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## Breast feeding longer associated with lower HIV concentrations in breast milk

**H**IV-infected women in sub-Saharan Africa who weaned their babies early from breastfeeding were as likely to transmit the virus to their babies as women who delayed weaning and continued to breastfeed for longer, according to a study lead authored by Dr. Louise Kuhn, professor of epidemiology.

In sub-Saharan Africa, breastfeeding is necessary to ensure healthy survival of infants because it provides critical protection against infectious disease. As a result, abrupt weaning can be dangerous for infants.

However, for HIV-infected women, there is risk associated with breast feeding: they typically have a 10 to 15 percent chance of transmitting the virus to their babies through breast milk if antiretroviral drugs are not given.

For this reason, Dr. Kuhn's study looked at whether weaning infants from breast milk earlier, at four months, would reduce the likelihood of HIV transmission.

The study is the first to show how variations in breast feeding practices affect the concentrations of virus in breast milk. As it turns out, even subtle changes in frequency during the early months affect whether HIV can be detected.

The investigators conducted a randomized clinical trial in Zambia of over 950 HIV-infected women. At four months, half the women were encouraged to stop breast feeding while the others were told to continue. The women's breast milk was collected after four and a half months, and the babies were regularly tested for HIV.

Seventy-seven percent of women who stopped breast feeding at four months had



*“Our data demonstrate that early and abrupt weaning carries significant risks for infants”*

detectable concentrations of HIV in their breast milk, compared to 40 percent who were exclusively breast feeding after 4 ½ months.

“Our results have profound implications for prevention of mother to-child HIV transmission programs in settings where breast-feeding is necessary to protect infant and maternal health,” says Dr. Kuhn. “Our data demonstrate that early and abrupt weaning carries significant risks for infants. It suggests that HIV-positive women who want to breastfeed should do so exclusively for the first six months of the baby’s life and in most cases longer, while also being adherent to anti-retroviral therapy. Weaning should be done slowly.”

Kuhn L, Kim H, Walter J, Thea DM, Sinkala M, Mwiya M, Kankasa C, Decker D, Aldrovandi GM. HIV-1 Concentrations in Human Breast Milk Before and After Weaning. *Sci Transl Med.* 2013; 5 (181).



## MESSAGE FROM THE CHAIR

Dear colleagues,



Welcome to the early summer 2013 issue of *Two by Two*, the Epidemiology Department newsletter. In our last issue of the academic year, we take great pride in celebrating our master's and doctoral graduates, both for successfully completing a rigorous course in epidemiologic study and for their own contributions to research in the field, as evidenced by the impressive array of master's theses and doctoral dissertations completed this year.

Once again our graduation social was themed, "Celebrating our graduates and leaders" and honored some of the senior faculty members who made important contributions to the field, along with our graduates, the leaders of the future. We take great pride in the achievements of our faculty, just a few of which are featured in these pages. Centrally we congratulate Dr. Wafaa El-Sadr on being named a University Professor, Columbia's highest academic honor, and Dr. Zena Stein, who received an honorary degree from Columbia.

In April we held our sixth Columbia University Scientific Symposium (CUESS), *Breakthroughs in autism and related disorders*, co-sponsored by Autism Speaks, which brought together scholars and policy makers to address this critical issue. A summary of their discussion can be found in these pages.

On June 3, the Department will welcome the participants of EPIC 2013, The Epidemiology and Population Health Summer Institute at Columbia. More than 200 trainees will take part in 25 half-day weeklong courses, as well as two digital courses available throughout the month June. These new digital offerings are emblematic of our continued focus on bringing our science to the broadest possible audience.

Coming in late summer: our special issue of *Two by Two*: "For Students: A Guide to Everything" which as always features a broad compendium of useful information and resources designed to optimize our trainees' educational experience and make the most of their time in New York City. This year's issue will incorporate feedback solicited via an anonymous student survey; we look forward to a better than ever Guide to Everything in August.

Warm regards,



### UPCOMING JUNE—AUGUST

|                        |   |                      |
|------------------------|---|----------------------|
| <b>FRIDAY, JUNE 7</b>  | DEPARTMENT SEMINAR: ERNEST DRUCKER, PhD       | 8TH FLOOR AUDITORIUM |
| <b>FRIDAY, JUNE 14</b> | FACULTY MEETING                               | HESS COMMONS         |
| <b>JUNE 18 - 21</b>    | SOCIETY FOR EPIDEMIOLOGIC RESEARCH CONFERENCE | BOSTON, MA           |

## the 2x2 project

Be sure to also check out our online presence at [the2x2project.org](http://the2x2project.org).



Follow us on Twitter [twitter.com/cuepidemiology](https://twitter.com/cuepidemiology), and



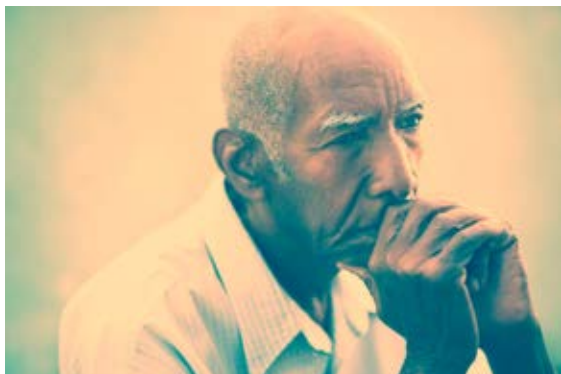
"like" us on Facebook [facebook.com/cuepidemiology](https://facebook.com/cuepidemiology)

to keep up with the latest Department news and events.



# PUBLICATION HIGHLIGHTS

## Gene associated with nearly double risk of Alzheimer’s in African Americans



African Americans with the variant of a gene known as ABCA7 are nearly twice as likely to develop late-onset Alzheimer’s as African-Americans who lack the variant. The study is the largest yet of the African-American genome for the purpose of discerning Alzheimer’s risk. “Our findings strongly suggest that ABCA7 is a definitive genetic risk factor for Alzheimer’s disease among African-Americans,” said senior author Dr. Richard Mayeux, chair of Neurology, Sergievsky Professor of Neurology, Psychiatry and Epidemiology; director of the Sergievsky Center; and co-director of the Taub Institute for Research on Alzheimer’s and the Aging Brain. “Until now, data on the genetics of Alzheimer’s in this patient population have been extremely limited.”

Reitz C, Jun G, Naj A, Rajbhandary R, Vardarajan BN, Wang LS, Valladares O, Lin CF, Larson EB, Graff-Radford NR, Evans D, De Jager PL, Crane PK, Buxbaum JD, Murrell JR, Raj T, Ertekin-Taner N, Logue M, Baldwin CT, Green RC, Barnes LL, Cantwell LB, Fallin MD, Go RC, Griffith P, Obisesan TO, Manly JJ, Lunetta KL, Kamboh MI, Lopez OL, Bennett DA, Hendrie H, Hall KS, Goate AM, Byrd GS, Kukull WA, Foroud TM, Haines JL, Farrer LA, Pericak-Vance MA, Schellenberg GD, Mayeux R. Alzheimer Disease Genetics Consortium. Variants in the ATP-binding cassette transporter (ABCA7), apolipoprotein E ̵4, and the risk of late-onset Alzheimer disease in African Americans. JAMA. 2013 Apr 10;309(14):1483-92. doi: 10.1001/jama.2013.2973.

## Faculty call for population health-focused review of DSM revisions



A group of faculty are calling for an independent review of the *Diagnostic and Statistical Manual of Mental Disorders-5 (DSM-5)* revisions, saying that the most recent revision process has missed social determinants of mental health disorders and their diagnosis. This includes environmental factors triggering biological responses that manifest themselves in behavior; differing cultural perceptions about what is normal and what is abnormal behavior; and institutional pressures related to such matters as insurance reimbursements, disability benefits, and pharmaceutical marketing. The article was co-authored by scientists from several institutions across the US, among them Dr. Bruce Link, professor of epidemiology, Dr. Lisa Bates, assistant professor of epidemiology, and Dr. Gina Lovasi, assistant professor of epidemiology.

“Drawing on the best available knowledge, the review body would make possible more precise and equitable psychiatric diagnoses and interventions,” the article says.

The Robert Wood Johnson project provided the infrastructure for this population health approach to the *DSM*, which was also connected to the departments of sociology and social work and across the disciplines of anthropology, epidemiology, medicine, neuroscience, psychiatry, social work, and sociology.

Hansen HB, Donaldson Z, Link BG, Bearman PS, Hopper K, Bates LM, Cheslack-Postava K, Harper K, Holmes SM, Lovasi G, Springer KW, Teitler JO. Independent Review Of Social And Population Variation In Mental Health Could Improve Diagnosis In DSM Revisions. Health Aff (Millwood). 2013 Apr 24. [Epub ahead of print]



## Study links breast cancer to PTSD

Twenty-three percent of women recently diagnosed with breast cancer report symptoms consistent with post-traumatic stress disorder (PTSD), according to a study lead authored by Dr. Neomi Vin-Raviv a post-doctoral trainee in cancer epidemiology, with senior author Dr. Al Neugut, Studner Professor of Cancer Research and professor of epidemiology, and also Dr. Dawn Hershman, associate professor of medicine and epidemiology, and Dr. Sandro Galea. Increased risk for PTSD was seen among black and Asian women. "The ultimate outcome of this research is to find ways to improve the quality of patients' lives," said Dr. Neugut. "If we can identify potential risk

factors for PTSD when women are diagnosed with breast cancer, we could provide early prevention and intervention to minimize PTSD symptoms. This approach might also have an indirect impact on the observed racial disparity in breast cancer survival."

Vin-Raviv N, Clarke Hillyer G, Hershman DL, Galea S, Leco N, Bovbjerg DH, Kushi LH, Kroenke C, Lamerato L, Ambrosone CB, Valdimorsdottir H, Jandorf L, Mandelblatt JS, Tsai WY, Neugut AI. Racial Disparities in Posttraumatic Stress After Diagnosis of Localized Breast Cancer: The BQUAL Study. *J Natl Cancer Inst.* 2013 Feb 21. [Epub ahead of print]



## Obese men at greater risk of dying from prostate cancer

Obese men are at greater risk of dying from prostate cancer, according to a new study lead authored by Dr. Andrew Rundle, associate professor of epidemiology. Men who are overweight are more likely to have precancerous lesions detected in a benign prostate biopsy, putting them at greater risk for developing prostate cancer. "We don't know if obesity causes it (prostate cancer) or makes it harder to treat," says Dr. Rundle.

Rundle A, Jankowski M, Kryvenko ON, Tang D, Rybicki BA. Obesity and Future Prostate Cancer Risk among Men after an Initial Benign Biopsy of the Prostate. *Cancer Epidemiol Biomarkers Prev.* 2013 Apr 23. [Epub ahead of print]

# IN THE NEWS



## Family and mental illness



WNYC

Dr. Lloyd Sederer, adjunct professor of epidemiology and medical director of the New York State Office of Mental Health, has appeared on various media outlets to promote his new book, *The Family Guide to Mental Health Care*, which discusses how to help families struggling with a loved one's mental illness. In one of his appearances, he was joined by actress Glenn Close, who has written the forward to the book.

"Virtually no family is untouched, is unfamiliar with a person with a mental illness," Dr. Sederer says. "50 million Americans—children, adults, have a mental illness. That's a lot of people, that's a lot of families."

Read more about Dr. Sederer's book on page 21.

<http://newyork.cbslocal.com/2013/03/24/state-official-out-with-new-book-on-mental-illness>

<http://www.wnyc.org/shows/bl/2013/apr/15/family-guide-mental-health>

[http://wpr.org/ideas/noteslist\\_idcall.cfm?noteslist=162108](http://wpr.org/ideas/noteslist_idcall.cfm?noteslist=162108)

## Traffic calming measures can save children's lives

The New York Times

SCIENTIFIC AMERICAN

Dr. Charles DiMaggio, associate clinical professor of epidemiology, and Dr. Guohua Li, professor of epidemiology wrote a letter to the editor about the tragic death of 6-year-old Amar Diarrassouba on his way to school in East Harlem. Traffic calming laws can go very far to prevent such fatalities, according to research they have done on the Safe Routes to School program. Unfortunately, federal funding for the program was eliminated in 2012.

Continuing and expanding Safe Routes to School may substantially reduce the occurrence of similar tragedies in the future, Drs. DiMaggio and Li say.

Dr. DiMaggio was also quoted in *Scientific American* about pedestrian safety: "We have this sense of fatalism. We think, 'well, accidents happen.' But more often than not, they're preventable," he said.

<http://www.nytimes.com/2013/03/07/opinion/saving-childrens-lives.html?smid=tw-share>

<http://blogs.scientificamerican.com/observations/2013/04/05/pedestrian-safety>

## The Mediterranean diet

WNYC

Dr. Heather Greenlee, assistant professor of epidemiology, was a featured guest on the Brian Lehrer show to discuss a recent study on the Mediterranean diet. The randomized control trial found that the Mediterranean diet is linked to a 30 percent decrease in the risk of developing cardiovascular disease.

"It's better than anything else we have out there in terms of cardiovascular outcomes in a dietary intervention," she said.

<http://www.cuny.tv/show/brianlehrer>

## Do winners live longer?

THE HUFFINGTON POST

Research has long linked socio-economic status with better health and longevity. But one thing that is less certain is whether this connection owes to greater access to resources or the glow of high social status relative to others, known as "relative deprivation."

Dr. Bruce Link, professor of epidemiology and sociomedical sciences, and colleagues compared Baseball Hall of Fame winners, Emmy award winners, and former presidents and vice presidents to each nominated loser in the same competition or election. What they found that there were no consistent advantages for winners.

"The relative deprivation theory would predict that losers would consistently be at a disadvantage for health and longevity compared to winners, but this is not what we see," says Dr. Link.

[http://www.huffingtonpost.com/2013/03/12/winners-live-longer-study\\_n\\_2854663.html](http://www.huffingtonpost.com/2013/03/12/winners-live-longer-study_n_2854663.html)

## BMI: good enough?

CNN

Many have criticized the body mass index, or BMI, as being a poor indicator of obesity and of obesity-related health risks. But BMI is just as good at providing information about your health risks and can be easily, reliably and cheaply used by clinicians and patients to provide a useful snapshot of how someone's weight compares to healthy standards, says Dr. Andrew Rundle in an op-ed.

<http://www.cnn.com/2013/02/14/health/rundle-bmi-best-option>



# IN THE NEWS



## “Political indifference” and the threat of multi drug-resistant tuberculosis

FINANCIAL TIMES

Dr. Neil Schluger, professor of medicine, environmental health sciences, and epidemiology, and chief scientific officer of the World Lung Foundation is featured in a series of *Financial Times* stories that address the “political indifference” of global organizations toward tuberculosis (TB).

“The thing I really lose sleep about is [multi drug-resistant TB],” says Dr. Schluger. “It’s completely out of control. We don’t have a good handle on how much there is out there, most places lack any means to diagnose it, don’t have good protocols or adequate supplies to treat it.”

It is estimated that there are half a million people who have a strain of tuberculosis that is resistant to the two most potent TB drugs on the market. As many as 90 percent of these people remain untreated, according to Dr. Schluger.

In an opinion piece for the series, he writes that better TB diagnostic tools are available but usually dismissed by the WHO and health ministries as “too expensive to buy and sustain for poorer countries.”

“This shortsighted stance ignores the human cost of underdiagnosis, whereby people with this treatable disease are left to suffer and infect others while other economic costs of the disease are ignored.”

Institutional complacency raises threat: [http://www.ft.com/cms/s/14735002-9142-11e2-b4c9-00144feabdc0,Authorised=false.html?\\_i\\_location=http%3A%2F%2Fwww.ft.com%2Fcms%2Fs%2F%2F14735002-9142-11e2-b4c9-00144feabdc0.html&\\_i\\_referer=#axzz20ehU8P1x](http://www.ft.com/cms/s/14735002-9142-11e2-b4c9-00144feabdc0,Authorised=false.html?_i_location=http%3A%2F%2Fwww.ft.com%2Fcms%2Fs%2F%2F14735002-9142-11e2-b4c9-00144feabdc0.html&_i_referer=#axzz20ehU8P1x)

Smoking poses TB risk to young: [http://www.ft.com/intl/cms/s/1499f67e-870d-11e2-9dd7-00144feabdc0,Authorised=false.html?\\_i\\_location=http%3A%2F%2Fwww.ft.com%2Fcms%2Fs%2F%2F1499f67e-870d-11e2-9dd7-00144feabdc0.html&\\_i\\_referer=#axzz20ehU8P1x](http://www.ft.com/intl/cms/s/1499f67e-870d-11e2-9dd7-00144feabdc0,Authorised=false.html?_i_location=http%3A%2F%2Fwww.ft.com%2Fcms%2Fs%2F%2F1499f67e-870d-11e2-9dd7-00144feabdc0.html&_i_referer=#axzz20ehU8P1x)

## Parents’ lifestyles can affect genetics of their newborns

SCIENTIFIC AMERICAN™

Scientists are beginning to understand how markers of a parent’s lifestyle—such as how much or how little a parent eats—can affect genetic regulation in their newborn. A guest blog in *Scientific American* describes new research into this growing area, referring to a landmark 2008 study by Dr. L.H. Lumey, associate clinical professor of epidemiology, that looked at children who were prenatally exposed to their parents’ famine as a result of the Dutch Hunger Winter of 1944-45. The DNA-methylation of a gene called insulin-like growth factor-2 (IGF2) that is related to body mass index was reduced in those children, compared to their older or younger siblings. Revisited again 60 years later, the famine-exposed individuals were also found to be at increased risk of insulin resistance and diabetes, suggesting that early changes in genetic regulation may explain these long term health effects.

<http://blogs.scientificamerican.com/guest-blog/2013/03/27/the-legacy-of-lifestyle>

## Flu during pregnancy linked to increased bipolar risk in children

Forbes

Women who develop the flu during pregnancy may have children with a nearly four-fold increased risk of developing bipolar disorder later in life, according to a study by Dr. Alan S. Brown, professor of clinical psychiatry and clinical epidemiology, reported on in *Forbes*. This study suggests a possible link to a viral etiology of certain psychiatric disorders. Dr. Brown’s research has also found that the risk for developing schizophrenia increases on exposure to maternal influenza. The recent finding was published in *JAMA Psychiatry*.

<http://www.forbes.com/sites/robertglatter/2013/05/10/influenza-in-mom-during-pregnancy-linked-to-increased-bipolar-risk-in-children>

## The 2x2 Project in MSN Money

2x2



The costs of medical school have spiked significantly, forcing students to take out loans and deterring prospective students from applying. MSN Money highlights this phenomenon, referencing an article that was published in the 2x2 Project by MPH ’13 Arti Virkud called “Medical School Tuition: A \$160,000 Burden To Student And System.”

Read the 2x2 Project piece here: <http://the2x2project.org/rising-med-school-tuition>

Read the MSN Money piece here: <http://money.msn.com/now/post.aspx?post=61ecee12-c6ba-4597-b783-d269ad18a8f6>

# LINES OF INQUIRY

THE LINES OF INQUIRY SERIES TACKLES TIMELY QUESTIONS IN PUBLIC HEALTH SCIENCE, HIGHLIGHTING OUR FACULTY RESEARCH AND PROVIDING PERSPECTIVE ON OFTEN CONTROVERSIAL TOPICS.

## The medicine cabinet epidemic

### Prescription painkillers and the line between use and misuse

On Father's Day of 2011, 33-year-old David Laffer, a gaunt, unemployed Army veteran wearing a disguise, shot up a Long Island pharmacy so he could get the painkiller Vicodin. He killed the pharmacist, the pharmacist's 17-year old assistant, and two customers who had entered as he was loading his backpack with pills.

Around the same time, the New York City District Attorney's Office was busy preparing an indictment against Stan Xuhui Li, a then 57-year-old anesthesiologist from New Jersey who operated a weekend pain clinic in Flushing Queens. They believed Li's clinic was a "pill mill" that churned out prescription painkillers like Vicodin and Oxycontin for addicts and drug dealers. Li saw 120 patients a day and wrote as many as 17,000 prescriptions in 2 ½ years, according to the office of New York City's Special Narcotics



Prosecutor Bridget Brennan.<sup>1</sup>

"We believed what he was doing was not treating people for medical issues but selling drugs, much like a drug dealer," says Brennan. "When we saw that those homicides occurred, we had not yet indicted [Li], but we knew many of his patients were desperate addicts." Her office reviewed their information and then looked at the surveillance photos. Sure enough, Laffer had not only been a patient of Li's but had been prescribed 2,500 pills by the doctor.<sup>2</sup> Five months after Laffer's shooting spree, Brennan's office indicted Li for selling prescription drugs illegally and for manslaughter in connection with two overdose deaths of his patients.

The "pharmacy murders" are one of the most violent manifestations of what health and law enforcement experts call America's prescription drug epidemic, which has claimed hundreds of thousands of lives lost to overdose and precipitated crimes like armed robbery of pharmacies and drug dealing.

Yet relative to other substance abuse epidemics, this one has

<sup>1</sup> <http://www.thefix.com/content/nyc-doctor-manslaughter-drugs91004>

<sup>2</sup> <http://www.newsday.com/news/breaking/david-laffer-doc-charged-in-overdose-case-1.3337195>

remained under the radar, even though prescription narcotic painkillers are nearly as addictive as heroin. Only in 2011 did the White House develop a plan to deal with the crisis. States have been slow to crack down on illegal selling and diversion of these drugs and have struggled to monitor doctors' prescribing practice.

Part of the problem, say experts, is the perception that prescription painkillers are somehow milder than street drugs like heroin or cocaine.

"You can get it from your grandma's medicine cabinet. You can get it from your parents," says Dr. Katherine Keyes, an assistant professor of epidemiology at Columbia University's Mailman School of Public Health.

In fact, today opioid analgesics, which are narcotic medications used to treat moderate to severe pain, are responsible for many more deaths than street drugs. Overdoses from painkillers, which include hydrocodone, sold under the brand name Vicodin; oxycodone, sold under the brand name Oxycontin, and oxymorphone, sold under the brand name Opana, tripled over a decade's time, killing more Americans than heroin and cocaine combined, the U.S. Centers for Disease Control and Prevention reported in 2011. More than 40 people die every day from overdoses involving these drugs, according to the CDC.<sup>3</sup>

The prescription opioid epidemic epitomizes a dilemma that societies have long confronted, how to balance the medical benefits of a drug with its harms.

## An ancient drug

At one time hailed as "God's own medicine," at another denounced as linked to the devil, the use of opiates to treat pain has been controversial since ancient times. Historical record suggests that the first medical affirmation of opium, which is an extract of the poppy plant, came from Hippocrates who is known as "the father of medicine." Ever since, societies have struggled to balance opiates' pain relieving properties and their addictive ones.

"The line between medication and abuse of medication has been with us for thousands and thousands of years," says Dr. Traci Green, an assistant professor of medicine and professor of epidemiology at Brown University.

Although it today has negative connotations, heroin, a derivative of morphine—which is itself a synthetic form of opium—was introduced in 1898 by the Germany-based Bayer Company. Like Oxycontin, early reports of the drug claimed that it was not as habit-forming as other opiates.

But by the early 1900s heroin had moved to the streets, as young working-class Americans figured out how to crush the pills into powder that they could snort to achieve a concentrated high. The U.S. Congress cracked down in response, passing legislation that regulated and taxed opiates.

After that, the medical establishment stayed away from prescribing narcotics for most kinds of pain. During those decades, doctors prescribed opiates almost exclusively for cancer patients.

The idea was "If you had cancer pain, that's a pain you can't fake, and that's a pain that shouldn't have or doesn't have a psychological component to it," says Dr. Walega, an assistant professor of anesthesiology and practicing pain specialist at Northwestern University.

The mid 1990s brought two crucial developments. The medical establishment began to embrace a new school of pain management, one that saw a patient's pain as a separate treatable medical problem that could in many cases be relieved successfully with



**NOW**



**THEN**

<sup>3</sup> "Prescription painkiller overdoses at epidemic levels." 1 November 2011. [http://www.cdc.gov/media/releases/2011/p1101\\_flu\\_pain\\_killer\\_overdose.html](http://www.cdc.gov/media/releases/2011/p1101_flu_pain_killer_overdose.html)



controlled narcotics. Around the same time, the Food and Drug Administration approved Oxycontin, the first in a new class of opioid analgesics, which the pharmaceutical company Purdue brought to market in 1996. One hundred years after Bayer touted the safety of heroin, Purdue claimed their new wonder drug was a milder opiate than past medications, with an extremely small risk of addiction.

By the time it became evident that Oxycontin was more addictive than Purdue had advertised, it had become a blockbuster drug. In 2007, Purdue pled guilty to misbranding Oxycontin with “intent to defraud or mislead the public” and paid \$635 million in civil penalties.

However, by this time, the painkiller industry was much larger than Oxy. After Oxycontin, other painkillers, including Percocet and Vicodin—which though already on the market became much more popular—along with new painkillers, like Opana.

## Over-availability: From medicine cabinets to the streets

From the late 1990s on, painkillers flooded the market.

“A lot of the abuse is driven by availability,” says Dr. Jennifer Havens, an epidemiologist at University of Kentucky’s Center on Drug and Alcohol Research.

That truth reflects a larger issue around legalizing drugs, which is that the more available a drug is, the more likely that people who do not need it will get it.

Sales of painkillers to pharmacies and health care providers increased by more than 300 percent between 1999 and 2008, according to data from the Drug Enforcement Administration.<sup>4</sup> By 2005, an estimated 10 million adults had been prescribed a long-term opioid—a seven-fold increase from 1997, according to a 2009 study.<sup>5</sup>

The availability of the drugs has meant that people who do not legitimately need the drugs are getting them anyway. For instance, in 2010, one in 20 people aged 12 and older reported using prescription painkillers for nonmedical reasons, according to the CDC.<sup>6</sup>

“The sales are a pretty good predictor of health outcomes and death,” says Dr. Leonard Paulozzi, a medical epidemiologist in the division of unintentional injury prevention at the CDC’s National Center for Injury Prevention and Control.

Meanwhile, between 1990 and 2008, prescription painkiller overdose death rates more than tripled, according to the CDC.<sup>7</sup>

A part of the problem is that there is less shame in seeking out and using prescription pills than street drugs.

“The folks in our study say they feel more comfortable with pills than they do with something like heroin,” says Dr. Havens.

People often get the drugs from family members or friends, who



may have spare painkillers sitting around.

“It’s not a patient who’s being prescribed by a board certified pain specialist. It’s the son, cousin, neighbor, boyfriend, who’s getting prescription drugs from a nefarious character or somebody who doesn’t know what they’re doing, and there’s this opiate supply in the house, and they can get their hands on it,” says Dr. Walega, an assistant professor of anesthesiology and practicing pain specialist at Northwestern University.

Prescription opioid users also tend to be whiter, better off, and older. The death rate among non-Hispanic whites and American Indians/Alaskan Natives was three times those of blacks and Hispanic whites, according to the CDC. The death rate was also highest among persons aged 34-54—older than for heroin.

Rates of use have risen in areas once thought to be outside of the epidemic. In New York City, between 1990-2006, overdoses from prescription opioids increased seven-fold, according to a study by Drs. Magdalena Cerdá, Sandro Galea, Katherine Keyes, Karestan Koenen, Melissa Tracy, and colleagues from other institutions.<sup>8</sup>

Here, one of the most affected areas has been Staten Island, which is also one of the most demographically white and middle class areas of the city. The rate of opioid analgesic prescriptions filled there far surpasses that of any other New York City borough, according to New York City Department of Health data from 2009.<sup>9</sup>

“I guess one could say that the profile in Staten Island sort of mirrors a little bit less of an urban population and more of what we’ve been seeing in other parts of the country,” says Dr. Denise Paone, director of research and program development at the New York City Department of Health and Mental Hygiene’s Bureau of Alcohol and Drug Use Prevention, Care, and Treatment.

Many who have followed the issue for years hope that federal attention will tamp down on the epidemic, but so far there are few signs of improvement.

“I can’t say we’ve turned the corner in terms of death and I can’t say we’ve turned the corner in terms of emergency room visit rates either,” says Dr. Paulozzi. Although the most recent data comes from 2010, sales—which are a “pretty good predictor of health outcomes and death”—went up in 2011.

A few states including Washington are cracking down. New York City has been generous in funding her law enforcement unit, says Brennan. And the city’s Department of Mental Health and Hygiene has been gathering a wealth of data on the rising epidemic.

“With reformulations and more prescription drug monitoring programs, at least that will cut down on the availability.” “Other than that, I don’t see any reason that it would go down. There are not any programs in place to reduce,” says Dr. Keyes. “The best way to reduce drug use, what we’ve seen over and over again is strict policies and laws.”

4 “Prescription Painkillers at Epidemic Levels”

5 Korff MV, Saunders K, Thomas Ray G, Boudreau D, Campbell C, Merrill J, Sullivan MD, Rutter CM, Silverberg MJ, Banta-Green C, Weisner C. “De facto long-term opioid therapy for noncancer pain.” *Clin J Pain*. 2008 Jul-Aug;24(6):521-7. doi: 10.1097/AJP.0b013e318169d03b. <http://www.ncbi.nlm.nih.gov/pubmed/18574361>

6 “Prescription Painkiller Overdoses in the U.S.” <http://www.cdc.gov/Features/VitalSigns/PainkillerOverdoses/index.html>

7 “Policy Impact: Prescription Painkiller Overdoses.” <http://www.cdc.gov/homeandrecreationalafety/rxbrief>

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# Breakthroughs in autism and related disorders:

## The role (and responsibility) of public health

Scientifically speaking, autism is fascinating. For some families, it can be a nightmare. The mission of researchers and parents alike, however, is to understand autism's causes and how to improve the lives of those affected. Therein lies the clear intersect between science and advocacy, research and implementation. Yet there also exists a major disconnect.

Questions remain unanswered around the growing frequency of autism, and equally important, support remains elusive for the growing number of individuals seeking services. The group best equipped, and arguably whose responsibility it is, to bridge this gap between pursuit and practice is today's (and tomorrow's) public health professionals.

On April 26, the Department of Epidemiology and the organization Autism Speaks hosted a Columbia University Epidemiology Scientific Symposium (CUESS) on "Breakthroughs in Autism and Related Disorders." The symposium examined, through the lens of public health, the current challenges and future opportunities surrounding the issue of autism.

Historically autism has not been considered to be public health relevant. Although potentially devastating, especially when all of its hallmark symptoms of impaired social and intellectual ability along with repetitive and sometimes self-injurious behaviors are present and severe, autism was for a long time believed to only affect a relative few. Earliest reports estimated prevalence to be one in 1000 people.<sup>1</sup> Thus research (and research funding) was limited and services were centralized to highly specialized clinical practice.

Fast forward 40 years, and we estimate that autism affects at least 1 in 100<sup>2</sup>, a ten-fold increase, with recent reports from the US



and around the world suggesting prevalence may actually be higher than 2 percent<sup>3</sup>, and closer to 3 percent.<sup>4</sup> Autism research has also increased nearly 12-fold in the last 3 decades.<sup>5</sup>

With the dramatic increase in reported prevalence, autism becomes a public health priority for two reasons: understanding what is causing autism and the increased prevalence, and helping the growing number of people that are affected by this disorder.

What we know is that a portion of the increase in autism prevalence over time is artifact, due to factors such as broadening of diagnostic criteria<sup>6</sup> and increased recognition.<sup>7</sup> However, these

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6 King, M. & Bearman, P. (2009). Diagnostic Change and Increased Prevalence of Autism. *International Journal of Epidemiology*, Volume 38, Issue 5:1224-1234.

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HOST EZRA SUSSER GIVES OPENING REMARKS



PANELISTS PETER SZATMARI, RUTH OTTMAN, AND MARIA KARAYIORGOU ADDRESS AUDIENCE QUESTIONS ABOUT THE GENETICS OF AUTISM AND RELATED DISORDERS

explanations account for only a fraction of the dramatic rise.

There are also environmental factors at play. Exposures in early child development, dietary factors<sup>8</sup> and immunologic factors<sup>9</sup> can alter autism risk, often times differently and in complex interaction with underlying genetics. The increased age of parents, a social factor that has become more common over time, has consistently shown to increase risk for having a child with autism.<sup>10</sup>

Still, when taken together, these factors do not fully explain the change in prevalence over time, nor do they provide concrete, practical recommendations for reducing autism risk.

“We are only scratching the surface, of the tip of the iceberg, in understanding the causes of autism,” Dr. Helen Tager-Flusberg, president of the International Society for Autism Research, said at the CUESS.”

Regardless of why autism prevalence has increased, there are far more people affected today than previously ever believed. With most diagnoses being among children, we can expect a growing number of adults with autism for which society may not be adequately equipped to offer appropriate opportunities.

Autism is a particularly burdensome condition from a public health standpoint - millions of people affected; typically diagnosed in childhood and often lifelong; and costs of recommended services and loss of productivity are astronomical. It is currently diagnosed by behavioral observation and treated, at least in childhood, with intensive behavioral intervention, both of which require the expertise of highly trained professionals. Further, as a spectrum disorder, the diverse range of symptoms and severity means there is not a one-size-fits all solution and no magic pill.

Not surprisingly, the supply of services does not meet the increasing demand. It has been demonstrated that early detection and early intervention can significantly improve long-term outcomes for

individuals with autism.<sup>11</sup> However, major barriers exist to accessing services in general, let alone earlier services. These challenges are further magnified for traditionally underserved populations, including ethnic minorities, who are diagnosed later on average here in the US. And in places around the world where autism plays second fiddle to issues like HIV and malnutrition, services can be almost non-existent in societies further wrought with stigma and discrimination. Yet as we continue to see child mortality decline worldwide, are we prepared for the influx of children now at higher risk for developmental disorders including autism? All of this equates to the need for innovative strategies to disseminate evidence-based autism services among populations with limited access and in places with limited capacity.

The challenges may be numerous, but so are the opportunities. Awareness of autism has increased dramatically and has led to better detection, particularly of less severely affected individuals, in more recent years. This increased awareness has also set the stage for autism to shine in the public health spotlight. Countries from around the world are beginning to make autism a priority, but there is still a tremendous need for reliable estimates of autism prevalence globally, especially in low and middle-income countries. Not only for public health planning but to establish well characterized cohorts for etiologic research in unique environments and among unique populations. We must not overlook the opportunities for “us” to learn from “them.” Answers to how we deliver community-based services in low-resource settings, or how autism manifests and responds to treatments in different cultures, may best be discovered by broadening our research efforts globally.

The CUESS highlighted the need for more public health professionals to help solve the autism puzzle and deliver real life solutions to populations worldwide.

—Michael Rosanoff, *Doctoral candidate, Associate director of public health research at Autism Speaks.*

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11 Dawson, G., Rogers, S., Munson, J., Smith, M., Winter, J., Green-son, J., Donaldson, A., & Varley, J. (2010). Randomized, controlled trial of an intervention for toddlers with autism: the Early Start Denver Model. Pediatrics, 125, e17-23.



# Alan Berkman Memorial Lecture

The late Dr. Alan Berkman was a man of many contradictions. An Eagle Scout, a president of his college fraternity, a standout medical school student, an outlaw who served time in federal prison, a department vice chair in an Ivy League institution, and an activist who helped bring AIDS drugs to the developing world.

His life ended in 2009, when he passed away at age 63 of cancer.

At the end of his life, Dr. Berkman was associate clinical professor of epidemiology and sociomedical sciences as well as vice chair of the Department of Epidemiology, recruited here not for his publication record—he has a total of ten publications listed on PubMed and a book called Hepatitis A to G—but for his deep understanding of public health through the lens of a physician committed to social justice.

The spirit of this many-faceted man was celebrated on April 24 with the annual Alan Berkman Memorial lecture, which takes place every spring as one of the Columbia University Epidemiology Grand Rounds.

Dr. Susan Reverby, an historian at Wellesley College and a classmate of Dr. Berkman's when they were both undergraduates at Cornell University delivered this year's lecture, admitting that she sparred with him over politics several times when they were both students. She is now writing a biography of Dr. Berkman.

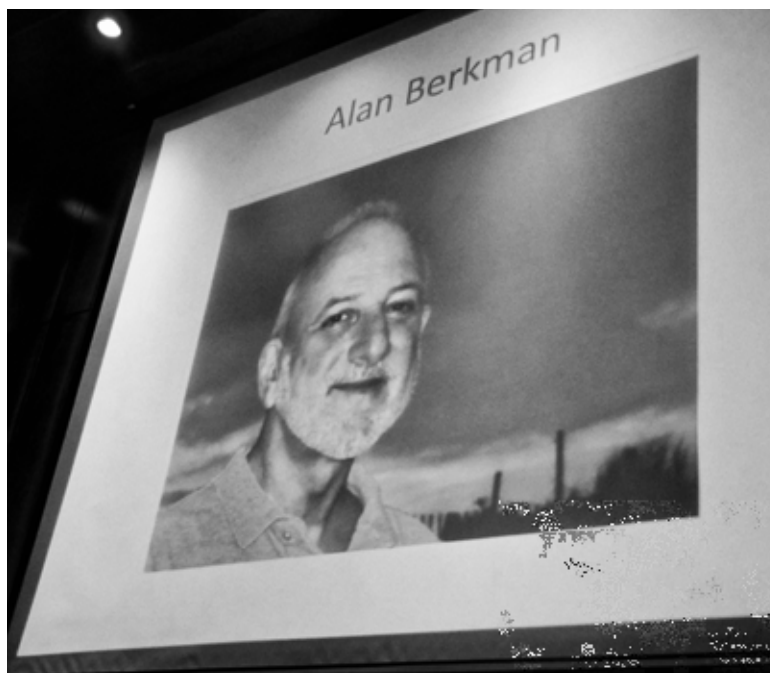
"He was a man of action who created bonds with others who had suffered," she said.

Dr. Reverby described how a man who was president of the National Honor Society and voted most likely to succeed in high school became a revolutionary and "literally an enemy of the state."

Coming from an upbringing in working class Middletown, New York, where he excelled at seemingly everything he did, Dr. Berkman had his first encounter with the revolutionary 1960s when activist Stokely Carmichael came to speak at Cornell.

As a result of Carmichael's talk, Dr. Berkman felt the "call to decide whether you're on the side of those who afflict suffering or those who suffer." As a medical student at Columbia, he "began to see what state power could inflict" while providing medical care during the student uprisings at the school.

Although "everyone seemed to agree he probably was destined



for the highest awards medicine had to offer," Dr. Berkman's fierce devotion to his principles led him down a different path. Responding to a call for medical help, he found himself treating a bullet wound sustained by a member of the Weather Underground in the infamous 1981 Brink's robbery that resulted in the murder of two policemen and a security guard. Dr. Berkman's failure to report the gunshot wound to authorities and his later refusal to testify in the case put him in the crosshairs of the criminal justice system. Fearing he would be sentenced to a long prison term, Dr. Berkman chose to go underground. He was arrested in 1985 after taking part in a grocery store hold up executed by members of the Weather Underground, and spent the next ten years in federal prisons.

Relative to the nature of his crime, Dr. Berkman's time in prison was especially severe. He was treated by the FBI as part of a terror network, said Dr. Reverby, even though the government had never accused him of "terrorizing" anyone.

Yet, he was put in lockdown in an eight by ten foot cell with food pushed through his door by guards and limited to two phone calls per month.

"It was part of an early experiment in sensory deprivation that would be copied state by state and Guantanamo," said Dr. Reverby.

Despite these conditions, Dr. Berkman was undaunted. He "read enormous amounts, fearing the torpor that would come from a lot of television watching" and stayed connected with his friends through letters. He also became friends with and doctor to many of the other inmates, which earned him the nickname "Brother Doc."

It was during his time in prison when Dr. Berkman became sick with lymphoma. His illness "treatable on the outside—nearly



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# Asked on “60 Minutes” what his condition would be if he were not a doctor, Dr. Berkman responded: “I think I’d be dead.”

became a death sentence because of the prison system’s shameful denials of appropriate treatment.”

“Again and again he survived surgeries only to be shackled to the bed, denied court-ordered physical therapy, left to sweat out infections,” said Dr. Reverby. “The lack of treatment was a form of torture.”

Asked on “60 Minutes” what his condition would be if he were not a doctor, Dr. Berkman responded: “I think I’d be dead.”

After prison, Dr. Berkman focused on the care of HIV/AIDS patients, serving as the medical director of the Highbridge-Woodcrest clinic in the South Bronx. He undertook a fellowship at the HIV Center here at CUMC, and embraced the cause of AIDS treatment in poor countries. The organization he founded and led, Health Global Access Project, was one of the leading groups that successfully lobbied the Clinton administration to change its policy on allowing generic versions of antiretroviral drugs in the developing world.

In the Department of Epidemiology, Dr. Berkman was instrumental in the creation and success of numerous initiatives supporting global HIV/AIDS research, policy, and treatment. He was a co-founder of the Centre for the AIDS Programme of Research in South Africa (CAPRISA) a multi-institutional program focused on building research capacity and strengthening public health systems in South Africa. He served as director of the Fogarty AIDS International Training and Research Program, a collaboration between Epidemiology and the University of KwaZulu-Natal in Durban, South Africa, and he played leadership roles in both ICAP and in the New York State Psychiatric Institute’s HIV Center.

Although it was admittedly not easy to bring a former inmate to a faculty position at Columbia, Dr. Berkman’s supporters, led by Dr. Zena Stein, professor emerita of epidemiology and psychiatry, and Dr. Ezra Susser, professor of epidemiology and psychiatry who was department chair at the time, believed that he exemplified what epidemiology should be used for.

“What distinguished Alan is that he really exemplified what I think is one of our core moral responsibilities, which is to ask and try to answer important questions,” said Dr. Sandro Galea in his introduction to the CUEGR. “He was not afraid to interrogate how the science of epidemiology intersects with the far messier world of politics.”



ALAN BERKMAN WITH COLLEAGUES IN SOUTH AFRICA





# Is epidemiology too difficult for statisticians?

While epidemiology and statistics seem similar enough, they in fact take two very different approaches to research questions, according to Dr. Sander Greenland, an emeritus professor of epidemiology and statistics at the University of California-Los Angeles who gave a talk called 'Is epidemiology too difficult for statisticians?' at the CUEGR (Columbia University Epidemiology Grand Rounds) in February.

Epidemiology and statistics differ significantly in their approach to using data to gain answers to complex questions, Dr. Greenland said. Epidemiologic thinking critically and objectively tests hypotheses and draws conclusions about health related questions, while statistical thinking is more data driven.

"The skeleton given by statistics is inadequate for becoming a serious researcher," said Dr. Greenland. He criticized statisticians for

"cranking through data and information" and coming to conclusions too quickly without paying enough attention to the causal models that inform the statistical models being run.

Statistics do have their place, said Dr. Greenland. Formal models of reasoning are "valuable to show you how you can go wrong."

And so, in answer to the question is epidemiology too difficult for statisticians, Dr. Greenland said: "yes if the statistician refuses to subjugate the statistics to epidemiology and no if the statistician becomes an epidemiologist."

Ultimately, Dr. Greenland suggested, a priori hypotheses, built in an appreciation of potential causal structures, need to guide quantitative thinking in public health.

—*Bianca Dearing, PhD candidate*

"The skeleton given by statistics is inadequate for becoming a serious researcher"





# The three pillars of perinatal health

**E**pidemiologic research has allowed us to understand the maternal health outcomes that account for the majority of morbidity and mortality around pregnancy and childbirth. Research reveals why behaviors related to diet, physical activity, and sleep are so important to perinatal health.

Dr. Michelle Williams, chair of the department of epidemiology at the Harvard School of Public Health, spoke about her research at March's Columbia University Epidemiology Grand Rounds (CUEGR) and focused on these "three pillars" of perinatal health, with a specific focus on how they predicted gestational diabetes and pre-eclampsia (a condition of high blood pressure and protein in the urine).

In general, cardiovascular disease risk factors are compounded during pregnancy due to demands placed on the body by the developing fetus. Glucose tolerance is significantly affected which puts the mother at risk for gestational diabetes, especially if she is obese.

- **Diet:** Both epidemiologic and biochemical research has suggested that there are modifiable risk factors, especially through diet, that can reduce the risk of gestational diabetes as well as future diabetes in the fetus.
- **Physical activity:** Dr. Williams' research showed that women who exercised during pregnancy had a strong reduction in the risk of gestational diabetes, but only if they were exercising before their pregnancy.
- **Sleep:** Dr. Williams stressed that little is known about the effect of sleep disorders on pregnancy. Currently there are hypotheses that they cause imbalances in hormones that regulate. Sleep duration is strongly associated with both gestational diabetes and pre-eclampsia, in part due to changes in gene expression in the placenta.

Perinatal epidemiology has provided us with the understanding that the prevalence of adverse maternal health outcomes such as gestational diabetes is increasing. Additionally, the prevalence of the risk factors associated with the three pillars of perinatal health are also increasing.

—Christopher Tait, MPH '14





# 'Famine for Thought'

Life course epidemiology is a rapidly evolving field that looks at the relationship between early life circumstances and their later health outcomes, integrating biologic, genetic, social, and environmental approaches.

One of the biggest areas of this field involves hunger studies, which look at how prenatal exposure to famine affects children over the course of their lives. A group of studies on the "Dutch Hunger Winter," a famine that took place in the Netherlands during World War II, has led to landmark findings in this area.

One of the leading researchers in the field is Dr. L.H. Lumey, associate professor of epidemiology, who provided insight into the challenges and lessons of these studies at the early March department seminar called "Can famine studies answer any questions?"

His research looks at prenatal disease risks and how they can lead to psychiatric or developmental disorders such as schizophrenia or neural tube defects.

The Dutch Hunger Winter of 1944-1945 occurred because of a transport embargo that halted food distribution throughout the Netherlands. As a result, the government put food rations into place

in its six largest cities.

During this time, researchers were able to trace 3,307 births through population registers.

Scientists including Dr. Lumey have followed this cohort throughout their adulthood to examine their psychological health and how it has changed over time. They have compared the Dutch Famine group to cohorts born immediately before and after. Similar famine studies have also been conducted in the Ukraine.

The Dutch Famine Studies are unique in that they provide clues into the role of prenatal nutrition on the later development of neurodevelopmental disorders, according to Dr. Lumey. Although they take more time, planning, and follow up, longitudinal cohort studies like the Dutch Hunger investigation offer a picture of the process of human development that cross-sectional studies—which are confined to a specific point in time—do not. Additionally, famine studies have paved the way for later epidemiologic research into prenatal exposures and understanding how diseases can be predicted by exposures during critical periods of development.

—Christopher Tait, MPH '14



B17 FLYING FORTRESS  
DROPPING FOOD OVER THE  
WESTERN NETHERLANDS FOR  
FAMINE RELIEF IN MAY 1945.



In 1992, the tuberculosis (TB) epidemic in New York City was at its height when Dr. Neil Schluger, professor of medicine, epidemiology and environmental health science and then director of the outpatient chest clinic and the outpatient tuberculosis treatment program at Bellevue Hospital, realized it would become his career.

A 1985 graduate of University of Pennsylvania medical school, Dr. Schluger decided to specialize in pulmonology, after taking a fourth-year elective in the subject. "It was just like, I'll do that. There was no epiphany. I wasn't like, I need to learn how oxygen gets into the lungs," he jokes.

Although he initially focused on pneumocystis pneumonia—a common cause of pneumonia in healthy people and an opportunistic infection for patients with HIV/AIDS or weak immune systems—tuberculosis soon became central to his work. It was a time when tuberculosis was rampant in New York City, fueled largely by the AIDS epidemic, homelessness, prison overcrowding, and high rates of drug use.

"When you were in 1992 in Bellevue Hospital," Dr. Schluger says, "there were about 500 cases of TB in the hospital, which seems like an incomprehensible number." He adds, "When you're up to your ears in alligators, you've got to learn about alligators."

Understanding this alligator—tuberculosis—took Dr. Schluger on a new path. He became a principal investigator at the New York University study site in a Centers for Disease Control and Prevention-funded clinical trial to better understand treatment of tuberculosis in patients with HIV infections. He led National Institutes of Health-funded research demonstrating the use and limitations of polymerase chain reaction-based diagnostics of tuberculosis. His studies showed a blood-borne phase of the disease during which mycobacterial

DNA circulated in patients with pulmonary tuberculosis, providing new insight into the disease and potential diagnostics.

Dr. Schluger's work brought new clinical findings on diagnostics and treatment to the development and evaluation of tuberculosis control programs in New York City.

This experience broadened his view to looking at the population level. "You can't think about TB as an isolated medical illness," he says. "You really have to think about it in terms of what's going on in society in general—where did all this TB come from? If you want to think about TB, you have to think about public health."

Now chief of the Division of Pulmonary, Allergy and Critical Care Medicine in addition to his appointment at the Mailman School, Dr. Schluger continues his research into new diagnostic approaches, while adapting work he has done in strengthening tuberculosis control programs to countries outside the U.S.

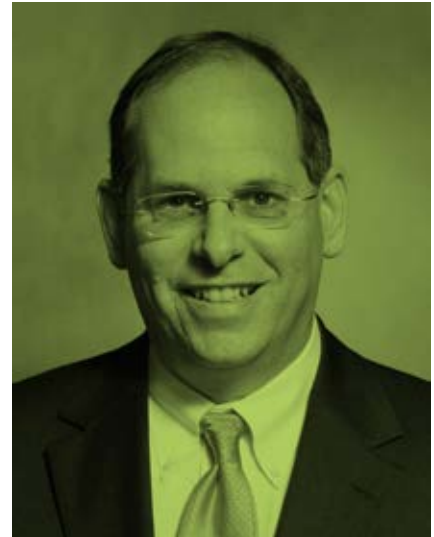
He is currently working on a project to map eco-social and genetic factors that make people susceptible to tuberculosis in Kazakhstan.

He also serves as the Chief Scientific Officer of the World Lung Foundation, a program initiating tobacco control activities in the developing world with funding from the Bloomberg Foundation and the Gates Foundation.

And he chairs the steering committee of the Tuberculosis Trials Consortium (TBTC), an international research consortium aimed at finding new and effective TB treatments. He is also developing a pulmonary fellowship program in Addis Ababa, Ethiopia, through the World Lung Foundation, to train pulmonary doctors in clinical pulmonary care approaches.

As his work has moved from one-on-one clinical care to the population health, Dr. Schluger says "the thing that I like about public health is that you see how every aspect of society interacts to affect the health of a population—not just the medical things, but the legal, economic, social and cultural things that have an impact on health. It's a different sort of satisfaction getting involved in that aspect."

—*Joshua Brooks, Communication in Health and Epidemiology Fellow*



#### APPOINTMENTS AND PROMOTIONS

#### FACULTY

**Barun Mathema** was appointed Adjunct Assistant Professor of Epidemiology in the infectious disease epidemiology cluster.



As senior cluster administrator (SCA) for the psych/neuro cluster, Jamie Hager shepherds grants through the application process and works with investigators and their research teams once their grants have been awarded. The portfolio of her cluster includes research into gambling, drug addiction, and post-traumatic stress disorder.

"Jamie has taken on the role of psych/neuro SCA with gusto, and I'm so happy that we have her on board," says Christina McCarthy, the department administrator. "She's taken a keen interest in learning as much as possible about grants management, financial operations, and of course our beloved financial system."

According to Dr. Magdalena Cerdá, a faculty member in the psych/neuro cluster, "Jamie is very responsive. She's a very good advocate for us."

Although Jamie wasn't specifically looking for a job related to mental health when she was interviewing to work in the Department of Epidemiology, she has had a lot of experience in the field. She majored in psychology and sociology at University of Massachusetts-Amherst and interned at Yale University Hospital's Children's Psychiatric floor.

After graduating from college, she worked in a Connecticut school as a behavior therapist for kids with autism. She liked the job, but knew she wanted to move to New York City eventually.

Initially she was going to move here to be a New York City Teaching Fellow, but when the program got cancelled, she had to retool her plans. She eventually landed a job at New York University working for an obstetrics/gynecology physician, who was doing research related to stem cells and stem cell capabilities.

In that position, Jamie interacted frequently with patients, including getting their consent for studies and working on an Institutional Review Board application.

After about three years at NYU, Jamie decided she was ready for a new opportunity.

"I realized I was better suited to work on the grant and the financial management aspect, because I like being part of research," she says. "I think my skills are best suited for financial and organizational aspects." She came to the Department of Epidemiology in October 2012 and has been working on a flurry of grants ever since.

"I learn more every time I go through a grant cycle with a different investigator. The more I'm here the more I learn," she says.

Her day-to-day job involves working with the sponsored projects administration to discuss budgets for the different proposals and with sponsored projects finance to help with financial management of the grants post-award. She is in frequent touch with faculty in her cluster to make sure their grants are running smoothly.

"Even when faced with stubborn obstacles she maintains a positive attitude and provides support and assistance in any way she can," says McCarthy.

Outside of work, Jamie is an avid runner, having completed half marathons in San Francisco, San Diego, and New York. For the New York half, she raised \$3,000 for Team for Kids, an organization that supports running and athletic programs for kids.

In addition to running in Central Park, Jamie enjoys going there to read. When she has time to watch television, her favorite show is "Arrested Development."



#### APPOINTMENTS AND PROMOTIONS

#### STAFF

**Ghoncheh Ghiassian** was appointed as a technician A in the infectious disease epidemiology cluster

**Daniel Chen** was appointed as a Data Analyst in the Lifecourse epidemiology cluster

**Stephanie Capellan** was promoted to Business Manager in the chair's office





# PROFILES

## Alumni profiles

This year, our newest cohort of alumni will embark on promising careers in epidemiology or go on to more advanced degrees in the field. *Two by Two* caught up with three new alumni who have big plans after graduation.



Maggie Paczkowski,  
PhD '13

Epidemic Intelligence Service (EIS) officer,  
Centers for Disease Control and Prevention (CDC)



**T**he EIS program accepts people from a variety of backgrounds, including medicine, veterinary medicine, dentistry, science based doctoral programs, and nursing. An EIS officer has several responsibilities, some of which include participating in outbreak investigations, study design and implementation, program evaluation, and analytic projects. I had heard about this program when I was pursuing my MPH from a colleague who had worked with EIS officers at the CDC and had only good things to say about her experience. I decided to apply because, while my analytic skills are well developed, my applied skills could be vastly improved.

I am hoping to learn more about study design and program evaluation, as well as field work, all three of which the EIS program teaches quite well.

I cannot stress enough how my time in the epidemiology department prepared me for EIS. Being fluent in several programs, including SAS, STATA, R, and ARCGIS, as well as having several opportunities to write manuscripts is essential for this position. My time at Columbia has helped me develop a few of these key skills, and EIS will help me develop the rest that I need to be a great epidemiologist.



CONTINUED

# PROFILES



## Niloufer Taber MPH '13

Research Associate, Abdul  
Latif Jameel Poverty Action  
Lab (Bihar, India)



In June, I will move to Bihar, India, to work for the Abdul Latif Jameel Poverty Action Lab (J-PAL), a global network of researchers in the fields of economics, public health, business and many other disciplines who use randomized controlled trials to learn what works in the global fight against poverty. J-PAL's motto is "translating research into action."

I will be working as a researcher on a project related to iron deficiency anemia, which is highly prevalent in Bihar, affecting a majority of women who are or have been married and children under 35 months.

The project is a randomized evaluation designed to understand how people behave, so that interventions, such as fortifying salt with iron, will fit in with their daily lives and pre-existing habits. The first phase will compare different distribution channels, information campaigns and pricing points, while the second phase will build on the lessons from the first phase to scale up the intervention. The full study will compare various health and economic indicators between treatment and control villages.

As a dual-degree student with the School of International and Public Affairs, I became aware of the Poverty Action Lab through my coursework in development economics. My admiration for the work of the Poverty Action Lab stems in part from its insistence on lasting, evidence-based solutions to help individuals and communities develop their human capital,

positioning the poorest of the poor to take advantage of opportunity in the larger economy by empowering them to break the cycle of generational poverty.

I admire J-PAL for its refusal to romanticize or idealize individuals who are living in extreme poverty; rather, there is recognition that the lives of the extreme poor are a product of choices made under constraints – on the availability of information, insurance, or credit – and on the lack of prospect for change or ability to participate in the system of meritocracy.

My time at Mailman will prove essential to this position. My coursework in the epidemiology department has given me a strong background in applied research methodology, metrics development, and systematic literature review methods, while my courses from the biostatistics department have provided me with an extensive inferential statistical skill set. Through my coursework in the epidemiology and environmental health sciences departments, I have also gained a broad knowledge base in public health. I will require all of these skills to assist with implementing the intervention, designing and administering surveys for interim and final data collection, ensuring the integrity of the experiment, and conducting initial data analysis.

To learn more about this and other projects run by J-PAL throughout the world, visit <http://www.povertyactionlab.org>.



## Jonathan Platt, MPH '13

PhD candidate Department  
of Epidemiology



During the first year of my MPH, I began to feel that my masters-level coursework was only just beginning to satisfy my academic interests within public health. While completing my global health practicum in the latter half of 2012, I applied to PhD programs across the country, eventually choosing to continue my training at the Mailman School because of the overwhelmingly positive experience I have had with faculty as a master's student.

Most of my work in public health has been spent thinking about ways to reduce the morbidity and mortality due to very proximate causes of physical disease. As I spent time in clinics and communities, I began to see a complex system of environmental and social experiences accumulated over a lifetime—through exposures to stress, social exclusion, and trauma—lead to a conspicuous yet often unacknowledged incidence of depression, substance use, and trauma disorders.

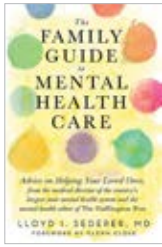
These issues have since become central to my research interests at Mailman, and I will continue to study them as a

graduate student.

Without exception, the faculty here have welcomed any opportunity to answer a question, connect me with information or another researcher with related interests, or offer the advice. I have benefitted from opportunities to work in faculty research groups, and have received excellent mentorship while designing and implementing research with classmates. I have also had ongoing opportunities to apply the department's strong methodological training to the study of the causes of and conditions under which psychiatric disorders occur.

While I have not yet applied, I am hoping to train with the Psychiatric Epidemiology Training program, which is led by a core faculty group with an excellent reputation for their logistical, financial, and academic support of students. As a part of this cohort, I feel I will be free to confidently engage in all aspects of population mental health while on a path to becoming an expert in my own specific research interests.

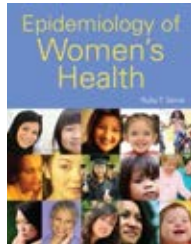
## NEW RELEASES



### Dr. Sederer authors a guide to families on mental health care

*The Family Guide to Mental Health Care*, by Dr. Lloyd Sederer, is the first comprehensive print resource for the millions of people who have loved ones suffering from some kind of mental illness. In this book, families can find the answers to their most urgent questions. What medications are helpful and are some as dangerous as I think? Is there a way to navigate privacy laws so I can discuss my adult daughter's treatment with her doctor? Is my teenager experiencing typical adolescent distress or an illness? From understanding depression, bipolar illness and anxiety to eating and traumatic disorders, schizophrenia, and much more, readers will learn what to do and how to help.

To learn more visit: <http://books.wwnorton.com/books/detail.aspx?ID=4294972283>

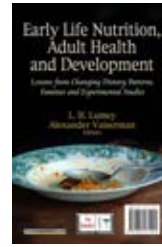


### Dr. Senie editor of new book on the epidemiology of women's health

This book brings together in one volume a vast body of literature about the morbidity and mortality that characterizes women's health at the beginning of the twenty-first century. The book includes sections that cover health promotion, sexual health, sexually transmitted diseases, endocrine and autoimmune conditions, malignancies, chronic conditions, and aging. The chapters, diverse and authored by a broad range of experts in the field, all well capture the state of the science in each particular area and contribute to a whole that is very much greater than the sum of the parts.

Epidemiology faculty members contributing chapters include Drs. Leslie Davidson, Moise Desvarieux, Heather Greenlee, Judith Jacobson, Katherine Keyes, Thelma Mielenz, Stephen Morse, Daniel Pilowsky, Joyce Pressley, Zena Stein, and Mervyn Susser.

To learn more visit: <http://www.jblearning.com/catalog/9780763769857>



### Dr. Lumey co-editor of new textbook on early life nutrition and adult health

Dr. L.H. Lumey has co-edited the new textbook, *Early Life Nutrition, Adult Health and Development: Lessons from Changing Dietary Patterns, Famines and Experimental Studies*, which presents a state of the art overview of possible mechanisms for nutritional programming in relation to changes in dietary patterns. It also provides examples of nutritional deprivation in various famine settings around the world, mostly during conditions of war or political strife, and of the short and long-term outcomes after nutrition deprivation in these populations. This book includes contributions from many disciplines and represents the most comprehensive summary to date of long-term health and economic outcomes related to specific famines. It is intended for those who are interested in the early origins of health and disease from a biological perspective, and those who want to know more about the long-term social, epidemiological and demographic consequences of specific famines in modern history.

To learn more visit: [https://www.novapublishers.com/catalog/product\\_info.php?products\\_id=37892&osCsid=3407bc60ea54866f47165fdaec458729](https://www.novapublishers.com/catalog/product_info.php?products_id=37892&osCsid=3407bc60ea54866f47165fdaec458729)

## BRIEF MENTIONS



### Dr. Tracy and family welcome new baby boy

Melissa Tracy and her husband Joseph Creamer welcomed their son, Timothy Joseph Creamer, at 1:53am on Tuesday, March 26. Timmy weighed six pounds, 13 ounces at birth and joins big sisters Lucia and Cecilia.



### Dr. Horton gives birth to baby girl

Dr. Megan Horton gave birth to a baby girl, Willa Bayer Horton. Willa is shown here along with her sister Hazel, age three.

## AWARDS

### Dr. Zena Stein awarded an honorary degree by Columbia

At this year's Columbia University commencement on May 20, Dr. Zena Stein was awarded an honorary doctor of science degree. A native of South Africa, advocate of social justice and early opponent of apartheid, Dr. Stein is an award-winning pioneer in research and patient care related to mental retardation and child development, prenatal nutrition and postnatal outcomes, and famine and starvation. Most recently, her research has extended to prenatal and perinatal HIV infection and HIV infection in women. A Columbia faculty member since 1965, Dr. Stein is professor emerita of epidemiology and psychiatry at the Mailman School of Public Health and co-director of the HIV Center for Clinical and Behavioral Studies at the New York State Psychiatric Institute.

<http://news.columbia.edu/oncampus/3117>



### Dr. El-Sadr receives Columbia's highest academic honor

Dr. Wafaa El-Sadr was appointed to the rank of University Professor by Columbia President Lee Bollinger. This is Columbia's highest academic honor, one that Dr. El-Sadr "richly deserves by virtue of remarkable scholarship and distinguished service over many years to Columbia and to society." According to President Bollinger: "Wafaa El-Sadr has been not only a valued member of the Columbia community for a quarter of a century, but also a true citizen of the world."

Separately Dr. El-Sadr was named by the Huffington Post as one of "50 Women Who Shaped America's Health." According to the website: "Wafaa El-Sadr has spent her career on the underserved populations—from the inner city to sub-Saharan Africa—that require greater attention when it comes to preventing infectious disease."

[http://www.huffingtonpost.com/2013/03/18/50-women-in-health\\_n\\_2879370.html](http://www.huffingtonpost.com/2013/03/18/50-women-in-health_n_2879370.html)





### Dr. Abdool Karim receives award from President of South Africa

Dr. Quarraisha Abdool Karim, associate professor of clinical epidemiology, has been awarded the Order of Mapungubwe bronze award by President J.G. Zuma of South Africa for her outstanding work in the field of HIV/AIDS and tuberculosis research and health policy development. The Order of Mapungubwe is South Africa's highest honor.

According to the Chancellor of Orders' citation, Dr. Abdool Karim "is pushing the boundaries of scientific excellence in her quest to curb the scourge of HIV/Aids, particularly in young women in Africa. She has been devoted to stemming the global AIDS epidemic for more than two decades; culminating in her recent scientific discovery that Tenofovir gel prevents HIV infection and genital herpes in women... the world's first HIV protection technology for women."

Said Dr. Abdool Karim upon receiving the award: "It has been a singular privilege to work with such dedicated community members and such a fine team of scientists, colleagues and partners in South Africa. Much more remains to be done, as the AIDS epidemic continues to spread in South Africa, particularly among vulnerable young women."



### Dr. Petukhova receives Schweizer award

Dr. Lynn Petukhova, who graduated from the PhD program this year, has won the Jurgen Schweizer Award for Best Original Research Presentation at the World Congress for Hair Research in Edinburgh, Scotland for her talk entitled "Functional genomics and targeted next generation sequencing points to ULBP6 as a critical node in the NKG2D axis in alopecia areata".





## STUDENT AWARDS



### The Anna C. Gelman Award for Excellence in Epidemiology

This award is presented for high academic distinction and the potential for significant contributions to the field of public health.

AWARDED TO:

**Mandip Dhamoon**  
**Amanda Moy**



MANDIP DHAMOON



AMANDA MOY

### The Sidney Kark Award in Epidemiology

This award is presented for demonstrated commitment to research in global health.

AWARDED TO:

**Justin Conrad Graves**  
**Magdalena M. Paczkowski**



JUSTIN CONRAD GRAVES



MAGDALENA M. PACZKOWSKI

### The William Farr Award in Epidemiology

This award recognizes demonstrated commitment to understanding or addressing the causes of social inequalities in health.

AWARDED TO:

**Niloufer Anna Taber**  
**Christian Ricardo Salazar**



NILOUFER ANNA TABER



CHRISTIAN RICARDO SALAZAR

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