

# NEWS & VIEWS

Fall 2003

## Public Health Student Caucus

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**Connecting  
Public Health Students  
Across the Nation**

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## Nutrition and Health Policies Up For Reauthorization This Fall

By Sheila Fleischhacker

This fall, in the midst of a childhood obesity epidemic two important bills relating to child nutrition are up for reauthorization. One bill is the Child Nutrition Act of 1966. Several health organizations have been working together on recommendations for this bill. Some recommendations include:

Setting nutrition standards for foods sold outside of school meal programs on school campuses.

- Providing sufficient funds to enable integration of nutrition education into school curriculums on a consistent and effective basis.
- Supporting "Healthy Foods for Healthy Kids Initiative" by funding grants to schools that provide and encourage students to consume more fruits and vegetables.
- Providing schools the option to decide what type(s) of

milk to offer with school meals (i.e., remove the de facto requirement that schools serve whole milk).

- Facilitating more foodservice trainings to empower schools to improve the nutritional quality of their meals.
- Increasing the USDA pilot program to provide free fruits and vegetables to schools.

The second important nutrition and health-related bill that is up for reauthorization this fall is The School Readiness Act of 2003 (SRA), which aims to reauthorize Head Start. The bill has been approved by the House of Representatives and is currently waiting Senate approval. Although the SRA was revised during committee to maintain Head Start's comprehensive nature, including its health and nutrition services and its Department of Health and Human Services administration, SRA does not provide the guidance, funding or opportunities to ensure that Head Start improves at-risk young

children's health and nutrition status. Thus, as health professionals we need to work together and with our policy makers to ensure that Head Start continues to offer and evaluate all of its compre-



The Child Nutrition Act of 1966 is up for reauthorization.

hensive services. We also need to ensure that Head Start administration and teachers have the resources and capabilities necessary to ensure every child has an equal head and healthy start.

These two critical bills serve as excellent opportunities for health professionals, including students, to affect policy.

### Get to work and call your government representatives!

(See pages 6 and 7 for pieces on related topics)

## Campus Liaison Program Receives Funding

The Public Health Student Caucus' Campus Liaison program received a boost from Auto Insurer Geico as they were the recipients of \$3,000 of funding to cover the membership fees for students in APHA who are or want to become campus liai-

sons. As quoted in *The Nation's Health*, Barbara Reck, APHA's membership director who helped facilitate the movement of these funds to PHSC, said she hopes that the arrangement will inspire the liaisons and the students they reach to

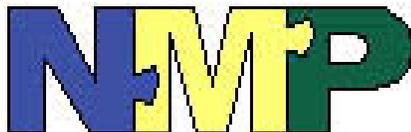
become more active in both APHA and public health. The funding will help expand the current Campus Liaison program with a goal of having liaisons at all ASPH member schools and other public health programs at Universities across the nation.

### Special points of interest:

- Find out what other public health students are doing in their communities
- Find out what special programs may be of interest at the upcoming APHA Annual Meeting
- Find out what opportunities are available for further involvement within PHSC

# National Mentoring Program in Public Health (NMP)

By Cynthia Summers and Mary Elizabeth O'Neil, *Mentoring Co-Chairs*



The National Mentoring Program in Public Health (NMP) is a project of the Public Health Student Caucus (PHSC), which is in official relations with the American Public Health Association (APHA). The Project links public health students with public health professionals across the nation and across many disciplines, and then helps facilitate the development of effective and beneficial mentoring relationships between these novices and masters. The Public Health Student Caucus believes that, in order to attract and retain qualified and diverse students in public health, as well as improve the relevancy and quality of their training, it is essential to connect students with field professionals early in their studies and careers. The resulting national network continuum will strengthen the field of public health by fostering multidisciplinary relationships among and across fields, and by promoting the growth and development of strong and committed leaders. Further-

more, it facilitates the unification of public health professionals with a wide array of skills and talents, and encourages public support of and understanding of public health issues, initiatives, and visions.

The Program is currently starting its fifth year of operation. Mentees are matched with mentors based on the following criteria: (1) general area of interest, (2) specific sub-area of interest, (3) three rank-ordered mentoring objectives, and (4) vision of an ideal match. Participants have represented 45 U.S. states and territories, three countries outside of the United States, seven races/ethnicities, and nine general areas of interest within public health. There were kick-off events at the APHA annual meetings in Chicago (1999), Boston (2000), Atlanta (2001), and Philadelphia (2002) to welcome and orient matched participants. All participants receive materials to guide them in the building of their effective mentoring relationships and to remind them to stay in touch with their mentoring counterparts. Furthermore,

registration was converted to a year-round process over a year ago to make it more convenient for interested individuals and to increase the numbers of participants.

The Public Health Student Caucus aims to improve the relevancy of academic training that public health students receive, and increase the professional success and productivity of public health students and professionals. The current objectives for NMP are: to promote both professional and personal growth among all participants; to facilitate the development of effective mentoring relationships between these students and professionals and; to continue to adapt and improve this mentoring program through ongoing evaluation and feedback from participating students, professionals, and institutions.

If you are interested in being either a mentee or a mentor in the National Mentoring Program in Public Health, please register online at [www.apha.org/ppp/mentoring/](http://www.apha.org/ppp/mentoring/).

**The Public Health Student Caucus aims to improve the relevancy of academic training that public health students receive, and increase the professional success and productivity of public health students and professionals.**

## National Mentoring Program in Public Health (NMP)

Register for NMP at [www.apha.org/ppp/mentoring/](http://www.apha.org/ppp/mentoring/) or visit [www.phsc.org](http://www.phsc.org) for more information.

NMP aims to:

- ✓ Improve the relevance of the academic training that Public Health students receive
- ✓ Increase the professional success and productivity of Public health students and professionals
- ✓ Help to strengthen the field of Public health through the retention and growth of strong committed leaders.

**BE A PART OF THIS VISION!! Give back to your field as a professional by being a mentor, or learn from and gain valuable experience as a novice/student by being a mentee. All matches will be made within 8-10 weeks of registration, and a one-year commitment is requested. All participants are invited to a NMP question/answer session at the November 2003 APHA Annual Meeting in San Francisco.**

*NMP is coordinated by the Public Health Student Caucus of the American Public Health Association*

Got a story you want to tell PHSC about?

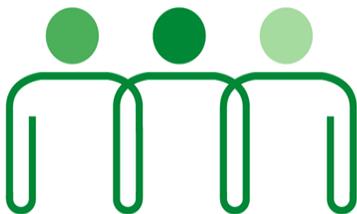


Write an article for *News and Views!*

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

## Student Health Alliance Builds Momentum

By Chris Day  
PHSC President



### Student Health Alliance collaborating to improve health

In 2001, PHSC led a national student movement to convene the first National Leadership Conference for Students in Healthcare (NLC) at the annual APHA meeting in Philadelphia, PA. The first conference, kicked off by Dr. David Satcher, M.D. Ph.D., the former U.S. Surgeon General, was aimed at improving communication and collaboration among national student organizations representing various health professions. The meeting was a great success and resulted in the formation of the Student Health Alliance (SHA). Today, SHA is comprised of 12 national student organizations representing over 180,000 student members in physical therapy, allopathic and osteopathic medicine, medicine, nutrition, nursing, public health, healthcare management and social work.

Thanks to support from the Association of Academic Health Centers and grant funding from the Josiah Macy Jr. Foundation, PHSC in collaboration with the American Medical Student Association convened a planning retreat with the leaders of all SHA organizations at the Kaiser Family Foundation's National Headquarters in Washington, DC, on April 5-6, 2003. During this meeting, SHA leaders began building infrastructure necessary to establish SHA as an effective, long-lasting coalition of student organizations dedicated to: 1) improving the understanding about each of our respective health professions

and organizations; and 2) collaborating to protect and improve the health of our communities. More specifically, we developed draft mission and vision statements, bylaws, short and long-term goals and the organizational structure necessary to fulfill the mission. A list of draft criteria for selecting projects and initiatives for SHA participating organizations that will collaborate to achieve Healthy People 2010 objectives was also developed.

Since the retreat, SHA leaders have participated in monthly conference calls to discuss opportunities to work together and reconvene the Second NLC. In June, the National Student Nurses Association (NSNA), an SHA participating organization, selected a panel of SHA leaders at their annual meeting in Phoenix, AZ. In front of an audience of more than 3,500 meeting participants, panelists described aspects of their educational training and highlighted opportunities for collaboration among and between SHA participating organizations and NSNA members. Interestingly, in the question and answer session that followed, most of the questions were about, "what public health has to offer nurses and the nursing profession." By the end of the panel presentation, numerous NSNA members requested APHA's website address so that they could become members! This is just one example of how SHA has been effective in improving students and professionals' awareness about the expertise offered by various health professions.

Like a boulder rolling down a mountain range, SHA's momentum keeps building! I am pleased to announce that the Centers for Disease Control and Prevention's Public Health Practice Program Office awarded PHSC \$20,000 in conference support to help reconvene the NLC. This year, the meeting will be held on January 9-11, 2004, in Washington, D.C. Although meeting attendance is limited to up to 10 board members from each of the SHA participating organizations, PHSC is

looking for APHA student members interested in helping to plan and organize the meeting. As a member of PHSC's SHA taskforce, you will be invited to attend and participate in the meeting on behalf of PHSC. This is a great opportunity to learn from and network with our nation's best and brightest student health leaders. In future years, funds permitting, PHSC and SHA hope to open the NLC to all members.

*If interested in learning more about SHA, the NLC, or joining PHSC's SHA Taskforce, visit [www.phsc.org](http://www.phsc.org) and click on the link for the Student Health Alliance. You can also email me directly with questions at [president@phsc.org](mailto:president@phsc.org).*

<b>Representatives from each of the 12 organizations participating in SHA contributed to this discussion, including:</b>	
<ul style="list-style-type: none"><li>• <i>Am. College of Nurse Practitioners</i></li><li>• <i>Am. Dietetic Association, Student Service</i></li><li>• <i>Am. Medical Association, Medical Student Section</i></li><li>• <i>Am. Medical Students Association</i></li><li>• <i>Am. Physical Therapy Association, Student Assembly</i></li><li>• <i>Am. Student Dental Association.</i></li><li>• <i>National Association of Black Social Workers</i></li><li>• <i>National Student Nurses Association</i></li><li>• <i>Public Health Student Caucus</i></li><li>• <i>Student Academy of Am. Academy of Physician Assistants</i></li><li>• <i>Student National Medical Association</i></li><li>• <i>Student Osteopathic Medical Association</i></li></ul>	

# APHA 131 Program Planning Update

The Environmental Section 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; to develop alliances and professional support with others who work in a variety of public and private settings; and to be updated with relevant science and policy. In continuing with our mission, we have designed an elaborate scientific program for November's annual APHA meeting. More than 60 scientific and poster sessions will be presented, including a number of co-sponsored sessions partnering with various sections: like the Public Health Student Caucus, Community Health, Community Health Planning & Policy Development, Epidemiology, Food & Nutrition, Gerontological Health, Occupational Health & Safety, Maternal & Child Health, Mental Health, Public Health Nursing, and Vietnam Caucus.

Topics include: the built environment and health, children's environmental health and vulnerable populations, innovative topics in environmental health, public health collaborations and infrastructure, public health nursing in environmental health, public health and policy, social determinants of health, spotlight on regional environmental health issues indigenous to the San Fran-

cisco metropolitan area, terrorism, and environmental toxics.

Some highlights in this year's program include a Student Achievement Award poster session on Monday, November 17, at 8:30 A.M. This session will highlight the works of 10 outstanding student presentations. During this session the presenters will be judged on content and quality and awards will be given during our Environment Section Social scheduled for November 17, at 6:30 P.M. Other events include the launching of the Built Environment Institute – a series of sessions identifying approaches for building sustainable environments that actively improve human health, a Built Environment & Health Field Trip on Sunday, November 16, at 2:00 – 5:30 P.M. And don't forget to include the Homer N. Calver lecture/luncheon in your *APHA Personal Scheduler* scheduled for Monday, November 17, at 12:30 P.M. The winner of the Calver award will be announced shortly. All Environment Section scientific, roundtable and poster sessions will be presented in the Moscone Convention Center. For more detailed information you can visit our online program at [http://apha.confex.com/apha/131am/techprogram/program\\_312.htm](http://apha.confex.com/apha/131am/techprogram/program_312.htm)

If you are interested in learning more about our section or how you can get involved, we invite you to attend our business meetings scheduled throughout the conference.

A complete list of times can be found at [http://apha.confex.com/apha/131am/techprogram/meeting\\_131am.htm](http://apha.confex.com/apha/131am/techprogram/meeting_131am.htm)

One item on the agenda for this year's business meetings are to brainstorm new ideas for increasing student and new professional participation in our Environment Section, therefore please come and get involved. If you would like more information please contact Robin Lee at [RPL5@cdc.gov](mailto:RPL5@cdc.gov)

See you in San Francisco November 15-19!

Best regards,

*Robin Lee and Neal Rosenblatt*  
APHA Environment Section Planners



Environmental Health issues are timely and crucial to the future of public health.

## PHSC Introduces Its Newest Initiative: the PHSC Section Liaison Program

In order to expand our involvement within the American Public Health Association (APHA), the PHSC is teaming up with the APHA Sections in creating the PHSC Section Liaison Program. This Program will provide students with a unique opportunity to become more cognizant of national student initiatives within APHA, as well as foster student involvement within the Sections.

Sections are the basic organizational unit of the APHA's membership. The 25 discipline-based Sections enable members to share knowledge and experience with their peers, develop new techniques and

**This Program will provide students with a unique opportunity to become more cognizant of national student initiatives within APHA.**

only benefit each of the APHA sections but also the students who serve in these new roles.

contribute to the growing body of scientific knowledge within those respective fields. This program will hopefully prove as a vital pairing that will not

The Section Liaisons will play an important role within PHSC by helping to:

- Advocate for the development and promotion of student involvement, recognition, and leadership in their Section;
- Promote their section within PHSC;
- Assist other Section Liaisons in advocating for student opportunities within the APHA Section.

This is but one of the new initiatives of the PHSC to increase student representation within APHA.

# Trichomonas on the Rise

By Vasu Singh, MD, MPH

*Note: Currently, the author is in Family Practice residency training at St. Luke's Hospital in Bethlehem, Pennsylvania. At the time of data collection, the author was a full-time MPH Student at East Stroudsburg University, East Stroudsburg, Pennsylvania, and an intern at St. Luke's Hospital, Community Health Department.*

Our Sexually Transmitted Infection clinic is located in St. Luke's Hospital in Bethlehem, Pennsylvania. Providers from St. Luke's Hospital and Bethlehem Health Bureau operate the clinic. The clinic is open once a week. We follow the CDC and State Health Department's guidelines and protocols for the diagnosis, treatment and prevention of STIs (Sexually Transmitted Infections).

Functions of our STIs Clinic:

- Testing for chlamydia, gonorrhea (urine testing and vaginal cultures), and HIV.
- Hepatitis B shots provided.
- Timely information provided to all patients via handouts, brochures, and counseling.

- Analysis of data for disease trends and risks factors.
- Excellent public health learning opportunities.

The most common infections that we see are: Chlamydia, Gonorrhea, Trichomonas, Human papilloma virus infections, Herpes simplex virus infection, Hepatitis B and C, and HIV. We test our female patients for Trichomonas who present with vaginal symptoms (itching, redness, discharge, burning urination). Currently, there are no guidelines for Trichomonas screening, even though it is one of the most common vaginal infections among women. Since Trichomonas is not a reportable disease, we do not collect any data for this condition, but we wanted to have a count of our cases in 2002. We found that Trichomonas is the third most prevalent condition among our patient population, after Chlamydia and Herpes virus infection.

## Data From 2002

Chlamydia, n= 54  
Herpes Simplex Virus, n= 28  
Trichomonas, n=23 confirmed cases and 36 exposed to Trichomonas  
Human Papilloma Virus, n= 20  
Gonorrhea, n=17  
Syphilis, n= 2

These numbers provoked us to seek a more aggressive approach in discovering Trichomonas cases.

Hence, we redesigned our program in terms of Trichomonas infection by using the following steps:

1. Offer testing to all patients,
2. Monitor trends of Trichomonas infection,
3. Treat all partners of the patient,
4. Educate the patient and partner/s about disease and disease prevention.

*Sources of Information: CDC, Bethlehem Health Bureau, St. Luke's Hospital (Community Health Department)*

**“Currently, there are no guidelines for Trichomonas screening, even though it is one of the most common vaginal infections among women.”**

## PHSC RECRUITING APHA/PHSC SECTION LIAISONS

The PHSC needs your help in establishing liaisons with all APHA Sections. Section liaisons play an important role within the PHSC by helping to:

- Advocate for the development and promotion of student involvement, recognition, and leadership in their Section;
- Promote their section within PHSC;
- Assist other Section Liaisons in advocating for student opportunities within APHA section.

Consider assisting PHSC and APHA by serving as your Section's liaison. Contact the PHSC Advancement Committee Chair Chris Ledingham at [advancement2@phsc.org](mailto:advancement2@phsc.org) for more information about becoming a Section Liaison or visit us online at [http://www.phsc.org/section\\_liaisons.htm](http://www.phsc.org/section_liaisons.htm).

## PHSC CAMPUS LIAISONS NEEDED

The PHSC is in search of dedicated individuals who want to serve their campus community, APHA, and the PHSC by serving as a Campus Liaison. The results of our recent drive were astounding, but there are still many gaps to fill. If you are interested in becoming a liaison or finding out whom your Campus Liaison is, please contact the Advancement Committee at [advancement@phsc.org](mailto:advancement@phsc.org).



## Minority Health Keynote by Dr. Mary Northridge to be broadcast February 27

The University of North Carolina School of Public Health will present its 26th Annual Minority Health Conference, including the 6th Annual William T. Small, Jr. Keynote Lecture, on Friday, February 27, 2004.

Organized by a student-led planning committee, the Conference was founded by the School's Minority Student Caucus in 1977 in order to increase the attention to issues related to the health of minority communities and to inform and inspire students from underrepresented backgrounds to pursue careers in public health.

The Conference typically attracts over 400 participants, and the Keynote lectures during the past three years (by Mr. Richard Moore, Dr. Sherman James, and Dr. Camara Jones) have been broadcast by satellite and Internet to hundreds of people throughout the country.

This year's Keynote will be presented by Mary E. Northridge, PhD, MPH, Editor-in-Chief of the *American Journal of Public Health*, Assistant Professor at Columbia University Mailman School of Public Health, and Deputy Director of the Harlem Center for Health Promotion and Disease Prevention. Her lecture, including a live telephone and e-mail question and comment period will be distributed as a free satellite and Internet broadcast from 2:00-3:30pm Eastern Time on Friday, February 27.

**Full information will be available at [www.minority.unc.edu](http://www.minority.unc.edu)**



## Internship Profile: Residence Life Educator - Livin' on the Edge

I love my job! I live among 18 year olds. My position is synonymous with experiential learning. Curious? Let me explain. . .

As an aspiring college health educator, I paired my search for graduate programs in public health with a complementary search for residence hall director (RHD) positions at each university I was considering. Many large universities offer graduate level residence hall director positions, often with a small stipend and free apartment.

Ultimately, Emory University in Atlanta, GA, made me an offer I couldn't refuse: in addition to a generous scholarship from the Rollins School of Public Health, their Residence Life department offered me a new position, similar to an RHD, but with specific responsibilities to improve and promote educational programming efforts in their residence halls. In short, I am their very own live-in health educator and program facilitator.

As I enter the second year of both my graduate program and my internship as the Residence Life Educator, I am convinced this position is a near-perfect pairing. I applied my experience in the first year of the internship to the practicum requirement in my degree program, thereby getting aca-

demically credit for work I enjoy. At work, I have gained daily exposure to the inner-workings of a campus life department while forging relationships with deans, health care providers, career services staff, mental health professionals, religious life professionals, campus police, resident advisors, hall directors, student affairs professionals, and custodial and maintenance staff. Nearer still to my heart are the relationships I've developed with the undergraduates. I've gained a reputation as a trustworthy confidant on a variety of health and relationship issues, and students who don't even live in the same residence hall seek me out for advice and referrals.

I can't beat the on-the-job training and experience involved in my current position, as far as professional development is concerned. I've been trained in emergency response procedures and carry an on-call pager 24 hours a day for a week twice a semester. I also serve as a conduct officer, reviewing incidents that occur in the residences and assigning educational sanctions as necessary.

For other aspiring public health professionals interested in experiencing the field of college health first-hand, start your search

early. Many universities post their hall director positions in December, with applications due in January and February. For prospective students, I recommend applying for these positions in tandem with your applications to degree programs. Then, you can negotiate financial packages and employment simultaneously with multiple institutions. For returning students, take advantage of already being on-campus for classes to introduce yourself to the residence life and housing staff and inquire when applications will be available for the following year.

If you don't mind late nights, near-constant revelry and occasional emergency on-call responsibilities, this or a similar position could be just what you are looking for as preparation for a career in college health and related fields.

**"I can't beat the on-the-job training and experience involved in my current position."**

*Heather Zesiger can be reached via email at [hzesiger@sph.emory.edu](mailto:hzesiger@sph.emory.edu)*



never helpful to anyone.

So, with support for both sides, it is easy to see how the public could get confused when it comes to their diet and exercise recommendations. Should people be more concerned with dieting those pounds off at any cost or exercising a little more and eating a few more vegetables? The safest bet, as with most issues, is probably somewhere in the middle.

*Spring Cooper is currently in her second year of a PhD program in BioBehavioral Health at Penn State. She is new to APHA, but loves the people she has met and support she has received through the association so far. Her plans for the future are to work in the public health arena, possibly focusing on health communication.*

## Fit and Fat: An Oxymoron or a Possibility?

By Spring Cooper, *Staff Writer*

Obesity is one of the hottest topics in the US these days. Not only are researchers and public health officials concerned, but the government and general public are taking notice as well. With lawsuits pending and various diseases looming, everyone is interested in the relationship between obesity and health. And, since everyone is interested, studies on diet and exercise recommendations are always in the news. There are various conclusions, however, which makes the news all the more interesting.

Some researchers claim that overweight individuals may still be healthy; in fact, they may be healthier than some of their thin friends. Steven Blair, of the Cooper Institute for Aerobics Research, is one researcher who claims that to be fit and fat is possible. His research has found that exercising four to five days a week can combat the effects of moderate obesity. In other words, exercise

extends lives, regardless of the individual's weight. He criticizes current research, insisting that the fitness of the individual is usually excluded from studies. Thus, the public health message is that being only 20-40 pounds overweight may be less risky to one's health than being inactive, however, Blair has a different opinion.

The fit but fat idea is encouraging to many people. By encouraging individuals to exercise and eat healthier, realistic goals are set for people who have failed at dieting in the past, dieting that may have been dangerous to their health.

The other side of the issue argues that no matter how healthy someone is, if they are overweight, they increase their risk for diseases and premature death. Carrying extra weight, especially in the abdominal region, has long been associated with disease. While fitness may be good for everyone, carrying around extra weight is

# Opinion: Taxing of the Addictive

By Spring Cooper, *Staff Writer*

There are various ways to try and make ends meet when it comes to the nation's budget. Increasing taxes is one solution. Deciding what and how much something should be taxed is a decision that carries a lot of responsibility. Taxes have been raised on cigarettes to help offset costs associated with their addictive nature. So why not raise taxes on other addictive substances? Junk food and the costs related to their addictive nature are key issues in our society today.

There are many problems associated with obesity: heart disease, diabetes, and high blood pressure, to name a few. But what are the real causal agents? We point the finger at many things: parents and schools,

our genetics or metabolism, a lack of education, the environment, advertising executives . . . the possibilities are endless. But what about the cost of unhealthy food? Fast food burger wars have lowered the prices of fast food so that anyone can afford to buy some extra fat. If the government took some responsibility by taxing junk food, we could encourage healthy eating, or at least off-set costs associated with obesity.

A quote from our Health and Human Services Secretary, Tommy Thompson, implies a similar idea: "Obesity is the fastest-growing disease in America. If we're really interested in holding down medical costs and improving the health of citizens, we have to do something about obesity."

In New Zealand, the government is currently promoting taxes on junk food and soda, while supporting the idea of subsidizing fruits and vegetables.

It seems to me that this is a great idea. Hit them where it really hurts . . . in the pocket! This is the same idea diet clubs use when charging to lose weight. Why not start a government-run, country-wide Weight Watchers-type program? The minute the word *money* comes up, Americans will pay attention.

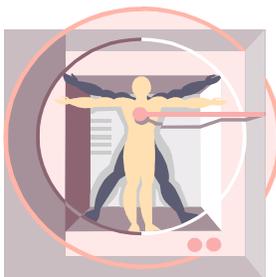


Should fast food carry a higher tax?

## CMEDSA: Students Make a Difference

Service learning is an integral component to the activities of the Community Medicine Student Association (CMEDSA) of West Virginia University. This group of graduate students pursuing public and community health degrees is dedicated to improving the health and well-being of the local community and recognizes that cooperative networking that identifies community needs benefits not only the recipients, but students as well. Students learn about issues of concern and agencies that work to alleviate problems, then plan and implement service projects applicable to the specific problem identified.

CMEDSA focuses on two major events yearly and participates in other important projects. Last year CMEDSA students, in accordance with the theme of medication safety, developed 3 lessons on medication safety for all 4<sup>th</sup> grade classes, county-wide. These interactive lessons fulfilled the instructional goals and objectives of the state of West Virginia and included ancillary materials for classroom teachers to utilize. County libraries also received medication safety coloring books for distribution to children. The previous



CMEDSA actively branches out to meet public health needs that may otherwise be overlooked.

year, the group also sponsored a pollution solution contest for 5<sup>th</sup> graders. Hundreds of drawings were submitted and the winning drawings were displayed in the local library.

During Public Health Week each spring CMEDSA also sponsors a project. After learning that the most common problem of patients at the local "free clinic" was hypertension and poor dental health, students went to work. Teaching materials were developed for patients, including information about hypertension, diet, exercise, and food menus. Additionally, dental health care packets were made for the clinic that included toothbrushes, floss, toothpaste, and instructions on proper dental health. Yet another project involved providing sexual assault victims with emergency clothing packets. Very often, victims have no clothes to wear home because their clothing is kept for forensic evaluation. These packets provided victims with sweat pants, shirts, underclothing, socks, and a personal note of support.

Selected other projects include gathering of food for low-income families, donation of personal care items for the local homeless shelter,

developing educational materials on terrorism and AIDS, as well as sponsoring health fairs, helping seniors, and providing condoms and gender specific literature about STDs to local bars and stores that college students frequent.

These projects enable students to learn about community needs, brainstorm methods of assistance, develop education materials, and engage in cooperative learning. These efforts would be impossible without the generosity of students and the support of the Community Medicine Department. CMEDSA received special recognition from the local PATCH (Planned Approach to Community Health) for their efforts to educate and improve the health of others.

*For more information about CMEDSA, contact: Leadership Council member Lori Stravers at [lstravers@hsc.wvu.edu](mailto:lstravers@hsc.wvu.edu) or faculty advisor, Dr. Ruth Kershner, [rkershner@hsc.wvu.edu](mailto:rkershner@hsc.wvu.edu)*

### WE WANT TO KNOW!

Are you involved in a project like CMEDSA? Tell us about it! The editors of *News and Views* want to hear your stories. It's great exposure for you and your colleagues!

# Preparing for the Worst: My Pseudo Encounter with Bioterrorism

By Kusuma Madamala

I walked into the room feeling anxious, not knowing what to expect. I got my fake identity card upon entering the pseudo clinic. I'm no longer a doctoral student in public health. I'm now a 37 year-old married woman with three kids. My family was exposed, but we did not have symptoms of the infectious contagion. My identity card informed me that I was to try to engage clinic staff in conversation about improving the clinic flow. The thirty-something young man whom I entered with, was now an 86 year old with severe coughing. Although this was only a mock exercise, I tried to imagine this event as reality. "Participate in this scenario as if it was real," said the staff member as we arrived at the clinic site. These were our instructions as volunteer victims in a mock bioterrorist attack held in Chicago earlier this summer.

Topoff (Top Officials) is a national-level, multi-agency, multi-jurisdictional, "real-time," limited notice Weapons of Mass Destruction (WMD) response exercise, designed to better prepare government officials to effectively respond to an actual terrorist attack involving WMD. In addition, Topoff involves law enforcement, emergency management first responders, and other non-government officials. Topoff is led by the Department of Justice (the federal agency designated to respond to domestic terrorist attacks), the Department of State (which has the lead for responding to international attacks), and the Federal Emergency Management Agency (FEMA). Short of an attack, such exercises are the best possible way to train responders, gauge preparedness, and identify areas of improvement. The second Topoff initiative was a five day, full-scale exercise and simulation of how the Nation would respond to a weapons of mass destruction attack. The exercise consisted of simulated attacks in the Chicago and Seattle metropolitan areas this past May. Sixteen million dollars were allocated for this Topoff event. I was a volunteer victim in the Chicago exercise.

The purpose of Topoff is to improve the nation's capacity to manage extreme events; create broader frameworks for the operation of expert crisis and consequence

management systems; validate authorities, strategies, plans, policies, procedures and protocols; and build a sustainable, systematic national exercise program to support the national strategy for homeland security. The goal of Topoff is unity of effort. More specifically, it is to support national strategy to combat terrorism by improving the capability of government officials and agencies, both within the U.S. and abroad, and to provide an effective, coordinated, strategic response to all aspects of a WMD attack.

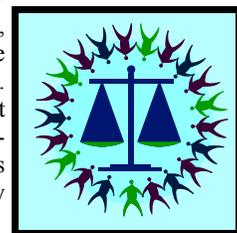
Many citizens volunteered to be victims. I imagine I was one of the few victims with public health training and a doctoral research concentration in public health practice performance. Now I was not providing or studying public health services, but rather the direct recipient of those services. I imagine my feelings were similar to a nurse or doctor being seen for the first time as a patient. I was encountering first-hand how my profession and its partners respond in a crisis situation.

The child medication line by far took the longest time waiting in line. I overheard several frustrated volunteers saying to one another, "We'd all be dead, by now." As I was waiting, announcements were made for anyone needing a translator. By the time I got to see the child meds person, I began to realize while it was taking so long. For children, the medication is administered by weight. She was actually measuring the correct amount of medication for each child. I left this line with a handful of medication for my family.

I like to think of myself as a true public health person hoping to "improve the health of the public" at the population level. Most public health professionals may view themselves as public do-gooders always helping others. Yet in this situation, I couldn't help but put myself first. I was surprised that a survival of the fittest mentality took over me. I was there to take care of my family and myself. It's similar to what airline flight attendants say to passengers in case of an emergency. Put the oxygen mask on yourself first before helping others. I realized that only after I take care of myself, can I then look out for my neighbor.

Overall, volunteering as a victim in Topoff was a worthwhile experience. The Topoff evaluation report will be coming out soon.

This report will gauge preparedness and identify areas of improvement. From this public health student's perspective, mock drills can be good for preparation. I have no doubts that we are better prepared than five years ago. I walked away also realizing that preparation involves knowing that some things can never truly be rehearsed.



Our nation must be prepared for any WMD or bioterrorist attack.

## References:

U.S. Department of Homeland Security: Press Release May 5, 2003  
[http://www.dhs.gov/dhspublic/interapp/press\\_release/press\\_release\\_014](http://www.dhs.gov/dhspublic/interapp/press_release/press_release_014)

U.S. Department of State: TOPOFF fact sheet. <http://www.state.gov/s/ct/rls/fs/2002/12129.html>

## PHSC Activities at the 131st Annual Meeting of APHA, San Francisco, CA

**Monday, 11/17 8:30 AM-10:00 AM**  
PHSC Poster Sessions I & II (3081 & 3082)

**Monday, 11/17 12:30 PM-2:00 PM**  
Public Health Student Caucus:  
Welcome and Orientation (3241)

**Monday, 11/17 7:30 PM-10:00 PM**  
PHSC Social  
Chieftain Irish Pub  
5th and Howard (1 block SW of Convention)

**Tuesday, 11/12 12:30 PM-2:00 PM**  
National Mentoring Program in  
Public Health (4168)

**Tuesday, 11/12 2:30 PM-4:00 PM**  
Launching Your Career in  
International Health (4236)

**Wednesday, 11/13 8:30 AM-10:00 AM**  
Getting Your Public Health  
Career off the Ground (5071)

Check the program onsite for  
session locations.

# A Call to Serve: Leaders in Education Allied for Public Service

A recent nationwide public opinion survey commissioned by the Partnership for Public Service found that only one in four college-educated Americans have significant interest in working for the federal government. In general, young people know very little about the wide range of opportunities available in government or how to pursue them. At a time when large numbers of federal employees will be retiring in the coming years, it is more important than ever that our best and the brightest have the information they need. Restoring the luster of public service and encouraging young people to consider government an employer of choice will require targeted and sustained outreach to campuses.

The Partnership has joined with the U.S. Office of Personnel Management to develop a national initiative, “A Call to Serve: Leaders in Education Allied for Public Service,” which is designed to educate a new generation about the importance of a strong civil service, help re-establish links between federal agencies and campuses, and provide students with information about federal jobs. A Call to Serve was unveiled in April 2002, at a launch event on the campus of George Washington University with Secretary of Labor Elaine Chao, Office of Personnel Management Director Kay Coles James, U.S. Senator Joseph Lieberman, and college and

university presidents.

To date, over 400 college and university presidents and 60 federal agencies have joined together to form the Call to Serve network. Participating schools have signed a “Statement of Purpose” that commits them to educating their students about opportunities in the federal civil service. These schools will:

- Appoint a campus coordinator to oversee education and outreach to their students about opportunities for public service in the federal government;
- Work with the Partnership, the Office of Personnel Management, and other federal agencies to ensure students are provided with information about federal jobs that is timely, understandable and relevant to young people;
- Sponsor campus events at which information about federal careers is made available;
- Highlight alumni who are making important contributions as federal employees; and
- Speak about the importance of public and governmental service at appropriate occasions.

Participating agencies will work to effectively to facilitate recruitment and retention

of younger members of the federal workforce, and they will communicate with the campus coordinators in our network to provide guidance on how students can find information about and pursue jobs in federal service.



The Partnership for Public Service will offer support to agency and school coordinators in creating events, identifying speakers, gathering materials, and providing other assistance throughout the school year and during the summer months. As the initiative is implemented around the country, we will help strengthen the relationships between federal agencies and campuses, provide students with a clearer understanding of the opportunities in the federal government, and ensure that students across the country have the tools they need to pursue those opportunities.

**For further information,  
please visit our website at  
[www.calltoserve.org](http://www.calltoserve.org)**

## *Diversity of the Public Health Student Caucus*

By Maranda Ward, *Diversity Chair*

What exactly is meant by the term DIVERSITY? The current Public Health Student Caucus (PHSC) members represent many Associated Schools of Public Health (ASPH) across various geographic regions. However, a gap remains between the numbers of male versus female students, DrPH and RN degrees sought versus MPH and PhD degrees sought and international/global health studies versus epidemiologic studies. Similarly, diminutive rates of the racial/ethnic distribution of students continue.

Are such disparities indicative of the low enrollment of students in the aforementioned areas or simply a failure on our behalf to reach these populations? The answer to this question remains unanswered. Therefore, the PHSC Diversity committee aims to

recruit and sustain the membership of a diverse student body and develop initiatives and campaigns that address the multicultural competencies needed by future public health professionals. **All APHA student members are automatically members of the PHSC.**

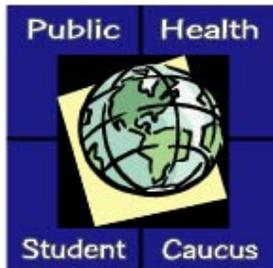
Given this context, the 1<sup>st</sup> campaign of the Diversity Committee will include contacting student public health organizations to urge them to encourage their members to 1) join APHA as a student member and 2) become involved with the PHSC. Each of these organizations will be provided with the PHSC mission statement, current PHSC programs

**“Are such disparities indicative of the low enrollment of students...or simply a failure on our behalf to reach these populations?”**

and include a list of PHSC committees with the chairperson(s) contact information. Most importantly is that these organizations add the PHSC link ([www.phsc.org](http://www.phsc.org)) to their current websites and encourage their members to subscribe to the PHSC listserv ([phsc@listserv.unc.edu](mailto:phsc@listserv.unc.edu)). We welcome students to send this information to the faculty and student listservs at their schools and other public health related listservs in which they are currently subscribed (we just ask that you contact us with information regarding all of your efforts). Students may also send us a list of organizations/listservs in which they are involved so that WE may send out this information. Please contact the Diversity Committee Chairperson, Maranda Ward, at [diversity@phsc.org](mailto:diversity@phsc.org) for more information on how to assist in this campaign or to join the PHSC Diversity Committee.

## Public Health Student Caucus

Public Health Student Caucus  
c/o American Public  
Health Association  
Attn: Frances Atkinson  
800 I St. NW  
Washington, DC 20001-3710



**Check us out on the web!**  
<http://www.phsc.org>

### ABOUT OUR ORGANIZATION

The Public Health Student Caucus (PHSC) is the nation's largest student-led organization dedicated to furthering the development of students, the next generation of professionals in public health and health-related disciplines. PHSC represents and serves students of public health and other health-related disciplines by connecting individuals who are interested in working together on public health and student-related issues.

### OUR MISSION

PHSC is a student-led international organization within the American Public Health Association (APHA) representing students of public health and other health-related disciplines. We are dedicated to enhancing students' educational experiences and professional development by providing information, resources, and opportunities through communication, advocacy, and networking. According to PHSC's Strategic Plan, PHSC supports the development of the next generation of public health professionals by:

- Increasing student representation in APHA
- Developing & disseminating educational/professional development resources
- Creating & promoting opportunities for student involvement within PHSC, APHA, and other health-related organizations
- Providing and sustaining vehicles for communication
- Advocating for student issues and public and health-related policy
- Facilitating networking among students and professionals

## Finding Great Public Health Internships

By Eric Ding, *Staff Writer*

As all public health students know, practicum field experiences are essential to proper studies and edification in public health. After all, public health seeks to improve the community and world in which we live. Thus, we all need real-world experiences to enrich our studies, in addition to the all-too-popular selfish reasons to enhance one's resume for work and graduate school.

However, finding the *right* public health practicum experience, preferably one that is paid, is difficult. If your dream summer job is interning at the CDC, FDA, EPA, or some major health department, landing the position is challenging without knowledge of the proper channels.

There are many tried and true ways to get you down the right path to securing a rich public health field immersion experience, including several major government channels.

First, get to know your professors. You never know who they may be connected to inside a major public health department or agency and could potentially

refer you to for an internship.

If contacts are limited, do some digging and research on the internet and over the phone with local, city, and state departments of health (DOHs). Often, many large city and state DOHs will have designated internship coordinator who specialize in placing summer interns into various divisions within the DOH.

New York City's Health Research Training Program (HRTTP) is the oldest and largest city health department internship program in the nation. Each year, this HRTTP program, with a very formal application and selection process, places hundreds of interns from around the nation into literally every division of the NYC Department of Health and Mental Hygiene, and into every core area of public health. Information can be found on the web at <<http://www.nyc.gov/html/doh/html/hrtp/hrtp.html>>, or by calling 212-676-2188. Other cities and states in the nation also sponsor internship placement systems.

However, for agencies under the federal Dept. of Health and Human Services (such as CDC, FDA, EPA, AHQR, HRSA, HCFA, NIH), there is a formally

established channel for placing student "externs" into such agencies. The U.S. Public Health Service (USPHS), the uniformed service of DHHS, has a Commissioned Officer Student Training and Extern Program (COSTEP). The Junior-COSTEP program places graduate students of almost any health studies (along with students in certain undergraduate majors) into federal agencies as "externs" of the federal government. To find out more about this program, please visit the web at <<http://www.usphs.gov/html/students.html>>, or call 1-800-279-1605. (There is a related SR-COSTEP that also places externs in the federal health agencies along with academic financial support, but for obligated service after graduation.)

The above suggestions and resource channels for finding your perfect public health internship is just a start. Finding the best internship takes hard work, resourcefulness, and effective communication skills. But then, as always, it takes a bit of luck—though as they say, "chance favors the prepared mind."

