other professionals, who reviewed the document, contributed to further editing and revisions.

When I left WHO on August 15, 1997, I had created a major document that was sent to various countries for feedback and, at least partially, served as a new model document. During the following months, I collaborated with WHO from my residence, at Yale University to incorporate further feedback that was received. My supervisor forwarded all comments to me so that I could recommend which changes I would make. Furthermore, he sent me another document that he asked me to proofread.

As a result of my internship, I feel that I could make valuable contributions to WHO. I have an ongoing professional relationship with the School Health Team at WHO, and I have developed contacts that will benefit my professional career. I also found that knowing an internship placement early allows you to prepare in advance. Having a well defined project and not being distracted by other work helps you to focus on the assignment. Finally, meeting other professionals provides opportunities for career contacts, and frequent meetings with a preceptor allow for feedback and professional discussions.

More Than Budgets and Figures

by Trent E. Gordon

Administrative Resident

The University of Texas Medical Branch at Galveston

At a recent departmental meeting at the hospital, a department head briskly inquired, "[s]o theoretically, you're the one who will make decisions concerning my department?" I replied, "I suppose that could be the case once I finish my residency." The woman quickly retorted, "[b]ut you have no idea what goes on in my department!"

It was true. I had no clue what went on in the ECMO (Extracorporeal Membrane Oxygenation) department. Two months into my residency, I was already being confronted with the

dreaded typical response from a clinical employee to an administrator. Fortunately, as a resident, I have some buffering to that response. However, several years down the line when I am an administrator and not merely a resident, what will be my response? As a resident, I am in the unique position of being able to complete temporary assignments in every department within the hospital and to learn what takes place in each department. However, the key to an administrative residency is not only learning how departments function internally, but also learning about their relationship with other departments within the organization.

Before I entered my residency at this behemoth of an academic medical center, I could have told anyone the basic purposes of the radiology and pathology departments. However, this amount of knowledge is no longer sufficient. I must now learn the intricate processes behind those departments. For example, how does Radiology work with Transportation to get a patient down to the MRI without the patient having to lie on their back, waiting in the middle of the hallway? What is the process to get the physician the result of the scan? How these daily tasks are accomplished is at the heart of an organization's successful operation.

Through my residency, I have discovered that, by constantly involving front-line workers while doing rotations, I have gained a broader knowledge base as compared to pouring my efforts into specific projects. By front-line workers, I am referring to physicians, nurses, the housekeeping crew, radiologist technicians, etc. Furthermore, these individuals enjoy teaching others, particularly a young administrator, who is just beginning his career. I have discovered that many individuals are aching for someone in administration to learn more about their department than just its budget or the number of FTE's they utilize.

I spent two whole days following nurse managers and discovering what really transpires on the floors. Engaging a nurse manager in a dialogue, concerning their duties, what processes they follow, and their wealth of experience, has provided the best educational experience I have received. Balancing interaction with front line employees to learn about processes and working on a variety of projects comprises the ideal internship. As I move from organization to organization, it will remain important to learn how each culture shapes and molds departmental processes. The processes in one facility's radiology department may differ drastically from the same department in a different facility.

Immediately after admitting my ignorance to the woman across the table, I scheduled a rotation to learn about the ECMO processes. I can now fully describe the function of the ECMO lab and have further expanded my clinical knowledge base.

3 Steps to a Successful International Internship

by Neema Mgana

University of Victoria, Canada

Do you have what it takes to successfully do an international internship? Do you have solid communication skills? Can you adapt to working in a new cultural environment? Here are three steps to think about as you search for an international internship.

STEP 1: PERSONALITY

Internship employers are interested in your personality as much as your technical skills. That's why, it is to your advantage to prepare yourself before starting an international internship. First, get to know what kind of person you are by asking yourself (even better, get others to answer for you) questions such as, "can I cope and adapt to new situations/ environments?" "Am I comfortable living away from friends and family?"

STEP 2: GAIN AN "INTERNATIONAL MIND"

By an international mind, I mean a familiarity with the political, cultural and geographical make up of other countries. You can do this by reading books, participating in cultural events, taking courses in politics or history, traveling, talking to friends, and studying a foreign language. The possibilities are endless.

STEP 3: RESEARCH

It's important to research the organizations that offer international internships. Talking to professors, alumni, and students who have done internships abroad are good starting points. If you have already established an internship position, then it becomes important to establish goals that you would like to achieve while working abroad. Think of what it is that you would like to achieve that will make this experience worthwhile.

Experience in international internships vary from person to person but following the above steps can help to make your experience memorable.

Public Health Students in the Middle-East Take Part in a New "War": Fighting HIV/AIDS

by Inon Schenker

Braun School of Public Health and Community Medicine, Hebrew University Hadassah, Jerusalem, Israel

A recent initiative of The Jerusalem AIDS Project, an international and national NGO, based in Jerusalem, Israel, is giving students of Public Health and Medicine, as well as others, an opportunity to be actively involved in the peace process in the Middle-East. Participants, in the newly established Middle-East Regional Network on AIDS (MERNA), are putting into practice skills in HIV/AIDS education, as part of a joint regional project, which involve Israeli, Palestinian, Jordanian, Egyptian, Moroccan and Turkish students and public health professionals. This is the first time that public health students from hostile communities in the Middle-East region are working together towards a common goal: AIDS prevention.

During the weekend of November 28 to December 1, 1997, sixty-six representatives from throughout the Middle East and other countries participated in a joint training workshop on AIDS. The workshop was held at the Tantor Institute, located in the Gilo neighborhood of Jerusalem, Israel. This was the fourth year that Jerusalem AIDS Project, a non-profit organization, initiated and organized such a workshop. The workshop's goal was to train AIDS educators, who will work in their countries, to educate others on AIDS prevention, and give lectures and classes in schools, community centers, prisons, clinics, and to other professionals in their various communities in the Middle East.

Experts, from the fields of medicine, public health, and welfare from Israel, the United States, Canada, Jordan, and the Palestinian Authority, lectured at the workshop. They reviewed the number of HIV carriers and the number who have contracted the disease in the various areas and provided the participants with scientific and practical material on education to prevent AIDS.

The workshop also included group activities, in which the participants discussed and conducted exercises on approaches in educating youth about the danger of being infected with HIV. Other subjects discussed during the workshop included religion and AIDS in the Middle East, the relationships between the increasing incidence of AIDS in the region and the peace process, techniques for teaching AIDS prevention in conservative societies, and tests to detect AIDS.

There were also social activities, and many of the participants became close friends, making the professional workshop achieve another important goal: being a forum for reconciliation and better understanding of each other's beliefs, values and concepts. Most of the participants expressed their desire to stay in contact professionally and as friends. One of the immediate results of the workshop is the joint submission of a research program on AIDS and proposals for projects and joint workshops in the Middle East by workshop graduates from the various nationalities. "I have been at many meetings of the 'Peace Now' movement," said Liat, a Hebrew University medical student and graduate of the workshop, "but never was there such a good atmosphere of dialogue and cooperation between Arabs and Israelis as I found in this workshop on AIDS."

The Jerusalem AIDS Project, which works internationally, in 25 different developing countries, is accepting, every year, a selective number of participants from the USA, for its 5-day training workshops, certifying School-Based AIDS Educators. The workshops are held in English, in Jerusalem, Israel. The next Workshop is planned for August-September 1998. Interns, interested in research and applied projects are accepted by Jerusalem AIDS Project for 3-6 months. For further information on the Workshops and internship contact: Hanni Rosenberg, Jerusalem AIDS Project, P. O. Box 7956, Jerusalem, Israel

Fax: +972-2 6797737.

E-mail: jaip@trendline.co.il

Web: www.aidsnews.org.il

Feedback on this edition? Suggestions? Comments? Ideas for Articles or Spotlights? Issues for Perspectives? Send them to the *PHSC News and Views* Editor, by e-mail at wsmith@uic.edu, or by regular mail at *PHSC News & Views*, Editor, P. O. Box 9313, Chapel Hill, NC 27515.

Statistics Section

The Statistics Section is the second oldest section in APHA. Its purpose is to unite those who are interested in developing and designing effective, uniform statistical programs and studies for recognition, analysis, and solution of emerging health problems and needs.

The section represents many diverse interests and important, practical statistical issues. The 1998 Annual Meeting should be of significant interest to all statisticians, as they will be asked to support various analyses directed at the conflicts between and goals of Public Health and Managed Care.

Student of statistics can benefit greatly by attending our sessions, which will offer an opportunity to meet and interact with many professionals. Student members are encouraged to participate in the Student Awards Competition. Applicants should submit abstracts and summaries to the award committee, along with a letter stating school,

program, degree and expected year of graduation. For more information, contact Donna Stroup, Ph.D., M.Sc. at e-mail: DFS2@CDC.GOV.

The Public Health Education and Health Promotion Section (PHEHP)

PHEHP is currently the largest APHA's Section, with approximately 3600 members, and one of its oldest. The Section encompasses a diverse group of members who span health education, health promotion, health psychology, community organization, patient education, and health communication interests. In addition to committees for functional responsibilities, we have four special membership groups addressing Worksite Health Promotion, Environmental Health Education, HIV/AIDS Education, and Health Communication interests.

Our special projects for the year include the following:

Advocacy: We are joining with other national health education organizations to implement the first health education advocacy summit in Washington DC.

Health Education Materials Contest: The Section sponsors a contest through our booth, at the annual meeting, to identify outstanding health education materials developed by our members.

Technology: We are building a Section website and, through a successful minigrant or other funding, a 'Virtual Village', beginning as an interactive article for the new online *International Journal of Health Education*.

We are interested in having more student involvement, and we would also like to make our business and scientific sessions at the annual meeting more hospitable to students. If you have ideas or questions about the Section, please contact me via e-mail at bgilot1@uic.edu.

Barbara Giloth, MPH, CHES, Chair

PERSPECTIVES

Is health care in the United States a basic right of all residents or a privilege for those who can afford it?

"In the best of all possible worlds, health care would be a basic right for all individuals and not a privilege. The issue, however, is becoming more one of service rather than access." ... "We, as a people, should feel a higher sense of responsibility for ourselves and our neighbors. Reforming the law to ensure adequate health care and health care access for all residents is a noble goal..."

*Cat-Tien P. Vo, MPH (c)
University of Texas, School of Public Health*

"I firmly believe that health care is a right to everyone. As public health professionals, we have a responsibility to ensure that all people have access to care. In the end, it not only benefits individual patients, but benefits our society as a whole."

*Helen Hunter
UNC-Chapel Hill, BSPH '98*

"As an American with many relatives who live in Canada and England, I have spent a great deal of time debating this issue with them. Although they all recognize the limitations of a national health care system, they are all very happy with it. I think there are three main barriers to a national health care system in the United States:

1) Americans want what they want RIGHT NOW. They don't want to have to wait a few

weeks for a non-emergency or cosmetic procedure. We are far too impatient.

2) Americans don't trust that the government will handle a large program like national health care appropriately..."

"3) The medical community which has large lobbying power, is afraid of increased work load for less money." ...

"The constitution guarantees us "life, liberty, and the pursuit of happiness", all of which are difficult to achieve without adequate medical care. Every American citizen should be able to see a health care professional when they need to, not just when they can afford to."

*Kymerlee A. Price, BS, CHES
Arizona Graduate Program in Public Health
Northern Arizona University Campus*

"Health care is not a basic right. Rights as I understand how you are defining them, are only considered rights in terms of laws - Free speech, freedom of religion, etc. There is nothing in the constitution of the United States that states that all citizens have the right to health care." ... "Health care, in my opinion is more of an issue of ethics and values."

*Janine M. Jurkowski
Boston University School of Public Health
Social and Behavioral Sciences Department*

"Of course it is a basic right. We all know that human being have rights to be free from wants and free from fear. If basic health care cannot be guaranteed to some people, these people are living in constant fear that they may get sick and then without receiving proper care. Thus, people without guaranteed health care (even it's only the most basic form) are not free from fear and ... cannot be said to have a basic right fulfilled."

*Wen-Hung Kuo
Johns Hopkins
School of Hygiene and Public Health*

"I think the answer is a mix. There is a natural human right to a certain level of health care. However, I am not sure I can quickly and simply define this level. That is something we have to decide as a society, primarily through our governmental processes. My point is that this line exists and the United States has a moral obligation to do everything within reason to provide this level of health care to all its residents."

"Finally, there certainly are some health care services which society has no moral obligation to provide to anyone and which should be allocated based completely on ability to pay."

*Jon Levy
University of Illinois at Chicago*

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