

# PUBLIC HEALTH STUDENT CAUCUS NEWS & VIEWS

Volume 5, Number 3

Summer/Fall 2001

## PUBLIC HEALTH RESPONSES TO TERRORISM

### A Call to Action for Public Health Leadership

The tragic events of September 11th dramatically altered the landscape of American life, suddenly introducing us to the terrorist violence that has unfortunately become commonplace in many parts of the globe. We will never be the same. Nor will our approach to public health. This disaster has created an urgent obligation for leaders in our field to respond to perhaps the greatest public health challenge in our lifetime. We must work together to ensure our ability to address the dangers confronting our nation now and in the future. The American Public Health Association urges all public health leaders from this time forward, in your daily professional and personal lives, to reflect and act upon the following five positions deeply rooted in APHA policy. We also urge you to share your opinions on these positions with your legislators and the media.

#### 1. WAR IS THE ENEMY OF PUBLIC HEALTH

As has been sadly demonstrated on countless occasions, nothing can be more detrimental to public health than the inevitable devastation of its infrastructure that occurs in times of armed conflict. Yet at no time is having an intact and functioning public health system more vital than in wartime. President Jimmy Carter wrote in his foreword to *War and Public Health*, "War and militarism have catastrophic effects on human health and well-being. These effects include casualties during war, long-lasting physical and psychological effects on noncombatant adults and children, the reduction of human and financial resources available to meet social needs, and the creation of a climate in which violence is a primary mode of dealing with conflict."

Though few doubt the need to respond decisively and effectively to the recent attacks on our country, America's public health leaders must be a voice for tempering the response, to avoid destroying public health infrastructure and death of innocent civilians. Such acts are not justified under the ever-expanding definition of "collateral damage."

#### 2. DIVERSITY IS OUR STRENGTH

Whenever deplorable actions are associated with an identifiable racial, ethnic or religious group, we witness an increase in racial profiling and its consequences, including violence. Unfortunately, the last two weeks have evidenced a resurgence of this practice. Public health leaders must stand firm in our vocal opposition to profiling and for fair treatment of all people. And we must lead in promoting diversity as a positive national asset.

#### 3. FUNDING FOR PUBLIC HEALTH MUST BE BOLSTERED

Now that the economy is facing its most severe threats in decades, public health leaders must strive not merely to maintain, but to increase funds allocated in federal, state and local budgets for public health infrastructure and programs. Our challenge: Legislators tend to view terrorism as a law enforcement issue, not a public health emergency.

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For more information, visit our website at [www.phsc.org](http://www.phsc.org)

# PRESIDENT'S MESSAGE

By: *Melissa Stigler*

## It is that time of year again!

For some — like me — it is time to say goodbye; while for others — perhaps like you — it is time to say hello. Each APHA Annual Meeting marks another major transition for PHSC. Old Officers step down and new Officers step up, while many students and young professionals, new to APHA and the Annual Meeting, join PHSC for the first time. It is a time to celebrate our accomplishments of the past year, as well as be inspired by new ideas that will energize activities in the year to come! As your outgoing President, I invite you to attend PHSC activities at the Annual Meeting, outlined in this issue of *News & Views*, so you can be an important part of celebrating the past and planning for the future!

To mark the end of our 5<sup>th</sup> year, I thought I would share this column with others who have found PHSC to be a rewarding experience. We recently polled our Officers and Chairs about what they have enjoyed most about PHSC and why they think other students and young professionals should get involved. Here is what they had to say:

- “I enjoy being actively involved in PHSC because it’s still growing and we get to shape it!” (Lori Williams, University of Illinois Chicago, Action Co-Chair)
- “PHSC provides students with leadership roles and tasks that are more involved and complex than are generally available at the school level.” (Caryn Etkin, University of Illinois Chicago, Advancement Chair)
- “PHSC offers great opportunities for student leadership in the field of public health!” (Thein Shwe, West Virginia University, Development Co-Chair)
- “[As part of PHSC,] I have gained a better understanding of APHA.” (Linda Hazlett, University of South Carolina, Membership Chair)
- “PHSC is a fantastic opportunity to further one’s career ... with nothing to lose and much to gain!” (Cindy Summers, University of Illinois Chicago, Mentoring Chair)
- “There is such a diverse group of students and professionals involved.” (Yolanda Marshall, Capella University, Newsletter Chair)
- “I am particularly impressed by how inclusive PHSC is.” (Andrew Dzurisin, University of Maryland Baltimore, PHSO Co-Chair)
- “Others should be involved in PHSC because it provides an opportunity to unify public health students across the country.” (Kusuma Madamala, University of Illinois Chicago, PHSO Co-Chair)

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## PHSC 2001 Executive Committee

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<b>April Sperstad</b> Secretary	(April-sperstad@uiowa.edu)
<b>Lara Lamprecht</b> Treasurer	(lamprecht8@hotmail.com)

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<b>Lori Williams</b> <b>Heather Britt</b> Action	(lori@nualumni.com) (britt@epi.umn.edu)
<b>Caryn Etkin</b> Advancement	(cetkin1@uic.edu)
<b>Thein Shwe</b> <b>Sallie Beth Johnson</b> Development	(tshwe@hsc.wvu.edu) (sbjohnson@hsc.wvu.edu)
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Vitality shows in not only the ability to persist but the ability to start over.

... *F. Scott Fitzgerald*

## **PUBLIC HEALTH RESPONSES TO TERRORISM**

*...continued from page 1*

Though public health departments, in conjunction with fire and rescue services, can respond to conventional emergencies, disasters on the scale of September 11 stretch the capabilities of even the best departments. In the event of a bioterrorism attack, there is unanimous agreement that no current combination of available local services would provide an adequate response. We must rise to this challenge immediately. Now is the time in the budget cycle to make our voices heard in demanding long overdue funding to bolster public health. APHA cannot overemphasize the importance of your support in this area.

### **4. PROMOTE REASONABLE PROTECTIONS FOR CIVIL LIBERTIES**

You have heard the White House and the Justice Department stress the need to enhance domestic and international surveillance and intelligence capabilities to prevent further terrorist attacks. These are reasonable objectives.

However, any proposed restrictions on constitutionally protected rights must be balanced against the need to preserve individual liberties from overly intrusive government behavior. Please encourage your legislators to embrace caution and reason in considering any suspensions of rights in the effort to protect public safety.

### **5. DISCOVER WHAT YOU CAN DO TO AID IN THIS CRISIS**

People can speed the recovery process in countless ways. Many have given blood (though blood banks would prefer a commitment to periodic donations to assure the continuity of the national supply). And many newly created foundations, in addition to longstanding charities, are accepting cash donations for victims' families and those affected by loss of employment. In addition to the information that appears on [www.apha.org/united](http://www.apha.org/united), more information is available on the website: [www.libertyunites.org](http://www.libertyunites.org).

Another area where help is needed is in counseling the bereaved and those who have been otherwise traumatized or affected by the events of September 11th. For instance, APHA is working with the U.S. Department of Health and Human Services and the New York Public Health Department to establish a program for long-term mental health services for those in need. We strongly encourage you, as public health professionals, to pursue opportunities in your neighborhoods to help those affected by this tragedy.

The events of September 11th are a defining moment in the evolution of the U.S. public health infrastructure. We have received a wakeup call and been given an opportunity to learn and enhance our ability to protect and serve the public. Now is the time for the public health community to come together to determine how to address current and future challenges facing our nation. The Annual Meeting in Atlanta, October 21-25, offers an excellent oppor-

tunity for the public health community to reflect, discuss and share ideas and information leading to action that is in the best interest of the public's health.

We look forward to seeing you at the meeting.

Michael E. Bird, MSW, MPH    Mohammad N. Akhter, MD, MPH  
President, APHA                      Executive Director, APHA

(Granted Permission by Mr. Bird and Dr. Akhter)

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## **PRESIDENT'S MESSAGE**

*...continued from page 2*

- "PHSC provides members with a connection at almost every school and in almost every field of public health." (Christina Vo, University of North Carolina Chapel Hill, Programming Chair)
- "Making new friends is an added bonus!" (Melissa Carbine, Brigham Young University, Abstracts Chair)

As these students and young professionals have attested to, PHSC can be a terrific way to develop leadership skills, network with public health professionals, connect with students nationwide, find out about job opportunities in public health, and get involved more actively in APHA. The leaders of PHSC have spent a lot of the last year critically thinking about how we can better serve our members. To this end, we have added several new initiatives, including a group that will help create deliberate and concerted opportunities for professional development of minorities (Diversity Committee) and a group that will provide even better access to job, internship, and scholarship opportunities for our members across the nation (Public Health Student Opportunities Committee). In addition, we have expanded our campus liaison network, which should allow us to better reach out to schools and programs in public health in future years. PHSC has also embarked upon a strategic planning process for the first time in its history and, in conjunction with this, continues to push for more student representation at APHA, as well. In short, PHSC's active members have worked hard this past year to reinforce, diversify, and rejuvenate our organizational base so that we may continue to grow stronger in the years to come.

In this past year more than any other, I have learned that by working together, we *can* make a difference, while gaining valuable knowledge, skills, and experience in the process. The new Officers are terrific, with great plans for the future of PHSC. I am confident that they will do a great job! Won't YOU help them make a difference? It will assist you in your professional development as much as it will benefit PHSC in its organizational growth. Get involved and be a valued part of PHSC! You won't regret it. I know I don't.

Melissa Stigler, MPH  
School of Public Health, University of Minnesota

# EDITOR'S COLUMN

By: Yolanda Marshall

This is our last issue for the year. I have truly enjoyed being the Editor of PHSC's *News & Views* Newsletter. Now, it is time to turn the reins over to someone who would like to become the Editor. I am sure that person will enjoy being involved in the communication section of PHSC ("Caucus") as much as I have enjoyed it.

This year has been full of events such as the bombing of the World Trade Center, terrorist attacks and the APHA 129<sup>th</sup> Annual Meeting. Although our nation has been under attack, we need to unite as public health students and professionals to help one another by providing each other with strength and kindness. The feature story presented by the President and Executive Director of APHA gives us suggestions as to how we can help in restoring our nation. One of the true benefits of being a part of the Caucus is that you become part of a much larger organization, the APHA. We at PHSC strive to find ways to continue to improve the Caucus, students and by providing them with a wealth of information either by e-mail, website, verbally or in the *News & Views* Newsletter. This past year has brought many changes to the Caucus such as the addition of two new committees: PHSO and Diversity. The Officers of PHSC have implemented new plans to better the Caucus that also includes ways in which members can get more involved in various committees. At the 129<sup>th</sup> Annual Meeting in Atlanta, there will be meetings and social events to help spark your involvement. It is at the meetings and socials that members and prospective members can get together and engage in lively discussions. This is also a great time for networking. The *News & Views* has dedicated a few pages to inform you of PHSC's Program Plan and how to navigate your way through the Annual Meeting, along with tips on networking.

Enjoy yourself at the Annual Meeting!

## News & Views

*News & Views* is published quarterly by the Public Health Student Caucus ("PHSC") as a means of reporting and sharing news and opinions of interest to PHSC members. Any opinions expressed herein are those of the writer and not necessarily those of PHSC. Publication herein does not imply endorsement in any manner.

If you have important information regarding the public health profession, notices of upcoming meetings, events or other dated material, or section reports to be included in our monthly newsletter, all must be submitted to the Editor no later than the deadlines listed below:

3/12/02 for the 3/19/02 issue

5/14/02 for the 5/21/02 issue

7/16/02 for the 7/23/02 issue

9/10/02 for the 9/17/02 issue

In order to produce each newsletter to reach our membership in a timely manner, this deadline must be met. Any material not received by the designated due date will be held for the following quarter's publication. Your understanding and appreciation in meeting our deadline will be greatly appreciated.

The Editor and Communications Committee reserve the right to edit articles submitted for grammar, clarity and space.

Submit all materials to:

Yolanda Marshall, Newsletter Editor  
at the following e-mail address: yolie95@hotmail.com

## PUBLIC HEALTH EVENT



Mark your calendars!

**129TH APHA ANNUAL MEETING  
~ ONE WORLD: GLOBAL HEALTH  
OCTOBER 21-25, 2001 ~ ATLANTA, GA**

The 129th APHA Annual Meeting & Exposition will be held in Atlanta, Georgia on October 21-25, 2001. The theme for the meeting is "One World: Global Health". For more information on student activities held during the event, check out the *2001 Annual Meeting Information* link on our homepage [www.phsc.org](http://www.phsc.org). Students are invited to attend welcome sessions, listen to guest speakers, and visit research presentations. Make arrangements now to join us in Atlanta. Information is now posted on APHA's website at <http://www.apha.org>. See page 11 for PHSC's Annual Meeting Program Plan.

## PHSC President-Elect

Over the past year I've been serving you as the PHSC President-Elect. In this role I have gained an informed perspective from fellow students that there is a great need for a unified and supportive public health student organization. To that end, it is crucial to revisit what the mission and goals of the PHSC are, and should be, to best serve our members.

Approximately one year ago our organization began discussing the importance of strategic planning. We spent a few hours at the 2000 annual meeting in Boston talking broadly about the future of the PHSC. Over the course of several months the PHSC board, which is made up of the PHSC officers and committee chairs, thought critically of what the PHSC's purpose and goals should be for the coming years. After holding conference calls and communicating via e-mail, we decided a retreat would be most conducive to strategic planning. Thus, we scheduled a retreat in Chicago. There was a lot of excitement as the retreat neared and everyone was very eager to contribute to this process. Unfortunately, due to the terrorism attacks earlier in the week of our scheduled retreat, we postponed our meeting.

Those of us who were scheduled to attend the retreat were very disappointed that we'd need to wait to gather at another time. However, what was first seen as a setback, now seems very fortunate. Specifically, holding the retreat after the annual meeting provides the opportunity for you to be involved! We will be holding our retreat in Chicago shortly after the annual meeting. (More specific information will be sent out via the PHSC listserv, which is sent to all PHSC members). This will allow our seasoned AND new members the opportunity to convene and discuss the important work of PHSC.

Strategic planning will definitely assist us as we critically evaluate our organization and our future endeavors. It is of utmost importance that the PHSC create a vision of what our organization should become. Additionally, the PHSC needs a well-articulated mission statement of what we want to accomplish and defined goals of how we will accomplish our mission.

Over the past year I've had an incredible sense of satisfaction working with a committed and talented group of peers on a volunteer basis. I hope you become involved in the PHSC and find your membership just as rewarding!

Resa M. Jones, MPH  
President-Elect, PHSC  
Doctoral Candidate, U of MN  
e-mail: jones\_r@epi.umn.edu

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## Action Committee

### **APHA's Decision To Stop Print Subscriptions For Students**

Beginning with the September 2001 issue of the American Journal of Public Health students and other subsidized members no longer receive a hard copy. All these members now only have access to the online journal, available at [www.apha.org/journal](http://www.apha.org/journal). However, they will continue to receive a hard copy of *The Nation's Health*.

Barbara Reck, Director of Membership at APHA, recently provided us with information about APHA's decision. She confirmed that the decision was driven primarily by fiscal concerns. Further, it appears that the APHA leadership knows that their decision has negative consequences, but they feel that eliminating print subscriptions for subsidized members is necessary to maintain the APHA budget.

Given this unfortunate reality, the Public Health Student Caucus is addressing the issue in two manners. First, we are sending a statement that explains our position regarding this issue to various leaders within the APHA. Second, we are planning our first letter-writing (email, actually) campaign to ensure that the APHA leadership knows where students stand on this matter. Additionally, if you would like to contribute your individual comments outside of the PHSC letter-writing campaign you can contact the APHA Membership staff at [membership.mail@apha.org](mailto:membership.mail@apha.org).

### **An Update from the Action Committee: The Survey Says!**

**T**hank you to everyone who responded to the Action Committee Survey! The Survey is just another step towards making the Action Committee a more cohesive body that can respond more easily to the will of students.

All in all, we had 17 respondents to the survey, all of whom are current members of PHSC. Although we hoped for more, this was our first attempt to survey the membership, and now we have plenty of room for improvement.

Public health funding seemed to be foremost on everyone's mind. Funding was the most frequent response to the question: "What do you think are the biggest issues facing public health in the next four years?" The HIV/AIDS epidemic was the second most cited issue followed by insurance/access and obesity-related health problems. A list of the Top Ten (Top Eleven, due to a tie) is in Table 1. Many other concerns, besides those listed in Table 1, were mentioned and they range from bioterrorism to reproductive choice to immigrant health.

#### **The Big Issues – The Top Ten**

1. Funding
2. STDs / HIV / AIDS
3. Insurance / Access
3. Obesity-Related Health Problems
5. Public Health Recognition / Public Awareness
5. Elder Care
7. Substance Abuse
7. Lack of Public Health Infrastructure
7. Infectious Diseases
7. Diversity
7. Adolescent Health Issues (violence, substance abuse, etc.)

**Table 1.**

Judging by the wide range of responses to this question, we should have expected the results of the follow-up question: "What issues should PHSC be taking action on?" According to the responses, the answer seems to be *everything*! Public awareness and support and youth substance abuse were the nominal winners with 16 responses each. Uninsured/insurance, health disparities and smoking cessation were next with 15 responses. The least popular issues were ethics and competing interests (with respect to resources). The breakdown appears in Table 2.

*...continued on page 15*

## **A Special Note:**

Dear APHA Colleague:

We are all indescribably saddened by the September 11, 2001 horrific tragedy in New York and Washington, DC. This senseless act of terrorism has caused countless deaths and injuries as well as undermined our sense of security in a free nation.

On behalf of the Executive Board and Staff, I would like to express our heartfelt concern to all of you, especially those who have family members, colleagues or friends who may be directly affected. It is especially important that we attend to our family and the community at this difficult time.

We know many APHA members are providing critical public health and safety services. In particular, we want to thank members of the Public Health Association of New York City and the Metropolitan Washington Public Health Association for their tireless efforts. We send them our strongest encouragement and offer of assistance.

On your behalf, I have sent letters to Mayor Giuliani of New York City, Mayor Williams of Washington, DC, and Secretary Thompson of the U.S. Department of Health & Human Services to offer support and help. We will be in touch with you in the days and weeks ahead on how APHA and our members can be of assistance.

We have received many messages of concern from our colleagues from public health associations and other organizations throughout the world. In a time of such unspeakable tragedy, we are reminded that all humanity comes together in grief and healing.

Kindest personal regards,

Mohammad N. Akhter  
Executive Director

(Granted Permission by Dr. Akhter. The follow-up to this statement letter is on the front page.)

## Get With It – Environment Section News

By: Neal Rosenblatt and Heidi Klein

Greetings from the American Public Health Association's Environment Section. APHA 129 is fast approaching and we wanted to alert those of you interested in Environmental Health issues to the Environment Section's exciting program scheduled for the upcoming meeting in Atlanta, October 21-25, 2001. We also invite you to the Section's social hour Monday, October 22, 6:30 – 8:00 PM in the Marriott Hotel.

### APHA 129

The Environment Section's program this year reflects a range of environmental health topics including asthma and the environment, the interconnections between 'Sprawl' and public health, bioterrorism and global warming, policy implications of global environmental treaties, environmental determinants of breast cancer, healthy schools, homes, community exposures, hot food safety, the biomonitoring program, and environmental genomics and health. Our panelists represent a wide range of professions and governments from both the United States and abroad. And don't forget about the annual Calver lecture scheduled for Monday, October 22 at 12:30 p.m.

"The Environment Section at APHA serves as a multi-disciplinary home for professionals, leaders and students involved in environmental health."

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### About the Section

The Environment Section at APHA serves as a multi-disciplinary home for professionals, leaders and students involved in environmental health. The Section's mission is to influence policy and other changes that create and sustain healthy environments and enhance research, public awareness, prevention and treatment of disease caused or exacerbated by environmental factors; develop alliances and professional support with others who work in a variety of public and private settings; and keep up to date with relevant science and policy.

General principles of the Environmental Section are to recognize and support different interests, viewpoints and backgrounds of Section Members; provide access to information about Section activities; facilitate proactive and well-planned advocacy; and seek opportunities to work closely with other APHA Sections and activities.

Goals of the Section are to improve environment and health practice such that public health and environmental protection are integrated into practice level decision-making; strengthen APHA's role as a respected national and international force to improve environmental health and other policies so that the policies recognize environmental components of disease and promote prevention; mobilize Section members to collaborate with APHA staff and leaders in work on environmental health policy and practice and serve as the primary source for APHA staff and leadership of expertise and guidance on environmental health issues; build and sustain a strong and active membership base through strategic recruitment, oppor-

tunities for participation, effective communication and member recognition; and ensure that the APHA Annual Meeting is a dynamic and current forum for environmental health issues.

### Networking & Mentorship

The Environment Section is dedicated to serving students of public health and other health-related disciplines and encourages an on-going exchange of ideas, experiences, and opportunities among students, professionals, and organizations of public health.

General principles of the Environmental Section are to recognize and support different interests, viewpoints and backgrounds of Section members.."

The Environment Section offers mentoring opportunities to public health students interested in Environmental Health issues and careers. Working with the PHSC, the Section helps to pair public health students with public health professionals across a variety of environmental health issues throughout the nation. The Environment Section believes that in order to improve the relevancy of public health training, connecting students with field practitioners early in their studies and careers is most effective. This formal approach can help strengthen the field of public health through the retention and growth of strong and committed leaders. The Section is committed to positively contributing to the development of the next generation of Environmental Health professionals and leaders in public health.

### How to get involved

The Environment Section is an advocate for student involvement in APHA. The Section can help student members get acclimated to the field of Environmental Health through networking and mentoring opportunities.

Information will be available this year at APHA 129 at the Environment Section booth and at the PHSC/Student Connection booth. In addition, you can pick up an invitation to the Environment Section social hour scheduled for Monday, October 22, 6:30 – 8:00 in the Marriott Hotel. During the social hour, topics such as the mentoring program and important Environmental Health issues will be discussed in addition to providing information on Section goals, objectives, major issues of the section, job/career networking information and how new and prospective members can get involved.

### How to learn more

To learn more about the Environmental Section and its more than 100 years of active existence, take a look at the Environmental Section on the Web. To access this site go to <http://www.apha.org>. To view Environment Section sponsored sessions at APHA 129 in Atlanta, October 21-25 go to <http://www.apha.org/meetings/sessions.htm>.

If you are interested in forming an APHA Public Health Student Caucus Environmental Health Group, please send us an email [HeidiMKlein@hotmail.com](mailto:HeidiMKlein@hotmail.com) or [neal.rosenblatt@louisville.edu](mailto:neal.rosenblatt@louisville.edu) and include your name, address, phone number, fax, and email address.

We look forward to seeing you in Atlanta!

## Love microbiology but want to do something more directly tied to Public Health?

**M**olecular epidemiology may be for you. It combines a population perspective with microbiology and modern molecular genetic techniques to learn more about the distribution, determinants and ultimate prevention of disease.

The term molecular epidemiology is somewhat unfortunate, as “molecule” is about the most generic adjective possible. In many ways it is an appropriate title, however, because molecular epidemiology refers to the application of modern molecular biologic techniques to population studies. Although the epidemiologic literature on molecular epidemiology focuses on the use of biomarkers for disease, I think the most exciting applications are in the fields of infectious disease.

The laboratory techniques used in infectious disease applications range from identifying the infecting agent, to genetic “fingerprinting” techniques, to methods that measure the impact of infection. We think it is easy to identify the infecting agent, but there are many cases where the epidemiology points to an infectious agent but where no agent is identified. Molecular techniques are rapidly changing this: for example, while the epidemiology of cervical cancer suggested a sexually transmitted disease as early as the 1970’s, it was not until the development of the polymerase chain reaction (PCR) that the causative agent, human papillomavirus (HPV), was identified [Munoz N. Human papillomavirus and cancer: the epidemiological evidence *Journal of Clinical Virology*. 19(1-2):1-5, 2000].

Tracking an outbreak? If you can either culture the organism or obtain a fragment of the DNA using PCR, you can create a molecular “fingerprint.” By combining molecular fingerprinting with epidemiologic information, we can determine if two persons with the same disease really gave it to each other or if we have related outbreaks. For example, just last year, there was a multi-state outbreak of listeriosis associated with eating deli turkey meat from a single company. All cases had identical pulsed-field gel electrophoresis fingerprints, confirming that it was a common source outbreak — although cases occurred from New York to California (Multistate outbreak of Listeriosis, *Morbidity and Mortality Weekly Report*, December 22, 2000, Vol. 49, No. 50).

Understanding the particular immune response stimulated by an infection - or what isn’t stimulated - helps identify potential therapeutic and preventive agents, including vaccines. One of the most exciting new technologies is the microarray, which allows us to screen one sample for thousands of characteristics or thousands of samples for a single characteristic. With a microarray, we look at the differential expression of host genes in response to infection or the range of genes present in strains of a single bacterium. (For an example of the potential, see Salama N et al. A whole-genome microarray reveals genetic diversity among *Helicobacter pylori* strains. *Proc. Natl. Acad. Sci. USA*, Vol. 97, Issue 26, 14668-14673, December 19, 2000).

These are just a few examples of the potential of the exciting field of molecular epidemiology. Integrating molecular biology with epidemiology facilitates many epidemiologic activities: outbreak investigation, identifying transmission patterns and risk factors, characterizing host-pathogen interactions, detecting uncultivable organisms, providing clues for disease pathogenesis at the molecular level.

Betsy Foxman, PhD  
Professor Epidemiology and Director,  
Center for Molecular and Clinical Epidemiology of Infectious Diseases  
University of Michigan, and Chair  
APHA Epidemiology Section

"Molecular epidemiology combines a population perspective with microbiology and modern molecular genetic techniques to learn more about the distribution, determinants and ultimate prevention of disease."

the general application of exposure or early diseases. identification of an immune host response to many diseases known. Modern epidemiology of cervical cancer only with the devel-

"With a microarray, we look at the differential expression of host genes in response to infection or the range of genes present in strains of a single bacterium."

molecular epidemiology. Integrating molecular biology with epidemiology facilitates many epidemiologic activities: disease surveillance, outbreak investigation, identifying transmission patterns and risk factors among apparently disparate organisms, providing clues for disease pathogenesis at the molecular level.

For a more complete review, see Foxman B and Riley L. Molecular Epidemiology: Focus on Infection. *American Journal of Epidemiology* 2001 153: 1135-1141.

Forever float that standard  
sheet! / Where breathes the  
foe but falls before us, /  
With Freedom's soil  
beneath our feet, / And  
Freedom's banner stream-  
ing o'er us!  
... *Joseph Rodman Drake*

More than an end to war, we  
want an end to the  
beginnings of all wars.  
... *Franklin D. Roosevelt*

Licensable Naturopathic Physicians receive training to become primary care doctors, and can become licensed as such in 13 states. The education consists of a four-year, post bachelors medical program, often followed by a one or two year residency. The first two years of an ND (Doctor in Naturopathic Medicine) program includes rigorous training in anatomy, physiology, microbiology, biochemistry, and pathology, as well as phlebotomy and pharmacology. The second two years emphasize clinical training in several natural healing disciplines, both in in-class study and in an outpatient clinical setting.

Naturopathic Physicians utilize many disciplines of health care in their practice, such as nutrition, botanical medicines, homeopathy, and spinal manipulation and other physical therapies, in addition to pharmacological treatments and minor surgery. However, the Naturopathic Physician is distinguished not by modality but by philosophy; the many types of treatment are tools that allow the ND to adhere to these principles in his or her practice. These principles are:

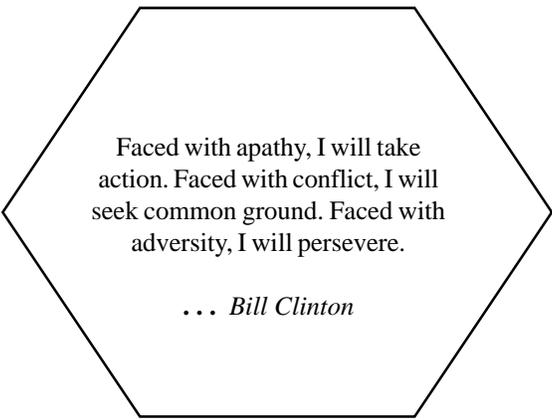
Find the Cause of the Disease  
Treat the Whole Person  
First Do No Harm  
Doctor as Teacher  
The Body's Inherent Ability to Heal Itself  
Prevention

Naturopathic Physicians also use the Therapeutic Order, a system that requires using the least amount of force necessary to restore balance to the body. An example of this would be using nutritional support before a pharmacological agent. Also, Naturopathic Physicians often work in collaboration with other health professionals to maximize overall health while a person is undergoing more compromising treatments such as chemotherapy or surgery.

With these guiding principles in mind, Naturopathic medicine is focused on the maintenance and restoration of health rather than the obliteration of disease. There is a focus on individual relationship with the patient, living within the context of his or her community, in order to establish a healthy lifestyle that will lead to long term health. This is achieved through educating patients to be responsible for their own health. This can be done on a very physical level, through education about diet and nutrition as well as how to care for minor illnesses and knowing when it is appropriate to call the doctor. This can also apply, however, to helping people achieve health on mental or emotional levels as well. Although some NDs do specialize, the training is focused on primary care so the Naturopathic Physician can establish long-term relationships and act as catalysts toward the overall long-term health of both the individual and the community.

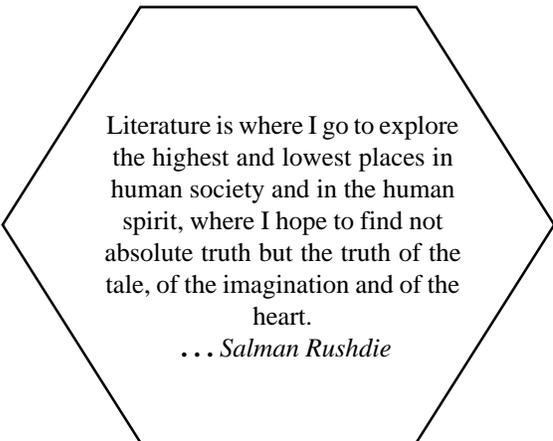
Because of the focus on maintaining the health of the community, Naturopathic Medicine can be very compatible with Public Health. Collaboration between practitioners of these two fields could be very fruitful in improving the overall health of the communities in which they serve. Working in partnership, especially in preventative medicine, can ensure that our common goal of healthy communities can be more easily achieved.

Kaycie Rosen  
Student, Bastyr University  
Kenmore, Washington



Faced with apathy, I will take action. Faced with conflict, I will seek common ground. Faced with adversity, I will persevere.

... *Bill Clinton*



Literature is where I go to explore the highest and lowest places in human society and in the human spirit, where I hope to find not absolute truth but the truth of the tale, of the imagination and of the heart.

... *Salman Rushdie*

## Navigating the Annual Meeting: Tips for Students

There is expected to be more than 12,000 public health professionals at the 129<sup>th</sup> Annual Meeting of the American Public Health Association (“APHA”) in Atlanta, Georgia. The Meeting will be held from October 21-25, 2001. There will be a showcase of more than 900 educational sessions, over 550 booths, 14 pre-convention continuing education institutes, and over 175 poster sessions all featuring the latest public health science and practice. For many students who are attending the Annual Meeting for the first time, the size and magnitude may appear to be overwhelming. APHA can be a great learning experience, a way to meet many new people, and an array of activities, as long as you stay organized and relaxed. Below are some tactics for making the experience more manageable and enjoyable for all students:

1. Remember that you cannot do it all. This Meeting will be taking place all over Atlanta and it is virtually impossible to see and do everything. Some find that trying to get back and forth between the varying hotels and the conference center can be time consuming and a little frustrating. It is helpful to pick one session, hotel, etc. and plan to spend the day there. Limiting yourself to one spot per day eases the frustrations. By going through the final program and planning each day before it starts, you will be able to prioritize what you want to see and do.
2. The Meeting is the time to really see the broad scope of our profession. Use the meeting to attend scientific sessions that are outside of your current interest area, to broaden your horizon and perhaps learn about new ways to approach your topics.
3. Think about attending the Business Meetings and Socials for groups related to your section area, to learn about key players or developments. Sections are another way for you to get involved in APHA.
4. Interact with other professionals during sessions. Specifically, during roundtable sessions. These are a great way to meet and talk with other people in your interest areas.
5. Bring along business cards (if you have them) is also a great way to network with current and future colleagues at these sessions.
6. Identify where key people of interest to you will be presenting, ask them questions, see who else is attending the session who may be of assistance to you in the future.
7. In addition to scientific sessions, plan to spend a significant amount of time at the Public Health Expo and CareerMart. It is a great chance to visit booths, learn about organizations, agencies, other schools, submit your resume for positions being posted, and to gather a lot of fun goodies.
8. Finally, PHSC sponsors a number of programs and sessions where you will have the opportunity to meet students from all across the country. We encourage you to attend our welcome session, business meetings, and, of course, stop by our booth at the Public Health Expo.

## Student Networking Tips

Is this your first time attending an APHA Annual Meeting? Are you a regular attendee? If the answer is yes to both of these questions, use the tips below (as a refresher if you have been before) on how to network while at the Annual Meeting.

- **Be proactive.** Don't wait for others to come to you. This is the best opportunity for you to meet professionals and students from around the country and the world at one event. Don't pass up a chance to meet great people in your field!
- **Always wear your name tag.** Others may want to talk to you about your school and/or area of expertise.
- **Remember your business cards.** Pass them out to students and professionals alike.
- **Make a list.** Are there significant students or professionals at the Meeting that you would like to meet? It is easy to get swept up in all of the activities and forget to seek them out. In the program, locate where they will be (or are likely to be) and then attend the event.
- **Know what you're going to say.** Mentally prepare an icebreaker or script the praise you will offer them for their work in the field. After a smooth delivery, you will appear confident and at ease.
- **Ask someone to dine with you.** Invite someone to eat lunch with you at one of the great eateries in Atlanta.
- **Be yourself.** Above all, be yourself. Talk about your interests and what you are studying. The individual(s) you'll be speaking with may have similar interests or introduce you to someone who does!

(\*The above tips were excerpted from Caryn D. Etkin [Tips for Students] and April Sperstad [Networking Tips] in a previous PHSC Annual Meeting Guide to help the students to navigate their way through APHA's Annual Meeting.)

## PHSC Annual Meeting Program Plan

Session Number	Meeting/Session	Date	Time	Location
332.0	Business Meeting 1	Monday, October 22, 2001	8:00 AM-9:30 AM	GWCC v Room: 205 E
3227.0	Intro to Conferencing: Navigating, Networking and Presenting at a National Conference	Monday, October 22, 2001	4:30 PM-6:00 PM	GWCC 216E
4074.0	Public Health Student Caucus: Welcome and Orientation	Tuesday, October 23, 2001	8:30 AM-10:00 AM	GWCC 218 E
4167.0	For Talking Out Loud! Strategies for Successful Public Speaking	Tuesday, October 23, 2001	12:30 PM-2:00 PM	GWCC 202 E
4236.0	National Mentoring Program in Public Health: Welcome and Orientation	Tuesday, October 23, 2001	2:30 PM-4:00 PM	GWCC 202 E
5075.0	Public Health Student Caucus: Poster Session	Wednesday, October 24, 2001	8:30 AM-10:00 AM	GWCC Exhibit Hall B
	Board 1 - Gender-Specific Problems in Women with Asthma. M. Valerio, MPH Candidate, J. J. Yu, PhD Candidate, Z. M. Gong, MD, N. M. Clark, PhD	Wednesday, October 24, 2001	8:30 AM-10:00 AM	GWCC Exhibit Hall B
	Board 2 - Community analyses to assist the development and delivery of HIV-prevention interventions: Contributions by public health graduate students. K. Y. Paisley, BS, E. C. Vildor, BS, M. A. Ross, BS, J. E. Snyder, MPH, W. W. Darrow, PhD	Wednesday, October 24, 2001	8:30 AM-10:00 AM	GWCC Exhibit Hall B
	Board 3 - A novel and practical pot pourri of strategies for teaching and learning about one world - global health issues. A. Bitto, MD, DrPH, MPH, CHES	Wednesday, October 24, 2001	8:30 AM-10:00 AM	GWCC Exhibit Hall B
	Board 4 - Assessment of Mycobacterium ulcerans infection in a village in Ghana. M. K. Carbine, BS, B. N. Empey, BA, R. M. Merrill, PhD, MPH	Wednesday, October 24, 2001	8:30 AM-10:00 AM	GWCC Exhibit Hall B
	Board 5 - Evaluating tuberculosis surveillance in northern Mexico: A practicum experience from the student's perspective. N. Stone, MPH	Wednesday, October 24, 2001	8:30 AM-10:00 AM	GWCC Exhibit Hall B
	Board 6 - Pubs and Public Health: Students in Cross-Cultural Experiences in Northern Ireland. S. N. McCray, M. H. Behr, H. D. Spittler, PhD	Wednesday, October 24, 2001	8:30 AM-10:00 AM	GWCC Exhibit Hall B
	Board 7 - Sick away from home: refugee and immigrant health in Athens, Greece. P. P. Moschovis, R. Hershov, MD, S. E. Furner, PhD	Wednesday, October 24, 2001	8:30 AM-10:00 AM	GWCC Exhibit Hall B
	Board 8 - Partnering with the community: Research methods applied between organizations, faculty, and students. V. Dieguez-Gomez, V. McCoy, PhD	Wednesday, October 24, 2001	8:30 AM-10:00 AM	GWCC Exhibit Hall B
	Board 9 - Social Class Indicators and Beliefs about Environmental Risk. T. T. Thomas, MA	Wednesday, October 24, 2001	8:30 AM-10:00 AM	GWCC Exhibit Hall B
	Board 10 - The critical elements of Patient compliance. A. Atreja, MD, MPH, J. Ngwe, PhD	Wednesday, October 24, 2001	8:30 AM-10:00 AM	GWCC Exhibit Hall B
5138.0	Opportunities for Service and Career in International Health	Wednesday, October 24, 2001	12:30 PM-2:00 PM	GWCC 217 E
5199.0	Developing a Career as a Public Health Professional	Wednesday, October 24, 2001	2:30 PM-4:00 PM	GWCC 217 E
526.0	Business Meeting 2	Wednesday, October 24, 2001	6:30 PM-8:00 PM	Hilton-Washington Room

## VOLUNTEER OPPORTUNITIES

### PHSC: How can I get involved?

PHSC is run *for* students *by* students, so there are always plenty of opportunities to get involved in PHSC as an active member, a program participant, or an enthusiastic leader! PHSC is divided into a number of Committees and Sub-Committees that run the many initiatives PHSC is able to provide its members. Although the Chairs for each Committee are appointed at the beginning of every year by the Officers of PHSC, there are opportunities throughout the year to participate as a member of a particular Committee. We encourage you to check out our website, <http://www.phsc.org/committees.html>, to learn more about the thirteen different Committees of PHSC. This column, to appear regularly in the newsletter, will highlight different volunteer opportunities that are available in PHSC. If you are interested in participating in one of the ways highlighted below, or just want more information, please contact the current President, Melissa Stigler ([stigler@epi.umn.edu](mailto:stigler@epi.umn.edu)). Remember, volunteering your time in this way can be a terrific way to develop your leadership and networking skills, gain experience (which will always look good on that resume!), and get more actively involved in APHA. These positions only require a few hours per month. PHSC is currently looking for the following volunteers:

1. **Campus liaisons.** Campus liaisons are a great way to represent PHSC at your school or program of public health! Campus liaisons help PHSC out in three ways, 1) by leading recruitment drives for PHSC and APHA; 2) by disseminating information about PHSC programs and initiatives, including information about our National Mentoring Program in Public Health; and 3) by helping guide PHSC as to how we can better serve the students of public health. PHSC will gladly provide any training, or materials, liaisons might need. Liaisons at all 28 accredited schools of public health are particularly needed, though liaisons at the other programs in public health are always welcome, too! PHSC is trying to establish, and then sustain, partnerships with schools and programs in public health nationwide in this way. If you are interested in being a campus liaison, contact Caryn Etkin ([cetkin1@uic.edu](mailto:cetkin1@uic.edu)).
2. **Committee members.** There are fourteen different Committees of PHSC, each of which is responsible for a particular initiative or program run by the Caucus. These include activities like our National Mentoring Program in Public Health, our advocacy efforts, our fundraising campaigns, our program plan for the Annual Meeting, and our initiatives to help facilitate access to public health-related job, internship, award, and scholarship opportunities worldwide.

The Chairs of these different Committees can always use an extra hand. Consider getting involved as a member of a Committee that oversees a particular PHSC activity you might be interested in. For more information, check out our website at <http://www.phsc.org/committees.html> or contact the appropriate Chair(s) listed in this edition of *News & Views*.

## CONTINUING EDUCATION

### Post-Doctoral Training Program Cancer Prevention & Control Research

The Division of Cancer Prevention and Control Research, of the School of Public Health and Jonsson Comprehensive Cancer Center at UCLA, is accepting applications for a post-doctoral training program in population-based, multi-disciplinary cancer prevention and control research. The program is funded by the NCI/NIH, and features:

- Tailored coursework including the option of completing a MPH or MSPH degree
- Research in collaboration with nationally-recognized senior faculty members
- Independent translational research leading to scientific publications and grant applications

Traineeships can be for one to four years. Applicants must hold a doctoral degree (e.g., PhD, MD, EdD). For admission into the program in July 2002 (Summer/Fall) application materials must be submitted by December 15, 2001. Compensation will range from \$40,000 to \$50,000 annually, plus benefits. Additional funds provided for tuition, travel and research expenses.

For information and application materials contact:

Barbara Berman, PhD, Coordinator  
UCLA DCPCR  
A2-125 CHS, Box 956900  
Los Angeles, CA 90095-6900  
Phone: (310) 794-9283  
E-Mail: [bberman@ucla.edu](mailto:bberman@ucla.edu)

## Public Health Prevention Service (PHPS) Fellowship

A unique three-year on-the-job national training program offered by the Centers for Disease Control and Prevention

### Vision

The Public Health Prevention Service (PHPS) is committed to the principles of:

- training through service;
- developing leadership at the local, state, and national levels;
- building public health infrastructure; and
- promoting health through prevention.

Participants will be assigned to positions that offer opportunities to apply science-based principles and models in the design, implementation, and evaluation of prevention programs.

### Opportunities

The PHPS program offers

- Responsible work at community, state, and national levels
- Career development through PHPS training, seminars, and other CDC-sponsored activities
- On-the-job training with supervision by experienced public health professionals
- Opportunities to serve on multidisciplinary teams
- Exposure to a broad array of prevention programs and public health issues

Upon completing the PHPS program, participants are expected to be highly competitive for future employment with local, state, and federal public health agencies, as well as voluntary, community, and managed-care organizations.

### Work Assignments

In the first year of the PHPS program, participants will have two six-month work assignments at a CDC facility. Each assignment will be in a different program area (e.g. immunization, injury control and prevention) and will focus on skill development and enhancement. Most assignments will involve some travel.

In the second and third years of the program, each participant will have a single assignment with a variety of responsibilities in a state or local health department. All such assignments are based on program needs, although geographic preferences of participants will be accommodated whenever possible.

Program participants will use their technical expertise and skills to develop, implement, and/or evaluate public health projects and programs. Assignment examples may include:

- Implementing an assessment of vaccination coverage at the local level
- Developing a manual which provides guidelines for using economic incentives to reduce tobacco use and support tobacco control programs

- Conducting an investigation of current STD screening, treatment, and prevention practices in juvenile detention centers
- Designing and implementing a national survey on the impact of managed care on TB control and prevention
- Developing a statistical model to estimate state childhood lead poisoning prevalence
- Conducting research on the privatization of public health services and the evolution of public health departments
- Developing a community campaign to increase bicycle helmet use among children
- Developing a national arthritis plan
- Creating and field testing a web page on rabies for children
- Designing and implementing a community assessment in the prevention and control of syphilis

### Salary and Benefits

The current base salary for the first year is \$32,380 (plus locality adjustment), with geographic adjustments and increases in the second and third years. Benefits include vacation and sick leave, health insurance, and some relocation expenses.

### Eligibility

Persons eligible for PHPS include professionals with a strong interest in a career in public health and both

- A master's degree in public health or a related field
- U.S. citizenship
- A strong desire for a career in public health practice in a state or local health department
- Above average academic achievement in the core areas of epidemiology/biostatistics, biological/physical/environmental sciences, behavioral/social services, health education/promotion, and management/administration
- At least 1 year of public health-related work experience that includes exposure to program planning, implementation, and evaluation (may include an internship or a community-oriented thesis project)

### Application

For an application, go to the PHPS website:  
<http://www.cdc.gov/epo/dapht/phps.htm>.

**Persons considering the PHPS program should be prepared to make a 3-year commitment and accept the relocation and mobility requirements of this program.**

### UNIFORM DATA SYSTEM MEDICAL REHABILITATION

### COMMUNITY HEALTH PARTNERSHIP

#### Manager of Research & Development

Hiring Supervisor: Director, Richard Linn, PhD.

Hours: 8:30am to 5:30pm, Monday thru Friday

Description: The primary function of the Manager of Research and Development is to oversee all aspects of the Research & Development Department.

The Manager of Research and Development will have responsibility for the following:

- Annual budget for Research and Development Unit created in conjunction with Product Managers
- Creation and maintenance of standards by which the research & development department operates
- Application of statistical and epidemiological principles to a large medical outcomes database
- Evaluation of current product offerings and development of new products
- Data interpretation
- Technical consultation
- General analytic support to internal and external programs
- Creation and maintenance of policies and procedures utilized by research and development team for efficient operation
- Work with Product Managers to ensure good communication and complete integration of each product's needs for Research and Development.
- Presentations at public forums
- Supervision of research staff which includes hiring, training, and maintaining appropriate personnel

#### Job Requirements:

- Ph.D. in Epidemiology, Biostatistics, or related field
- 5 years experience in a supervisory position
- Application of common epidemiological techniques such as risk-adjustment
- Standard as well as non-standard statistical techniques including multiple regression, logistic regression, CART, etc.
- Direct experience with SPSS and Microsoft Office Suite; SQL and/or ORACLE experience a plus
- Academic appointment is possible but not required.
- Personnel & Budget Management Experience
- Team Player
- Matrix Organizational Experience, a plus
- Excellent communication skills

To apply send resume and salary requirements to [rgietz@udsmr.org](mailto:rgietz@udsmr.org) or mail to

Renee Gietz  
UDSMR  
232 Parker Hall  
University at Buffalo  
3435 Main Street  
Buffalo, NY 14214

Community Health Partnership is an association of nonprofit community health centers and two government agencies whose mission is to expand access to health care services for the under served. Community Health Partnership provides excellent benefits, including medical, dental, life insurance, 20-days/ flexible time off, 403B, plus other benefits on a pro-rated basis.

Director of Programs: is responsible for development and overall implementation of all Community Health Partnership programs. The Director of Programs ensures the agency successfully meets the requirements of all program grants and contracts and oversees the planning, development, budgeting, and evaluation of all program activities, including resource and staff development. Master of Public Health (or equivalent) with a minimum of 5 years of progressively increasing responsibilities, including supervision of multiple staff and projects. Administrative experience in resource development, program development and evaluation, personnel management, and contractual management, including budgeting, invoicing, and report writing is an important prerequisite. Full-time. \$4,583 - \$5,417 monthly.

FAX resume and cover letter to CHP, 408/289-9908 or email: [jody@chpscc.org](mailto:jody@chpscc.org).

Program Manager: will serve as overall manager for the Women's Health Partnership and the Santa Clara Valley Breast Cancer Early Detection Partnership (BCEDP), including supervision of program staff, oversight of health consultants and/or contractors, planning, and program management.

The Program Manager will be responsible for member recruitment, facilitation of meetings, program evaluation, writing fiscal and programmatic reports, and coordination of trainings, policy initiatives, public relations/media activities and other duties. Masters degree in public health preferred or other relevant degree and three to five years experience in public health program development and implementation. Full-time. \$3,750 - 4,500 monthly.

FAX resume and cover letter to CHP, 408/289-9908 or email: [jody@chpscc.org](mailto:jody@chpscc.org). Clinical Services Coordinator: will be working directly with community health center providers and clinic managers to implement various quality improvement initiatives related to provider relations, managed health care services, chronic disease management, and the State Breast Cancer Early Detection Program. Registered Nurse with a Bachelor of Science in Nursing preferred. Full-time and part-time positions available. \$ 3,987 - \$4,680, full time equivalency.

FAX resume and cover letter to CHP, 408/289-9464 or email: [jody@chpscc.org](mailto:jody@chpscc.org).

## Action Committee

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13.	Infrastructure	11
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**Table 2.**

Most of the respondents had been involved in advocacy efforts, most often by participating in a letter writing campaign. However, a few respondents were experienced advocates, and we hope to draw on their experience as we develop advocacy-training materials.

In terms of which advocacy methods PHSC should be using, the most frequent suggestion was to keep students informed via email. Other suggestions included: providing links with APHA sections, disseminating information to the lay public, lobbying companies on health issues and writing policy statements. The hot topic most people want to learn about is “how the government works” so we’ll be working that into the newly designed website.

And finally.....what you’ve all been waiting for....the winners of the free PHSC T-shirts! The first respondent was Leland Yee from University of London School of Hygiene and Tropical Health and the at-random winner is Scott Rhodes from UAB. Congratulations to you both and thanks again for completing the survey!

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### **Join the Public Health Student Caucus!**

**T**he Student Caucus is the only international organization that represents and serves all students in public health and related disciplines. Current members come from over 100 different colleges and universities as well as from seven different countries. There are many, many benefits of Student Caucus membership. One of the best ways to find out about them all is to browse through the Members Section of the website at [www.phsc.org](http://www.phsc.org).

The only membership requirements is that you must be a member of the American Public Health Association. If you are already an APHA member, you can join the Caucus using our on-line Membership Form. If your browser cannot handle forms, you can e-mail your name, e-mail address, phone, and school to the Membership Chairperson.

Dues for new and renewing members are \$5. No one will be denied membership if you cannot afford it. If this is the case, contact the President of PHSC. Whether you join on-line or on paper, please make your check payable to “Public Health Student Caucus” and mail it to:

Public Health Student Caucus  
3010 Hennepin Avenue S, #573  
Minneapolis, MN 55408-2614

If you are not an APHA member, why don’t you join? There are many benefits of APHA membership including subscriptions to *The Nation’s Health* and the *American Journal of Public Health*, a discount on the Annual Meeting registration fee, access to the APHA Career Mart at the Annual Meeting, and many more great programs.

APHA annual student dues are only \$50 per year! You can get more information about joining APHA by looking at their website: [www.apha.org](http://www.apha.org), or by calling (202) 789-5600.