

EDITORIAL

My Public Health Journey: Tackling Reality In and Out of the Classroom

Public health is my second career - I worked for many years as a radiographer, sonographer and eventually an administrator at Brigham & Women's Hospital in Boston. I really enjoyed that work. I loved taking care of patients and imaging was an interesting mix of art and science. I learned a lot at the Brigham and was able to advance even though I only had an Associate's Degree. Eventually, I became a Chief Technologist and ran several satellite imaging offices. In that role I was charged with creating a welcoming space that changed the way women's imaging was provided. I worked closely with a team of radiologists and technologists to set up boutique women's imaging centers across the city. There was a great deal of competition in the market; Boston, like Philadelphia, is home to several world-class medical centers and, if a patient had "access," there were several top-tier healthcare systems to choose from. Although I was proud of the work we did, I was worried about the women and families who could not get care - but I did not know how to help. Clearly, I needed more training.

I often tell students and colleagues the story of my first day in Public Health School. Orientation was on September 11, 2001. I was so excited to be there. I am a first generation college student and frankly, I could not believe I was at Harvard. I spent the first half of the morning waiting to be tossed out on my ear, after they finally realized they had made an error when they sent me that big envelope (yes, we got acceptance letters in the mail in the those days).

We sat in an auditorium learning all the things we needed to know to be

successful students. But then something happened; a professor walked onto the stage and interrupted the speaker—there was an announcement. Televisions were rolled into the lobby and turned on in all the classrooms. There I was with dozens of people I did not know, watching the world change. I left orientation early, as many did, and I went to pick up my children at school. At that point, none of us really understood what was going on, but I was sure my kids would walk out of school that day into a world that was far different then the one we all knew in the morning.

Two days later, classes began. I sat down in my first public health class - *Maternal Child Health*. The professor, an accomplished scholar and educator, looked out into the class and asked, "What are the public health challenges facing the world today?" Remember, I had waited about 20 years to get to this place. I was the most "mature" student in the room and I was especially eager to learn. My hand flew up and I waved it with a bit of a panic. The professor called on me and I said, "**Terrorism -- terrorism is a public health crisis.**" The professor looked at me and said, "**Yes, but these slides were put together last week and we need to stick to the plan.**"

We talked about several important issues: drug addiction, chronic disease, infant mortality, obesity... many of the same things I discuss with my students today. But we did not talk about the massive loss of life, the mental health implications, the environmental fallout, war, anxiety, pain, emergency preparedness, danger, Islamophobia, marginalization or the fear



Rosie Frasso, PhD, CPH

and resentment that followed 9/11. As a professor and administrator I understand why she redirected the discussion, but I remember wondering, if I ever have the honor of being in front of a classroom, what would I do? How would I address a tragedy? I had no idea how often I would have to think about just that as I walked into class.

Like my colleagues, I have found myself walking into the classroom after being confronted with the world's harsh realities, far too often over the past several years. I have learned that, sometimes, the learning takes place when the professor gets out of the way and the young bright minds in the room can get to work. Recently, I have given students the space to speak about campus suicide, the presidential election, Charlottesville and the dismantling of the Affordable Care Act, hate crimes, racism and activism. I have given students the space to speak about Hurricanes Katrina, Sandy, and most recently Irma, Harvey and Maria. Facilitating conversations on these public health issues is not easy; rather, it is the most difficult component of my job. I always start by acknowledging that public

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health takes us to spaces and places that are complicated and often uncomfortable – but we need to go there. Acknowledging my own privilege and distance from the issue, reminding everyone that any of us might misstep, say the wrong thing or misarticulate a perspective but that any of these conversational failings is superior to the alternative – remaining silent.

I understand there might be days when I can't help students "go there." Maybe that is what happened in 2001, when I was a student in a Maternal Child Health class. But, each time I have taken this risk and ushered students down this path, I have been left so very impressed by their ability to learn in the face of tragedy, to push themselves, to tease-out, unpack, and process the topic in order to see what public health professionals need to do. Each time, I am forced by the day's events to address tragedy in the classroom, I leave moved and inspired.

On October 2, many of us woke up to the horrific and paralyzing news of yet another act of senseless violence and we were saddened by the loss of innocent life. That week the syllabus said we were going

to address **Health Disparities**, and **"we stuck to the plan."** We spoke about the horrific shootings in Las Vegas, we spoke about how gun laws varied by state and nation, we spoke about federal funding restrictions on gun violence research, we spoke about the gun lobby, the second amendment and the balance between civil liberty and public health. And then the hard conversation began--**Why the "attention" disparity? Why does an event like this get our attention, when the daily death toll from gun violence is hardly a blip on our radar?** What social, political and legal factors make our nation's response so different from Australia's? One student bravely shared that for many in our country every morning is just like that Monday's. Mothers, fathers, brothers and sisters wake up and are confronted by the horrific and paralyzing news of senseless violence on a daily basis.

Several students told me that class that day was hard but they learned so much from one another. They explained that they had never thought about the geographic, economic, racial and ethnic disparities that frame the issue of gun violence in the U.S.

It is a privilege and a huge obligation to be an educator. When students ask me why I teach I explain, only half in jest, that I am overwhelmed by all the work public health professionals need to do and I want to share the burden.

I have really enjoyed my transition to Jefferson. I am inspired by the dedication of the faculty and energized by the commitment of the students. As the Director of Public Health here at the College of Population Health, my job is to foster interest and excitement, and promote responsibility and obligation in the public health practitioners of the future. I gain peace from the knowledge that these bright, gifted, new public health professionals are going to make a difference in the world and I am honored that I have a chance to interact with them while they are on that journey.

Rosemary "Rosie" Frasso, PhD, MSc, CPH
Program Director, Public Health
Associate Professor
Jefferson College of Population Health