The 2016 elections were a scathing and blistering indictment of the status quo. Donald Trump’s unexpected and stunning victory will do little to quell the vitriol of frustration many feel about the dysfunction of our most trusted institutions, from Congress to public health. Without doubt, the genie of discontent and discord is out of the bottle for good. We are now challenged to examine how these institutions can respond to a “brave (sic) new world.”

This issue of UAB Public Health begins to explore how one institution—public health—fits into this vitriol of frustration, inspired in part by the lines in R.E.M.’s 1987 classic It’s the End of the World as We Know It:

Public health has laid claim to more than 80 percent of the health gains in the 20th century; those same gains are now eroding, perhaps because we have focused more on touting our wins over healthcare rather than trying to understand the deeper causes of those gains, namely economic growth and development.

This is not to say public health is unimportant, rather the 20th century paradigm of ascribing victors does not resonate in a 21st century of an increasingly challenging and interwoven matrix of social, cultural, economic, and political forces that will ultimately define health status. How prepared are we to address these complexities using more of the same hackneyed strategies? In no small way, public health is on trial to explore new approaches to increasing life quality and expectancy.

To transform public health, to stumble upon spectacular solutions, demands that we take an honest look at how we have thought about health over the last 125 years. The public health/medicine dichotomy is now irrelevant, distracting, and useless. Doing more of the same is a waste of time and money. We are challenged to re-imagine our massive investments in more of the same to redirect those in new and exciting directions.

What those directions will be is anyone’s guess. In the pages that follow, we begin to kick the tires and look under the hood to see what works, what doesn’t work, and how best to design for the future. To paraphrase the R.E.M refrain, “it’s the end of public health as we know it.”

Max Michael, MD
Dean, UAB School of Public Health
Dale Dickinson, PhD, a public health professor, hit the teaching awards trifecta! He won the Provost’s Award for Faculty Excellence in Service Learning (that’s one!) and the President’s Award for Excellence in Teaching for both the School of Public Health (that’s two!) and the Honors College (that’s three!) — the first faculty member to ever claim both (the oversight committee is thinking of changing the rules after this sweep.)

His team of UAB Public Health students won the PH Scholar Bowl at St. Louis University this year. They also came in second in the case competition, beating thirteen other teams from all over the country.

Dean Max Michael says these students have a lot of experience under their collective belt. They’d been involved in the Wicked Problem Case Competition and the Global Case Competition. He’s impressed at their ability to think through the process of handling complicated PH problems.

L to R: Aarin Palomares, Claire Finney, Sean McMahon, Katherine Hymel & Bennish Kamran

Woot! Woot!

A toast to...
Where is public health?

Jenny Slams Vaccines
Are they causing more harm than good?

The actress and activist talks immunizations, autism, and the resurrection of long-dead diseases.

EXCLUSIVE
From Hormone Tips to Cancer Wisdom
THREE'S COMPANY
Actress Has You Covered

Stop Wasting Time on Doctor Visits!
How to Get All Your Medical Advice on the Web

Kanye's Baby Mama
Stop Wasting Time on Doctor Visits!
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DR. OZ!
Follow His Yellow Brick Road to a Cure

This issue
CELEBRITIES
YOU KNOW YOU LOVE 'EM. LET 'EM CURE WHAT AILS YOU.

“This is breathtaking ignorance!”

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Kanye’s Baby Mama
“DR.” KIM IS IN with Morning Sickness News

DR. OZ!
Follow His Yellow Brick Road to a Cure
WHEN IT COMES TO MAKING DECISIONS ABOUT HEALTH, MANY PEOPLE ARE LOOKING TO THE STARS.

Why would anyone take medical advice from Kim Kardashian?

“The vast majority understands that scientifically-trained physicians are the best bet, but, unfortunately, an atmosphere of ‘conspiracy’ has appeared, particularly in the U.S., that there is an unholy alliance between Big Pharma, Big Agro, physicians, and scientists to undermine the health of the public so they can sell them their expensive but useless dangerous products,” says Joseph A. Schwartz, PhD, director of McGill University’s Office for Science & Society in Montreal, Quebec.

Public figure “experts” include Demi Moore espousing curative leeches, Tom Cruise declaring psychiatry a “crime,” Sarah Palin decrying fruit fly research funding. “This is breathtaking ignorance,” says Schwartz, who concludes with model Heather Mills’ “insight into our own demise. She writes, ‘Meat sits in your colon for 40 years and putrefies and eventually gives you the illness you have. And that is a fact.’ No, Heather, it isn’t.”

Why do these sources without credentials hold sway?

HAVING PEOPLE GONE Starry-eyed?

“Talk show sets have become lecture rooms, books written by celebrities are the new texts, and many learn their science from “Professors” [Suzanne] Somers, Tom Cruise, Demi Moore, Julia Sawalha, Sarah Palin, Michelle Bachmann, and Alex Reid.” So says Joseph A. Schwarz, PhD, director of McGill University’s Office for Science and Society in Montreal, Quebec. Dr. Joe, as he is known to the public, debunks invalid health claims.

“Those promoting pseudoscience promise simple solutions to complex problems,” Schwarz explains. “Such people have no expertise, are not familiar with the literature, and have no understanding of potential side effects and drug interactions.

Schwarz theorizes the popularity of alternative treatments arises because of the placebo effect and the fact that many diseases resolve by themselves. Health gurus attract followers in the same manner that casinos convince patrons they’ll beat the house. The gullible want to believe charlatans have “discovered secrets that thousands of researchers have missed, along with natural remedies that Big Pharma has swept under the carpet,” says Schwarz.

UAB’s Kevin Fontaine, PhD, adds, “People tend to see their own risk as lower than someone else. It’s called optimistic bias. What are your chances of developing ‘Disease X’ compared to your neighbor? People almost universally view their risks as lower. That is an issue that makes public health messaging more of a challenge.”

Even among credible sources, he says, “There’s a lot of misinformation or incomplete information. What should we eat? Should we eat a carbohydrate diet? A high-fiber diet? A low fat/high fat diet? If it’s hard for the research community to figure out, you can imagine what consumers are faced with. The Internet and all these other sources of health information are double-edged swords.”

WHAT IS PSEUDOSCIENCE?

“Pseudoscience is a stream of gobbledygook, scientific charlatanry, alternative nostrums, quackery, and quack medicine,” says Dr. Joe. “Pseudoscience is the abscission of scientific knowledge.”

“A quack is someone who uses the cloak of science to hawk ‘cures’ and audience attraction, but remains essentially a fraud,” says Dr. Joe. “That is not how science is done. It’s more often an unholy alliance between Big Pharma, Big Agro, physicians, and scientists to undermine the health of the public so they can sell them their expensive but useless dangerous products.”

Be seen everywhere.

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PH professionals need to grab the same spotlight as the CELEBRITY NUMBNUTS.

How Public Health Can OUTSWIM THE SHARKS

IN A SEA OF INFO—SOME CREDIBLE, SOME NOT—HOW CAN PUBLIC HEALTH EXPERTS REMAIN THE PUBLIC’S LIFESAVERS?

1. Be seen everywhere. Public health experts should participate in every social context. “I’m talking about income, education, employment, empowerment—classic issues in community health,” says Frank A. Franklin, MD, MPH, PhD, and UAB professor emeritus. “There is no group at the CDC that addresses poverty or education. Until you do, you are not going to have any impact on chronic diseases.”

2. Take the oomph out of ill-advised health messages. Be seen in those same outlets but spouting solid information. “When is the last time you saw anybody from the school of public health on TV?” Franklin says. Public health experts need to be grabbing magazine covers and being guests on talk shows. “If you think about it, how else can you combat misinformation? You have to do it through classic media, through churches, through social networks.”

3. Expand what it means to be in the profession. “If I were going to look for people to lead public health, I would look for people who are strong social scientists and social activists,” he says. “It’s time for public health to dive into leadership of all sorts of social venues and communities to outshine the charlatans the public turns to now.”

4. Become more advocacy-oriented. “Members of the public can believe whatever they want to believe, but they still need to come to physicians for their prescriptions,” Franklin says. “Public health doesn’t have control over the population like that. To make a difference, you need enlightened government policies. Who better to enact these policies than public health experts?”

by Nancy Dorman-Hickson

PH people need to be ACTIVISTS

If PH professionals want to stay in the game, they need to start listening to the public and communicating to them in the same fashion as celebrities — whether through Tweets or Facebook ads or video games.
Personalized medicine is revolutionizing healthcare — and population health in general. Single diseases are being fractured into many diseases, each with their own targeted treatment resulting in better outcomes for patients. It’s healthcare so specific that patients are given the opportunity to make more educated decisions. But these opportunities can create a public health burden.

When a disease is split into many diseases, researchers can focus on a specific mechanism unique to one of those more finite ailments. For example, a targeted therapy for patients with metastatic breast cancer with a specific genetic mutation may not be effective for the average patient, but would be highly effective in a patient with the mutation, resulting in longer, progression-free survival.

And it could save patients the cost and side effects of less effective treatments, says Meredith Kilgore, PhD, professor and chair of UAB School of Public Health’s Department of Health Care Organization and Policy. But fewer patients eligible for the treatment translate into fewer sales of that drug, which, in turn, means the drug company must increase the cost to recover the expense of developing the treatment.

Health insurers are hesitant to shell out big bucks for these specialized treatments, claiming there is limited evidence to prove the treatment will be effective. Furthermore, the government has done little to impose price controls on personalized medicine or on any prescription drugs, despite widespread public concern about drug costs in general.

Understanding risk is another issue. Through personalized health, patients gain access to more precise estimates on survival, recurrence, or chances of developing a deadly or crippling disease. Which means doctors and patients will have to gain a profound understanding of uncertainty in order to make healthcare decisions. Communicating one’s risk is different than actually acting on that chance. For example, a family history of breast cancer gives a general idea of risk, but a woman who tests positive for a BRAC mutation has a more accurate understanding of her chances of developing breast cancer. She is then left with the burden of choosing whether to have a mastectomy to prevent or reduce her risk of developing the disease.

The question boils down to how much are we willing to sacrifice — collectively — for very effective treatments for the most deadly and debilitating diseases, but that benefit only a few of us.

BY JENNIFER WALKER-JOURNEY

* M.D. Anderson Cancer Center research on more than 1,100 metastatic patients.
I am an economist by training, so I constantly refer to scarcity. It’s the fundamental challenge we have in public policy. We don’t have all the money in the world, so how do we spend our money in the most efficient way and how do we find value?

If I had a big magic wand, I’d invest in the culture of health. It’s not magic but an individual’s behavior changing in ways that improve health and improve healthcare cost. We would need to address ways we undermine our own health.

But there are a lot of opportunities, a lot of things that fall under the public health heading—building public parks, improving low-income neighborhoods, adding more sidewalks, encouraging people to use other methods of commuting to work than driving a car. Change is really difficult, but that’s the path forward in improving health and well-being of Americans.

— David Becker, PhD, associate professor in the Department of Health Care Organization and Policy in the UAB School of Public Health

I’d invest in K-12 education. There’s a huge discrepancy in the quality of education children get based on where they live, and correlating with that is household income. So kids at highest risk typically get a poorer education than children from more advanced backgrounds. And I presume that there are basically better-educated people making better health choices. Wealthier people tend to value health more.

Education is tied up with earning potential and that has the potential to have more return on investment. What we do to increase peoples’ financial well-being goes a long way to producing better health outcomes.

— Meredith Kilgore, PhD, professor & chair of the Department of Health Care Organization and Policy in the UAB School of Public Health
Infected
Linda Croleys Story

I can still remember seeing my 80-year-old mothers skin after she contracted a drug-resistant bacterial infection. It looked like Saran Wrap, just shiny and taut, and oozing with fluids. Weeping, they called it. It was awful to witness.

Before she became ill, my mother, Louise Applegate, was always going somewhere - painting classes, computer classes, sewing guild. One day she was heading out when my dad noticed she didn’t look great. She had a nagging cough and had been diagnosed with COPD earlier, though she was never a smoker. She said she didn’t feel right. To be safe, Dad took her to the ER. They admitted her, and then she stopped breathing and had to be intubated. We never really knew what caused her decline.

The next several months were a roller coaster of hospital and rehab facility stays. Just when we thought she was improving, something seemed to bring her back down. Thats when the doctors warned us that because her immune system was suppressed, she was very susceptible to developing a drug-resistant infection, a “superbug” they called it.

Every time I got sick, a cough or a cold, I always asked for antibiotics. I took them until I felt better and then I stopped, even if I wasn’t finished with the prescription. Its just the way I was raised. It was the way my mother was raised.

Two days after my mother was admitted to a nursing home, she was diagnosed with carbapenem-resistant Enterobacteriaceae, or CRE, a family of germs that can cause deadly infections. The infection choked her lungs, weakened her heart, and caused her to retain fluid, which seeped from her now-delicate skin.

A family of germs that can cause deadly infections. The infection choked her lungs, weakened her heart, and caused her to retain fluid, which seeped from her now-delicate skin.

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Anyway, she was called in. The CDC was alerted. We had to wear gowns and masks while we entered her room.

My mother died that Saturday surrounded by my father, my brother, and me. And while I miss her every day of my life, I am comforted by the knowledge that she is no longer suffering.
SUPERBUGS -- THE UNFORGIVEN

Back in the day, no-good, outlaw germs roamed the land spreadin' a heap of infections. These evil varmints left folks mighty ill and left many belly up.

Decades later

Jeepers, Dr. Fleming! This mold juice of yours kills those nasty, disease-spreading bugs!

Soon citizens came to rely on the new bug killers, called antibiotics.

Eat up, Bessie! These antibiotics will make you grow big and strong.

If we're gonna beat those antibiotics, we need to be SUPERBUGS!

Why aren't these antibiotics working anymore?

Cough! Cough! Sigh... Our research can't keep up with these Superbugs!

Why aren't these antibiotics working anymore?

Why aren't these antibiotics working anymore?

Oof! Kung Fu!

If we're gonna beat those antibiotics, we need to be SUPERBUGS!

Next time: Public Health v, Superbugs!

Save us from the Superbugs!

Eat up, Bessie! These antibiotics will make you grow big and strong.

If we're gonna beat those antibiotics, we need to be SUPERBUGS!

Why aren't these antibiotics working anymore?

Save us from the Superbugs!

Yeah, Doc. I probably need some antibiotics.

It's a common cold.

We're gonna beat those antibiotics, we need to be SUPERBUGS!

Cough! Cough! Cough!

Aack! Run!

It's a common cold.

Sigh...

Our research can't keep up with these Superbugs!

Save us from the Superbugs!

Jeepers, Dr. Fleming! This mold juice of yours kills those nasty, disease-spreading bugs!

Oh no! Oh no!

Eat up, Bessie! These antibiotics will make you grow big and strong.

If we're gonna beat those antibiotics, we need to be SUPERBUGS!

Why aren't these antibiotics working anymore?

Oof! Kung Fu!

Next time: Public Health v, Superbugs!
Warring words often represent public health efforts — “Win the War on Drugs!” “Fight Cancer!” “Beat Heart Disease!” “Viewing illnesses as a battle may be helpful for the ailing individual and for fundraising, but not from a public health perspective,” says UAB School of Public Health’s Kevin Fontaine, PhD. “It assumes we are fighting an enemy. The ‘enemy’ is our lifestyle.”

Fontaine teaches a course on non-Western healing traditions, which often view disease “as a manifestation of disharmony or imbalance among body, mind, and spirit,” he explains. “They would not use the war metaphors — they would view health as more like floating down a river, trying to avoid getting snagged in the reeds.”

Frank A. Franklin, MD, MPH, PhD, says, “From cradle to casket, health exists on a continuum with two guiding principles. One: our health starts in utero and continues over the lifespan. This view supports early prevention and intervention. And two, there is no disease threshold. Rather, these diseases gradually develop — a wear-and-tear model, not a lightning-strike model.”

Instead of taking on so-called winnable battles, Franklin believes public health, or population health, should address root causes to prevent and delay clinical symptoms. “Some people call it primordial prevention,” he says. “Life proceeds through continuous and overlapping stages of distress, decline, disease, disability, and inevitably death. For many of us, quality of life matters more than quantity.”

We trust — perhaps overly so — in science and technology to stop human body decline. The latest smartphone health app, miracle medicine, replacement robotics, and more captivate us.

“The mindset right now in the public and among public health experts is that whatever is wrong with us can ultimately be solved through technology,” Franklin says. “We need to consider other approaches.”

NO! FDA says false results can lead to unneeded procedures or a delay in treatment.

That MPL takes commands from NERVES in the remaining arm muscle.

It makes you think. TECH has all the answers.

Continued on next page.
technology or medicine,” says UAB School of Public Health Dean Max Michael, MD.

“Everyone thinks that technology will be the magic bullet for getting healthy,” says Mazi Rasulnia, PhD, UAB School of Public Health alumnus. Indeed, technologies “may soon, one day, replace the doctor’s visit.” But technology alone, “without empathy and human interaction,” will not be effective.

Big picture, it’s unlikely we can invent, imagine, or implement technology or science that can overcome biology and human choice. But people persist in believing technology can solve every health crisis life throws at them.” In fact, Michael says, “We’ve sold that ‘bill of goods’ to the public so much, it’s actually an anti-prevention to health.” He cites patients who have bypass surgery then mistakenly believe the procedure gives them carte blanche.

“They’ll say, ‘I have a new set of arteries. The first set lasted for 50 years, so this will too.’ They believe technology and science can endlessly cure them.”

By Nancy Dorman-Hickson

From the Desk of
ROBERTA B. NESS, MD, MPH

Rather than this kind of hammer approach of war, the future of public health is more about subtlety. In the past, we considered whole populations, sometimes subpopulations, which is the most cost-effective approach, but we can be more subtle and thoughtful.

Doing so could translate into more individualized primary and secondary prevention practices. We’re already starting to see this. For instance, blood pressure and diabetes controls and cancer screening are now targeted. It’s not ‘everyone should be screened,’ but certain age groups, or people with certain risk factors.

In recent government policies, we’ve forbidden any real discussion of costs. For instance, Medicare Part D prohibits negotiation with pharmaceutical companies. Public health, medicine, and the public need to understand the true opportunity costs — the loss of potential gain from other alternatives when one alternative is chosen — of continuing to ratchet up healthcare expenditures.

It’s essential that public health more strongly align with clinical medicine. Rather than sitting on the sidelines as many of these debates are happening within clinical care, we should be right in the center of them.

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The University of Texas School of Public Health
Author of Innovation Generation
Tribute to a public health hero

Harrison C. Spencer MD, MPH, DTM&H, CPH (1944-2016)
by Bea A. Righter

Dr. Spencer once said public health heroes “often become invisible.” His enduring accomplishments ensure the same will never be said of him. Among them: heading the Association of Schools and Programs of Public Health; serving with the CDC, as well as the World Health Organization and the University of Nairobi Medical School; and being dean at both Tulane University School of Public Health and Tropical Medicine and the London School of Hygiene and Tropical Medicine.

This humble man believed each person can make a difference for countless people.

FIREWORKS STUDY SHOWS KIDS MOST VULNERABLE
by Che Boom

Justin X. Moore, MPH, doctoral candidate in Epidemiology, vice chair Gerald McGwin Jr., PhD, and assistant professor Russell L. Griffin, PhD, examined whether the type of firework causing the injury differed by patient demographics and if the severity of injury related to the firework type. The researchers reviewed 2,812 cases involving emergency department visits from 2000-2010. They found that children were more likely than adults, and males were three times more likely than females, to suffer firework-related injuries, suggesting the need for more regulations and enforcement of laws geared toward prohibiting the use of fireworks by novices.

MPH grad students harbor big plans
by Al Lum

RUSS TIMOTHY is working on an MPH with a concentration in Health Behavior, and completing the global health certificate program at UAB’s Sparkman Center, where he serves as a Fellow. Upon graduation, he will join the Peace Corps to combat the spread of and stigma associated with HIV/AIDS.

MYRLINE GILLOT is working on an MPH with a concentration in Epidemiology, and completing the global health certificate program at UAB’s Sparkman Center, where she serves as a Fellow. She hopes to become involved in the study and research of risk factors associated with infectious diseases, particularly those that cause cognitive impairment.

Backyard gardening proves beneficial for older cancer survivors
by Lav Lee Blum

Older survivors of early-stage cancer often have inadequate diets, poor sleep habits, and other issues that impede healthy aging. Researchers at UAB set out to see if vegetable gardening would prove beneficial.

“This is definitely a group at risk, and what better way to get outside and eat fruits and veggies than to have a garden in your backyard?” explains study author Mallory G. Cases, MPH, a doctoral student in Health Behavior at UAB.

The study, called Harvest4Health, grouped 24 cancer survivors aged 60 or older with a master gardener from the Alabama Cooperative Extension System for the planting of three gardens over one year. They compared to a control group of 22 survivors placed on the program’s wait list. Researchers found that the gardening group improved in three out of four physical performance tasks and required less sleep medications, providing a strong rationale for larger studies.

DOCUMENTARY REVEALS POVERTY’S INVISIBLE LAYERS
by Phil M. Durekter

Charlotte Boles’ documentary underscored poverty’s invisibility by highlighting its cycle of misfortunes. Boles, a UAB Public Health junior and Honors College member from Prattville, placed first for her project at the UAB Spring Expo in the Arts and Humanities Oral Presentation category. Boles filmed Tangela George, a forklift driver at Workshops Inc., an Avondale nonprofit that is working on an MPH with a concentration in Health Education.

Filmmaker disavows indigence myths and points to shaky transportation, poor public education, and lack of job training
by Rhea Porter

Janet Bronstein, PhD, has published Preterm Birth in the United States: A Sociocultural Approach, a precedent-setting text providing information for professionals in public health, social work, nursing, medicine, and health policy.

“The primary objective of this book is to explore multiple overlapping dimensions of preterm birth in the U.S. simultaneously, so that the view in each dimension can be illuminated, both by history and by an understanding of the view from the other dimensions,” Bronstein said.

The book looks at the issue in the U.S., which has much higher rates of preterm births than many other countries. Bronstein examines the issue through the lens of how it is affected by societal concerns, including race, poverty, reproductive rights, the business of healthcare, and gender expectations. She addresses class, population, and cultural aspects and incorporates sociological and anthropological insights for preterm births along with contemporary understandings.

“This book brings cultural perspective to the ethical dilemmas concerning preterm birth in the U.S.,” Bronstein said.

Bronstein work gets hardbound
by Rhea Porter

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“This book brings cultural perspective to the ethical dilemmas concerning preterm birth in the U.S.,” Bronstein said.
About 50% of patients do not adhere to long-term therapy for chronic diseases like diabetes, heart disease, and HIV.

40-50% of traditional cigarette smokers lie about smoking.

40% of all patients ignore instructions on how to take medication.

Humans are flawed...

The Public Health CEMETERY

...where health hazards go to die, thanks to Public Health efforts. But Humans are flawed. Nature plays tricks. People don’t listen. And nothing disappears forever...

- Polio resurgence in Africa 2016
- Smallpox last case in U.S. 1947, uncovered in Russia 2016
- Lead poisoning excessive lead in U.S. water systems 2015
- Knock knock...
Why don’t people make better decisions even though they know the consequences? Because when information enters the brain, “there are all kinds of committees that vote along the way on whether that information will reach your consciousness,” says neurologist Robert A. Burton, a former chief of neurology at the University of California, San Francisco, Medical Center at Mount Zion, and author of *On Being Certain: Believing You Are Right Even When You’re Not*. “If there are enough ‘yes’ votes, then, yes, you will become aware of it. If there aren’t, you could miss it.”

Decisions are run by the same part of the brain—limbic system—that doles out dopamine as a reward. So feeling “right” can be partly an addiction.

Somehow you need to give them greater pleasure with an alternate opinion. Just like offering an addict a healthier addiction. Trade one primitive pleasure for another.

Each person is his own population. So you have 100 people on your “committee,” and if you add a new one—such as through a new experience—that new guy has to make himself familiar with the rest of the committee and make them like him enough to sway the vote.

If the source of the message is a friend or someone admired, then that message can get a bye on a bunch of committees.

You have to find out what the committee members are for that person.

Even as you think through a calculation, “the calculation itself has all the committee voting on it,” Burton says. “There’s conscious calculation, then subconscious calculation on the likelihood that the calculation is right.” So someone who can recite all the risks of smoking can still choose to smoke because their committee hates doctors, hates elitists, or “hates the guy who knew it all in school and never had to study, so now they hate all knowledge,” he says.

by Jane Ehrhardt
ELLIS RYALS BUILDING CELEBRATES AN ANNIVERSARY

Twenty years ago, UAB School of Public Health dedicated the Frank and Kathleen Ellis Ryals Building—a 117,000-square-foot, 6-story building—to house the school. UAB graduate Dr. Jarvis Ryals donated $2 million toward the construction in honor of his parents.

During the dedication ceremony, Dr. Ryals reaffirmed his commitment to the ideas of public health by telling the audience, “We simply have to go back to prevention. This School of Public Health is the most important school at UAB.”

Prior to the construction, the school was housed in the former Tidwell Hall and various offices scattered around the campus. The Ryals Building gave the school an identity and a place to call home. Since then, the school has seen unprecedented growth.

“Having our entire faculty in one place has made for untold collaborations that led to new areas of inquiry, new grant applications, and new programs,” says Dean Max Michael, MD. “Innovation and creativity thrive in a space where informal intellectual collusions are encouraged and take place. Disciplines that were located in different buildings on campus came together as a unified dynamic faculty that has created an astonishing legacy of research and teaching excellence.”

In recognition of the 20th anniversary, the school held a surprise dinner to honor Dr. and Mrs. Ryals in Pueblo, Colorado, during which Michael presented them with a mounted brick from the school and a hard-bound leather book containing photos and letters of appreciation from faculty, staff, and alumni.

Dr. Jarvis Ryals—a retired neurologist who served many years on the Pueblo Board of Public Health—also funded a scholarship in the name of his mother, Kathleen Ellis Ryals, who is an educator.

BY JENNIFER WALKER-JOURNEY

ENDOWED SCHOLARSHIP HONORS DEAN MAX MICHAEL

A majority of high school students in Alabama have parents who did not attain a higher education degree. These students are also more likely not to have the financial resources to pay for college. Scholarships can motivate those parents to think of college as part of their family’s expectations.

The Max Michael First Generation Endowed Scholarship was established by an anonymous donor as an expression of gratitude to Dr. Michael, dean of UAB’s School of Public Health.

“We want this scholarship to be an enduring tribute to his distinguished leadership in public health and his longstanding commitment and service to disadvantaged and underserved people in our community,” the benefactor said. “As Dr. Michael has always emphasized the importance of education in creating a healthier, more equitable society, it is fitting that this is a first-generation scholarship.”

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