For twenty-three years, my grandmother (a Veterinarian and an Epidemiologist) ran the Communicable Disease Department of a mid-sized urban public health department. The stories of Grandma Betty doggedly tracking down the named sexual partners of the infected are part of our family lore. Grandma Betty would persuade people to be tested for sexually transmitted diseases, encourage safer sexual practices, document the spread of infection and strive to contain and prevent it. Indeed, due to the large gay population in the city where she worked, Grandma Betty was at the forefront of the AIDS crises, and her analysis contributed greatly towards understanding how the disease was contracted and spread. My grandmother has always been a huge inspiration to me, and the reason why a career in public health was always on my radar.

Recent years have cemented that interest. In January 2012, my parents adopted my little brother Fred from China. Doctors in America subsequently diagnosed Fred with Duchenne Muscular Dystrophy (DMD). My parents were told that if Fred’s condition had been discovered in China, the (very poor) orphanage in which he spent the first 8+ years of his life would have recognized his DMD as a death sentence and denied him sustenance to hasten his demise.

It is not right that some people have access to the best doctors and treatment while others have no medical care. I want to pursue an MPH in Sociomedical Sciences at Columbia because studying social factors in health, with a particular focus on socio-health inequities, will prepare me to address these inequities. The interdisciplinary approach of the program appeals to me greatly as I believe interdisciplinary approaches are the most effective way to develop meaningful solutions to complex problems.

My undergraduate education has prepared me well for my chosen career. Understanding the underlying structure of a group’s culture is essential to successfully communicating with the group. In studying folklore and mythology, I’ve learned how to parse the unspoken structures of folk groups, and how those structures can be used to build bridges of understanding. For example, in a culture where most illnesses are believed to be caused by witchcraft, as is the case for the Zande people of central Africa, any successful health intervention or education program would of necessity take into account their very real belief in witchcraft.

I now work in the healthcare industry for one of the largest providers of health benefits in the world. In addition to reigniting my passion for data and quantitative analytics, working for this company has immersed me in the business side of healthcare, a critical component of public health.

I intend to pursue a PhD in order to become an expert in how social factors affect health, particularly as related to gender and sexuality. I intend to pursue a
certificate in Sexuality, Sexual Health, and Reproduction. Working together with other experts to create effective interventions across cultures and societies, I want to help transform health landscapes both in America and abroad.