

# Public Health Rounds

Public Health and Professional Degree Programs - Tufts University School of Medicine

Spring 2009

## JD/MPH Students Placed 2nd in the National Health Moot Competition



From l-r are Katherine Scarborough, JD/MPH'10; Judge Ronald Guzman, Federal District Court, Northern District of Illinois; Mike M. Raskin, MD, JD, MS, MPH, MA, FCLM, American College of Legal Medicine President; Judge Michael McCuskey, Chief Judge, Federal District Court, Central District of Illinois; Professor Thaddens Pope, Health Law Institute at Widener University School of Law; Cristina Freitas, JD/MPH'10; and Debbie Freitas, JD/MPH'10

Cristina Freitas, JD/MPH'10

Seventy-two year old Rowan Benatzky checked into Danaus Memorial Hospital in respiratory distress. Shortly thereafter, Rowan went into cardiac arrest and doctors were unable to revive him before he was left in an irreversible, persistent vegetative state. Almost immediately, a disagreement arose between Anika

(Rowan's wife and health care proxy) and Danaus physicians. Anika requested that Rowan's life-sustaining treatment be continued, while Rowan's physicians believed that such a course would be medically and ethically inappropriate. Adding further complexity to the situation, Danaus was struggling financially as the only remain-

ing tertiary care facility in the eastern part of the state and Rowan's Medicare insurance had been exhausted for some time. After several failed attempts to reach a consensus, Rowan's physicians invoked the Ridley Good Care Law, a law modeled after the real-life Texas "futile treatment" law. This law allows a physician to withhold life-sustaining medical treatment over the objection of family members and health care proxies as long as the hospital's ethics committee has approved the withdrawal.

On Friday afternoon, Anika was told that on the upcoming

Tuesday, the ethics committee would convene to determine Rowan's future. The committee, composed entirely of hospital employees and chaired by the head of the hospital's risk management department, met for forty-five minutes and after deliberating for thirty minutes, the committee announced that Rowan's life-sustaining treatment would be discontinued in fourteen days unless an alternate facility would accept his transfer and honor the patient's directive. A court could grant a fourteen day extension only if it had reason to believe that another facility would be found in the additional time. The Good Care Law stripped any court of jurisdiction to review the merits of the ethics committee decision.

Anika filed in the U.S. district court for a preliminary injunction, alleging that Danaus Memorial Hospital had violated Rowan's 14<sup>th</sup> Amendment Due Process rights. The district court granted the injunction, which the Court of Appeals reversed and vacated. Before Rowan's life-support could be terminated, the U.S. Supreme Court granted certiorari to hear the case. Was this law constitutional or was Danaus Memorial Hospital depriving Rowan of his 14th Amendment right to

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## MS-Health Communication Program Directors' Message



*Susan Gallagher, MPH  
Director, MS-Health Communication Program*

Do medical qualifications + media presence = ideal surgeon general?

Dr. Sanjay Gupta has been in the news more recently, not as CNN's chief medical correspondent, but because of his potential role as the next Surgeon General of the United States. This position was so marginalized by the previous administration that a permanent successor was not appointed when Surgeon General

Richard Carmona resigned in 2006 after four years in the position. Although Dr Gupta recently took himself out of the running for the position, I'd like to talk about the controversy that surrounded his nomination. After all, the surgeon general is the nation's top doctor and the ultimate health communicator for the U.S. public.

Those opposed to Dr. Gupta cited his oversimplification of health care issues and medical reform, potential conflict of interests with broadcast sponsors such as pharmaceutical companies, his critique of Michael Moore's portrayal of problems with the U.S. health care system in the movie SICKO, his lack of experience in public health and his media star presence and fame. Proponents defended his position because of his communication skills, media presence, medical training and the special reports he produced to help improve the public's health and to spread awareness of environmental issues that affect health.

Regardless of which side of the fence you sit on in the controversy over his nomination, it is clear that Dr. Gupta does not fit the mold of what the public health community views as the perfect surgeon general such as someone with extensive work experience in public health and the disease prevention domain, not a neurosurgeon. Yet a primary role of the surgeon general is being a good communicator, highlighting issues of importance to the health of the public and engaging the public in taking better care of their health. The position reports to the Assistant Secretary of Health and is not responsible for fixing the insurance problems of the U.S. health care system.

In the early 1980's there was also outrage from the public health community over the appointment of Dr. C Everett Koop, a pediatric surgeon, as Surgeon General, yet he may well have been the best surgeon general ever. He played a leadership role in family planning, HIV/AIDS, smoking and tobacco control, childhood injury prevention and violence as a public health problem. Koop highlighted tough and neglected issues and communicated about them directly to the public despite the administration's ideological leanings. He communicated to Congress, as well testifying, that the single generic label, "Warning: The Surgeon General Has Determined That Cigarette Smoking Is Dangerous to Your Health" did not go far enough and recommended a series of rotating labels warning against the specific dangers of smoking (heart disease, cancer, emphysema, the risk to unborn children of pregnant women who smoke). He also took the unprecedented action of sending every household in the U.S. a mailing about AIDS. The media began to go to him on any health issue as he became the public's doctor. Isn't that what the surgeon general should be?

So what are the ideal characteristics of the Surgeon General?

- The ability to communicate the best science, evidence, and data in lay terms
- The ability to work with the media
- An understanding of public health and public health policy
- A firm conviction to be guided by science over ideology
- A leader who will tackle the many neglected and tough public health areas regardless of the political fallout

Let's hope the current Administration is able to identify a credible communicator who is perceived as above politics and can capture the public's trust for our nation's next top doctor. And let's hope that the many graduates of the TUSM PHPD programs are up to the task of becoming credible communicators regardless of their concentration and future careers as researchers, practitioners or policy makers.

A handwritten signature in cursive script that reads "Susan Scavo Gallagher". The ink is dark and the signature is written in a fluid, personal style.

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# Insights on Adolescent Anemia Control Program Compliance in West Bengal, India

Courtney Anderson, MS-Nutrition/  
MPH'09

Iron deficiency, the predominant nutritional deficiency causing anemia, is a serious public health concern affecting more than half of the general population and approximately 70-80% of adolescent girls throughout India, according to the Government of India's 2007 *National Family Health Survey-III*. Characterized by low levels of blood hemoglobin (<12.0 g/dl), anemia affects cognitive performance, behavioral and motor development, work capacity, as well as the general health and well being of an individual. Adolescence is considered an opportune time to intervene in order to assist in physical and mental development, and to prevent later maternal anemia and the cyclical effects on future generations.



*An Adolescent Anemia Control Program beneficiary in West Bengal, India displays her "little red pill" for energy and anemia prevention.*

Since 2000, UNICEF has been supporting five districts in West Bengal, India by providing technical and financial support for the Adolescent Anemia Control Program, an intervention which provides school-going female beneficiaries ages 10 – 19 with weekly supplementation of iron folate tablets in the classroom, biannual distribution of Albendazole de-worming tablets, and the dissemination of nutrition education through classroom curriculum and pamphlets. Teachers are trained by district program officials to carryout the programmatic activities including the supervised administration of the medicines, record keeping, as well as raising awareness among the girls about anemia and related health issues. Though the intervention strategy in West Bengal is grounded in evidence-based practices for controlling anemia, recent data from a program impact evaluation revealed persistent high levels of anemia, thereby warranting further research into the unique challenges and successes of anemia control in the West Bengal context.

For my MPH Applied Learning Experience, I conducted in-depth site visits to the districts of Purulia and Malda in West Bengal as a UNICEF intern during the summer of 2008. Interviews were carried out with key program implementing officials at the Department of Health and the Department of Education, as well as with teachers and headmasters of schools chosen out of a simple random sample.

Case study research in the program districts of Purulia and Malda revealed that a majority of female beneficiaries interviewed regularly consume the IFA supplementation provided by the project, and reported experiencing positive benefits related to their physical and mental well-being. However, several factors were also identified as potential constraints to the success of the program and included the following:

- A potentially critical link was identified between anemia program compliance and the presence of the national mid-day meal program at schools, which is currently being expanded through Class VIII in West Bengal. As it is well-documented that IFA tablet side-effects are lessened when consumed on a full stomach, the presence of the mid-day meal program may further encourage the compliance rates of the Adolescent Anemia Control Program, particularly for more impoverished beneficiaries who may not otherwise consume regular meals.
- There is a need to strengthen and regularize monitoring and evaluation documentation in order to fill evidence gaps, particularly pertaining to unique reasons of program non-compliance.
- The research identified that very little communication regarding the Adolescent Anemia Control Program exists between teachers and different schools in the districts. If opportunities are created for program stakeholders to network and share anemia control successes and program strategies with one another, perhaps these lessons can be applied to similar schools.

Several schools throughout Purulia and Malda have developed key strategies to address some of the identified programmatic concerns, including the following insights:

- Schools using the "Peer-to-Peer" anemia education approach in West Bengal appear to generate added beneficiary enthusiasm and interest in the program. Such

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## Advocating for Improvement of California's Nutrition Programs

*Emily Taylor, MPH Candidate*

When Tufts Friedman School of Nutrition, Science and Policy and School of Medicine graduate Kumar Chandran, M.S., M.P.H. (2006) graduated three years ago, he headed to California to begin a job with California Food Policy Advocates (CFPA) in Oakland. Putting his dual nutrition and public health degrees to use, Kumar has spent the last two years advocating for changes in State policies with the main goal of improving nutrition programs for low-income Californians.



*Kumar Chandran, MS-Nutrition/MPH'06*

The non-profit CFPA aims to specifically increase the participation in and quality of food stamp programs, public school meals and snacks, and childcare nutrition. They do this by conducting research and making policy recommendations to the State and Federal governments. Kumar says that by analyzing publicly available data, CFPA is able to look at trends in participation in the various nutrition programs in the State and then assess how well low-income individuals have access to these programs. They also partner with academic institutions, such as the Center for Weight and Health at UC Berkeley, to do more involved work with surveys and observational data. Kumar says that CFPA's two most recent research studies used surveys and observational data to collect information on the nutrition quality of meals served in child care settings: one study used observational visits in LA County and the other used mailed surveys across the State of California.

CFPA is able to provide policy recommendations based on the conclusions of their research. Generally, Kumar

says, the CFPA works with a member of the State legislature to introduce a bill that they've written. Once it's introduced, they seek out support from other advocacy groups and legislators and work with opposition groups to find common ground and amend the bill if needed. Oftentimes CFPA testifies in support of legislation or seeks out experts in the field to do so. Although most of the nutrition policy work that CFPA does require attention over a period of years, and change is generally incremental, Kumar is exceedingly

optimistic that the public is aware now, more than ever, of the importance of addressing the nutrition-based challenges that lie ahead—especially surrounding obesity and healthy eating habits.

Prior to becoming a graduate student at Tufts, Kumar was interested in the intersection of public policy and nutrition—specifically from a public health perspective. Receiving a nutrition degree in Food Policy and Applied Nutrition and a public health degree in Health Policy enabled him to explore and further these interests. He credits the education he received at Tufts with teaching him how to be a public health professional—specifically, how to analyze problems and think about issues at several ecological levels. Kumar's current work requires him to not only consider the many interacting and complex reasons why low-income communities in California suffer from poor access to healthy food, but also to devise creative policy solutions to address them.

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### Insights on Adolescent Anemia Control Program Compliance in West India

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positive deviance programming strategies could greatly increase compliance rates in many implementing schools, and may decrease the added strain put upon classroom teachers to educate the beneficiaries on anemia.

- District Health Departments that take a proactive role in program activities may help to increase the Adolescent Anemia Control Program's validity in the community. Effective, sustainable, and large-scale micronutrient supplementation programs require strong partnerships in the community, with strong commitments from the govern-

ment and non-government organizations. Several strategies suggested by program implementers include monthly community meetings, parent-child school fairs to sensitize family members on the issues of anemia, and mass communication anemia campaigns rolled out prior to the inception of the program.

As the rates of adolescent anemia continue to be significantly high in the State of West Bengal and bear many health and economic repercussions for the population of India, the continuation of programmatic activities is recommended and should be considered for scale-up statewide. Lessons learned from the ALE case studies of the districts of Purulia and Malda may provide valuable insight to guide future program implementation

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## Working to Change Health Behaviors



*Lara Romanowski,  
MS-Health Communication '06*

*Celia Chan, MS-Health Communication Candidate*  
Although Lara Romanowski graduated from the MS in Health Communication Program almost three years ago, she is still applying the skills and knowledge that she learned to her job.

Lara is a Marketing Manager at Inflexxion, a small company that specializes in creating online programs to help people change their health behaviors. The target audience

for these programs includes a broad population ranging from medical professionals to college students to people living with chronic pain. Inflexxion's programs span the full public health spectrum, including substance abuse, addiction, pain management, and pharmaceutical risk management.

Inflexxion hires people to develop the company's products internally, rather than out-sourcing aspects of a project to other vendors. As a result, staff members come from a wide range of professions. On any given project, Lara may work closely with a graphic designer, software engineer, epidemiologist, or a doctor. Part of Lara's job is to do a market analysis to determine whether there is an untapped niche for that idea, or whether the marketplace is already saturated. Day to day, Lara is involved with different departments across the company, attending trade shows and academic conferences, developing marketing and promotions plans, and writing press releases.

Lara credits the Health Communication Program with helping her in a variety of ways in her job. After joining the company soon after graduation, she found that her degree had given her good preparation for the challenges in her position. For example, the broad range of courses in the curriculum gave her a vocabulary in which she could converse with different professionals. Understanding the basic lingo of technology and healthcare gave her the confidence to be able to approach people and be an informed participant in a discussion or when collaborating on a project. The group projects required in her Health Communication coursework also helped her to function as part of a team, something that is a large part of her job

at Inflexxion. Lara also found that the critical thinking skills she had picked up came in handy when trying to interpret the medical literature. She would often use these skills to tease out the important concepts and information in her research and write up field analyses and findings.

One of the most valuable things that Lara took from the program were the opportunities it gave to students to experiment and try out different career avenues. Although the Applied Learning Experience (ALE) was demanding, it was also unique in that it allowed students to concentrate on the aspect of the field that most interested them. Aside from the curriculum, her internship at the Tufts University Office of Public Relations on the Boston Health Sciences Campus was also an invaluable experience. Lara's interest in public relations was reinforced by the internship, which provided her with a conceptual overview of the workings in a public relations office. It also gave her some experience and skills in capturing media interest and taking advantage of the marketing possibilities of the internet. Both are activities in which she finds herself heavily involved within her current position.

As Lara approaches her third year at Inflexxion, she finds that her role has changed over the years. From getting hired initially to working on a single product, she is now assisting in the maintenance and production of eight different projects and programs. What hasn't changed, however, is one thing: the skills and knowledge that she picked up during her time in the MS - Health Communication Program will likely serve her in a variety of unexpected ways well into the future.

### How Alum Can Connect to PHPD

If you would like to stay connected to the PHPD Programs and other alumni, become a member of the Tufts University Online Community, which will provide you with a Tufts alumni email address, access to the alumni directory, library databases etc. To learn more, go to [www.alumniconnections.com/tufts](http://www.alumniconnections.com/tufts).

The Public Health and Professional Degree Programs has created a LinkedIn group as an additional way to stay connected with alumni. LinkedIn is a professional networking site that allows users to stay connected with colleagues and former classmates and to build a contact network, find jobs, people, and other opportunities. To join the Tufts PHPD Programs Alumni LinkedIn group go to [www.linkedin.com](http://www.linkedin.com).

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## Faculty Profile: Odilia Bermudez, PhD, MPH, LND



*Odilia Bermudez, PhD, MPH, LND*

*Celia Chan, MS-Health Communication Candidate*

Odilia Bermudez, Assistant Professor of Public Health and Family Medicine, has travelled a long way to her current position as the MPH Program's Global Health Concentration Leader. However, beginning with her education at the University of San Carlos in Guatemala to her present activities, it seems Dr. Bermudez never had to go far to stay close to where she feels most at home.

Dr. Bermudez earned her BS in Nutrition and Dietetics, and then went on to get an MPH, concentrating in nutrition and maternal and child health. After she graduated, she worked for the Ministry of Health in Panama for twelve years. During that period, she became involved with organizations such as the Pan American Health, which took her around Central America. The United Nations University awarded her a fellowship to work on issues in poverty, nutrition, and food technology in Chile. She also became the representative of the Panama Regional Latin American Food and Nutrition Surveillance System.

Dr. Bermudez came to Massachusetts to do her PhD in Nutrition at the University of Massachusetts in Amherst. Her involvement with the Tufts community began when she came to the Human Nutrition Research Center on Aging, first as a research associate and then as a scientist. She worked on several projects related to health, nutrition, and disabilities in the Hispanic population of Massachusetts. Ten years later, she transferred to the Tufts University School of Medicine's Department of Public Health and Family Medicine to help implement the MPH Program's then-new Global Health Concentration.

The MPH Global Health Concentration began accepting graduate students in 2007. Since then, the program has seen increasing interest from students. In keeping with Tufts University's reputation for internationalism, the Concentration has strong ties with other internationally-oriented faculties, such as the Gerald J. and Dorothy R. Friedman School of Nutrition Science and Policy and the Fletcher School. Currently, there are about 25 students in the Concentration. A percentage of them are

getting ready to do their Applied Learning Experiences (ALEs) abroad, choosing among countries as diverse as Ghana, Rwanda, and Zambia. The program collaborates with organizations and schools within those countries to help facilitate the students' learning experiences. Examples of places with established programs include India (the Christian Medical Center in Vellore and the Father Mueller Hospital in Mangalore) and Panama.

Looking towards the future of the program, Dr. Bermudez will concentrate on expanding course offerings, as well as continuing to solidify and enhance current courses. There are also plans to increase the number of open collaborations with organizations in different countries. Currently, the program is negotiating new placement options with the University of Ghana.

In addition to the Global Health Concentration, Dr. Bermudez teaches the MPH Program's Race, Culture, and Ethnicity and Research Methods in Global Health courses and is also the coordinator of the internship program to Panama, which is a component of the Global Health Internship program at Tufts Medical School. Dr. Bermudez also does much to further her research interests in the dietary practices and nutrition of different population groups. Just recently, she completed a study on food access, acceptability, and diet quality of frail elders who relied on meals delivered to their homes. In her spare time, she likes to cook, read, and garden.

Dr. Bermudez's career has taken her throughout the Americas. One thread that has remained consistent, however, is her commitment to global health, nutrition, and marginalized populations. However far she travels, it is certain that it will always bring her back to those issues. From that point of view, Dr. Bermudez will never be far from home.

### **New MS - PREP Program Blog**

Richard Glickman-Simon, MD, Assistant Professor of PH&FM, Ylisabyth "Libby" Bradshaw, DO, MS, FACEP, Assistant Professor of PH&FM and Pam Ressler, MS-Pain Research, Education, and Policy (PREP) Candidate, initiated a PREP Blog at <http://blogs.uit.tufts.edu/tuftsuniversitymspainresearcheducationandpolicy/>. The blog is the first step in a social marketing initiative to increase awareness of the MS - Pain Research, Education, and Policy Program and is led by Lisa Neal Gualtieri, PhD, ScM, Adjunct Assistant Clinical Professor of PH&FM. We encourage you to read and contribute to the blog.

## Faculty Notes

**Harris Berman, MD, Vice Dean, Tufts School of Medicine and Dean of Public Health and Professional Degree Programs**, was a keynote speaker at Christian Medical College's Winter Symposium in Vellore, India in January 2009, where he spoke on "Lessons from America on How Not to Design a Health Insurance System".

**Doug Brugge, PhD, Associate Professor of Public Health & Family Medicine (PH&FM)**, authored a paper entitled, "Developing Methods to Compare Low-Education Community-Based and University-Based Survey Teams" in *Health Promotion Practice*. The research paper resulted from his community-collaborative research class two years ago, but was printed this year. Most of his co-authors are graduates of the MD/MPH or the MPH program

**Steven Cohen, DrPH, MPH, Assistant Professor of PH&FM**, published an article entitled "The SEEDS of Two Gastrointestinal Diseases: Socioeconomic, Environmental, and Demographic Factors Related to Cryptosporidiosis and Giardiasis in Massachusetts" in the October 2008 issue of *Environmental Research*.

**Susan Gallagher, MPH, Assistant Professor of PH&FM**, authored an article entitled "Injury Research Advocacy – A High Priority" that appeared in *Injury Prevention* in August 2008. She was also appointed to the Advisory Board of the European Center for Injury Prevention based at the University of Navarra Medical School in Spain.

**Jeffrey K. Griffiths, MD, MPH&TM, Associate Professor of PH&FM**, has been appointed to the US EPA (Environmental Protection Agency) Science Advisory Board 'Report of the Environment' Committee, which will provide independent advice to the EPA regarding its effort to assess US environmental status. He also contributed to the recently published "San Francisco Water Quality Protection Plan" and its Strategic Planning for San Francisco's Water Quality Future through the year 2030.

**Lisa Neal Gualtieri, PhD, ScM, Adjunct Assistant Clinical Professor of PH&FM**, published the cover story in the Winter 2009 *Tufts Medicine*, "Dr. Google: Your Patients, the Internet, and You". In addition, her paper "The Doctor as the Second Opinion and the Internet as the First" was accepted for presentation at the CHI 2009 Conference on Computer-Human Interaction in Boston in April.

**Mark Haas, MBA, Clinical Instructor of PH&FM**, was profiled in the February 2009 issue of *Health Leaders* magazine in a story entitled, "Bringing it Back Home". The story focused on the success Professor Haas has had at Massachusetts General Hospital with

re-insourcing health information management functions.

**Ron Hollander, MS, Adjunct Lecturer for PH&FM**, gave a presentation and facilitated a panel at the meeting of the National Health Leadership Council in Los Angeles. The meeting, which took place in February, was on "Building Value-Based Purchasing in National Health Reform". Professor Hollander also gave a presentation on "The Massachusetts Experience: Implications for National Reform and the Business Community Perspective". The NHLC is a multi-stakeholder council made up of business coalitions, providers, health plans, health suppliers, government agency leaders, and others. Its purpose is to facilitate candid exchange among these players on issues of mutual concern and importance.



*l-r, Jo Linder, MD, Director, Division of Community & Preventive Medicine, MMC; Anthony Schlaff, MD, MPH, Director, MPH Program, Tufts; and Ann Skelton, MD, Family Medicine Chief, MMC. Dr. Schlaff gave the keynote speech, "Community Health: State of the Art," on March 6, 2009 at the first annual Preventive Medicine Symposium of the Division of Community & Preventive Medicine of the Maine Medical Center (MMC), in Portland, Maine*

**Amy Lischko, Dsc, MSPH, Assistant Professor of PH&FM**, was awarded a Commonwealth Fund grant in November 2008 to evaluate the Massachusetts Health Insurance Connector, which is an integral part of the state's comprehensive health insurance reform law. Amy also joined the Massachusetts Health Quality Partners board of directors in January 2009.

**Paula M. Minihan, PhD, MPH, Assistant Professor of PH&FM**, was recently an invited participant at conferences in Washington, DC and Baltimore, MD designed to bring together policymakers from the generally disparate worlds of disability policy and chemical policy reform. The meetings, sponsored by The John Merck Fund, were organized by the American Association on Intellectual and Developmental Disabilities and the Institute for Children's Environmental Health.

**Aviva Must, PhD, Professor of PH&FM and Academic Dean for Public Health and Professional Degree Programs**, is the 2009 recipient of the Friedman School of Nutrition Science and Policy Alumni Association's Leadership Award.

**Beth Rosenberg, ScD, MPH, Assistant Professor of PH&FM**, presented "Corporate Social Responsibility: What is it good for?" at American Public Health Association Conference in October 2008 was based on her experiences with garment factories in Vietnam and China.

**Anthony L. Schlaff, MD, MPH, Associate Clinical Professor of PH&FM**, has been elected to the Board of the Association for Prevention Teaching and Research (APTR) and will serve as co-chair for APTR's national annual meeting in spring 2010. He also has been appointed to the Town of Brookline Advisory's Council of Public Health.

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## JD/MPH Students Placed 2nd in the National Health Moot Competition

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due process? This was the scenario encountered by this year's JD/MPH moot court team, which was required to brief one side of the case and argue both sides to the court at the 17th Annual National Health Law Moot Court Competition.

The team, composed of Katherine Scarborough (JD/MPH 2010), Debbie Freitas (JD/MPH 2010), Cristina Freitas (JD/MPH 2010), and their coaches Marcia Boumil, JD, LL.M., Associate Professor of Public Health and Family Medicine at Tufts University School of Medicine and Wendy Parmet, JD, Professor of Law at Northeastern University School of Law, worked continuously for eleven weeks in the evenings and on weekends. Despite already wearing several hats, particularly for her JD/MPH students, Professor Boumil took on another, traveling to the law school in the evening after having completed a full day of teaching to spend several hours helping the team practice oral arguments. With only four days remaining before the competition, Professor Boumil even held a Sunday night moot session for the team at her home. This was the first time that the Northeastern/Tufts JD/MPH program had ever competed in the competition, but the JD/MPH team went on to place second nationally--defeating thirty-two teams from across the country, including Boston University and Suffolk University. Thank you to Professor Boumil and congratulations to the whole team!

### Public Health Rounds

#### Editor

Robin Glover

#### Newsletter Interns

Celia Chan

MS-Health Communication  
Candidate

Emily Taylor

MPH Candidate

Please send comments and story ideas to:

Robin Glover

Public Health & Professional  
Degree Programs

Tel: 617-636-0935

Fax: (617) 636-0898

[robin.glover@tufts.edu](mailto:robin.glover@tufts.edu)

Visit the PHPD Web site:

[www.tufts.edu/med/phpd/](http://www.tufts.edu/med/phpd/)

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UNIVERSITY  
School of Medicine

Public Health & Professional Degree Programs

136 Harrison Avenue

Boston, MA. 02111