Stephen Okiria did not have to be there. He just wanted to help his co-workers. So, on the evening of July 11, he joined them at the Kyadondo Rugby Club in Kampala, Uganda. Stephen was finance administrator for the Center for Communication Programs’ AFFORD health-marketing initiative.

A couple of thousand people had come to the rugby field to watch the World Cup soccer final between Spain and the Netherlands on a giant screen. A dozen of his colleagues were there to promote condom use and distribute HIV prevention information. The team frequently traveled to such gatherings as a way to get out their lifesaving message.

As finance administrator, Stephen, 43, managed accounts, wrote checks and coordinated financial issues with the AFFORD partners. But he refused to just meet the requirements of his job. He went beyond them. He often helped the field team at health promotional events like the one on that fateful day at Kyadondo. As his former supervisor Kojo Lokko describes him, Stephen was “a people’s person” who was deeply committed to his work and to his co-workers.

Near the end of the World Cup match, two blasts ripped through the crowd. Terrorists from the Somali Islamist movement al-Shabab killed more than 70 people that night at the rugby field and at an Ethiopian restaurant in Kampala.

Stephen Okiria was one of the victims. We join our colleagues in Kampala in mourning the loss of an outstanding individual. Stephen and I met briefly in Kampala last November. My wife, Lucy, and I arrived at CCP’s offices one evening to find a terrific garden reception awaiting us. The team’s commitment and conviviality were equally impressive. I remember Stephen as one of many bright, capable and enthusiastic members of the team who were happy to see us.

I’ve since learned how truly exceptional he was. A devoted husband and father, he supported his wife, Sarah Kooli Okiria, and six children, ages 3 to 18. At the office, he organized an informal credit union that colleagues could contribute money to and borrow from in times of need. To encourage physical activity among his co-workers, he persuaded them to participate in Friday evening soccer matches. As Kojo has said, Stephen “drew his strength from helping people.”

Stephen was changing the world for the better. He provided critical support for a large public health initiative. AFFORD had almost completed its mission of launching a program that would transition into the sustainable, locally run Uganda Health Marketing Group. Stephen was one of the last two Hopkins AFFORD employees still working with the group. The new organization will continue to benefit from all of Stephen’s contributions and will continue to promote health in the country.

Less than two weeks before Stephen died, I was again in Kampala. World Cup soccer matches leading up to the finals were under way then. Everywhere we went, televisions and radios blared the drone of vuvuzelas. In my meetings with Ugandans, I was struck again by their optimism, openness and warmth, as well as their desire to improve their country. In that positive milieu, something as monstrous as terrorism never seemed even a remote threat.

In Stephen’s tragic death, there can be no more stark difference between what we in public health do and what terrorists do. We change the world by working with communities to protect human life. The antithesis of that is terrorism, which tries to bring about change by destroying human life.

Stephen was emblematic of the people who are attracted to public health. They, like Stephen, are big-hearted, smart and committed.

I fervently hope that Stephen Okiria’s death will not be in vain. His commitment to the health and well-being of his fellow Ugandans should be an inspiration to us all. I believe Stephen’s legacy demands that we keep on with our mission—protecting health and saving lives.

Note: A fund has been created to support Stephen Okiria’s wife and children. All money collected will go to the family. I hope you will contribute as well: jhsp.edu/stephenokiria.
You’ve come a long way, baby. Or so says the cigarette industry.

A hundred years ago, a woman with a cigarette was considered a scandal. Today, though, in developed countries, women buy and smoke cigarettes at nearly the same rate as men. Fifty years of tobacco advertising saturated with images of sophistication and slender women had a great social impact.

In the developing world, however, the gap remains. In China, for example, only 4 percent of its 650 million women smoke, compared to 40 percent of men. But researchers Benjamin Apelberg and Elisabeth Donaldson, co-authors of a chapter in the recent WHO publication *Gender, Women and the Tobacco Epidemic*, say the gap is shrinking.

“Given the industry’s history and the untapped market … why wouldn’t they target the people who haven’t reached for their product yet? China and India are the biggest markets, and women hardly smoke in China,” says Donaldson, research program manager at the Institute for Global Tobacco Control (IGTC).

The best way to predict smoking trends is to look at the data on youth, ages 15 to 18, say the researchers. In China, for example, where only 4 percent of women smoke, the rate of experimentation with smoking among girls ages 14–24 is 20 percent. “Youth provide a sense of what the future holds, and, worldwide, girls are catching up,” says Apelberg, PhD ’06, MHS ’00, an assistant scientist in Epidemiology.
The industry knows this, too. Products such as Camel No. 9 cigarettes (a play on the French perfumes Chanel Nos. 5 and 19) target young girls, says Donaldson, MHS ’08. These cigarettes are sold in a slim, pink case, marketed as “light and luscious,” and accompanied by free berry-flavored lip balm and cell phone jewelry.

One of the industry’s most successful strategies for marketing to women has been the “light” or “low-tar” cigarette, which purported to be safer, with less nicotine and fewer chemicals. Eventually, research exposed the “light” cigarette as a sham. In June, the FDA banned U.S. cigarette packs from declaring themselves “light” or “low-tar.”

“One of the things that’s so disturbing,” says Frances Stillman, co-director of the IGTC, “is that in the developing world, it’s the wealthier women who are taking up smoking. The industry has known for a very long time that these women want to be sophisticated and Western.”

The best hope for protecting women from the dangers of tobacco, says Stillman, is to separate the images of smoking from those of sophistication, glamour, independence and individualism. Some countries mandate that tobacco packages contain graphic warnings, while other nations have banned everything but the name from the package. “For young women, the issue is movement toward making these products less desirable,” she says. “We have to get rid of the images of beautiful, successful women smoking.” —Christine Grillo
Fifteen years. That particular chunk of time greatly bothers Orin Levine. Once the hepatitis B and *Haemophilus influenzae* Type b (Hib) vaccines were approved for use in wealthy countries, it took that long for them to even begin to be used in poor countries. Levine, PhD ’94, director of the International Vaccine Access Center (IVAC), is committed to eliminating that kind of delay. He recognized an opportunity in the pneumococcal conjugate vaccine (PCV), which was approved in 2000 and protected against seven strains of bacteria that can cause pneumonia, meningitis and sepsis. (Second-generation vaccines now protect against 10 and 13 strains.) Starting in 2003, Levine led PneumoADIP, a pioneering $60 million effort supported by the GAVI Alliance. Its goal was to coordinate donors, vaccine makers and governments to speed PCV distribution. As a result, second-generation vaccines are being distributed in some African countries at the same time as in the U.S. and Europe. Expanded access to the vaccines will save an estimated 5 million children’s lives over the next 20 years.

In midsummer, *Johns Hopkins Public Health* editor Brian W. Simpson spoke with Levine, an associate professor of International Health, about PneumoADIP, vaccine pricing and his blog for *The Huffington Post*.

**Why devote your career to vaccines?**
I think the most important thing for me is that vaccines are tools for social justice. They really work well at diminishing disparities in health. Whether you’re rich or poor, living in difficult circumstances or comfortable ones, when you’re vaccinated, you’re protected. And I find that appealing.

**The history of distributing vaccines to developing countries is pretty dismal.**
Until about the early ’70s, only about 5 percent of the world’s children were getting routinely immunized. If you think about that, we only have 30 years of experience rolling out these new vaccines. Maybe we should cut ourselves a wee bit of slack that we didn’t roll out everything as fast as we would have liked.

**PneumoADIP changed things. How?**
It set out to accelerate development and introduction of pneumococcal vaccines in the places where they were needed the most. We played a kind of central coordinating role. We worked with the World Health Organization, UNICEF, the GAVI Alliance, vaccine manufacturers, developing countries, international financing groups and donors like the Gates Foundation or
national governments. It’s really a function of coordinating the actions of all of those groups.

**Give us an example of PneumoADIP’s impact.**

Well, the vaccines started to roll out last year, but a lot of the research occurred in The Gambia. The Gambian pneumococcal vaccine trial essentially catapulted pneumococcal vaccines in the global health field because it showed that three doses of the vaccine reduced all child deaths by 16 percent, which is an incredible impact. In the Gambia trial, that was 7 deaths prevented for every 1,000 children that we vaccinated.

**Did you have the sense that PneumoADIP would be a transformative project?**

Yes. We knew that we had been given a golden opportunity. We knew this was probably the single best opportunity that had ever presented itself to the public sector and the vaccine community to get it right.

**What are advanced market commitments (AMCs)?**

*Newsweek* said AMC is like a carrot on a stick. It says to vaccine manufacturers, if you make safe, effective vaccines for developing countries and they’re affordable, donors will buy them and pass them on to the developing countries at a price that they can afford. Industry gets its money back, and developing countries get a lifesaving vaccine. To me, it’s just a smarter way to use our investments in global health. It’s making sure that the developing countries get the vaccines in the formulations that they want at the prices that they need.

**Why not just go with the lowest bid you get from the manufacturers?**

Well, there are two things. One is you get greater supply security when you have more than one supplier. When we have only one supplier and then suddenly something happens to their manufacturing plant, we’re totally without vaccine. The other is you put a ceiling on the price. I mean the AMC says we’ll buy these from you, but you will not ever charge more than $3.50 a dose to the poor countries that are going to buy this.

Is it better to give vaccines to developing countries free or charge a small amount?

I think people are surprised to hear it but one of the major groups that pushed GAVI to charge a small amount for vaccines was developing countries themselves. If you give vaccines to them for free, they say, sure we’ll take it but they won’t be invested in it. Even a small charge for vaccine means developing countries’ governments have skin in the game. That helps to improve sustainability. It says, “We’re invested in this. We value this.”

**How will things be different with future vaccines like dengue or malaria?**

When we have a strong immunization system that includes financing and delivery systems and surveillance and those kinds of things, you can draw in the innovations that are coming out of research and development and deliver them rapidly. Those are vaccines that we will be able to slip into existing programs.

**PneumoADIP is winding down. So you founded IVAC to apply the same ideas to other vaccines?**

Within a week of our announcement of IVAC in October 2009, the phone started ringing. All these people called to ask if we would work on dengue, or malaria, or flu. It was really kind of amazing.

**What are you working on now?**

We are continuing to see work on pneumococcal vaccines through and adding to that some work on other vaccines. One is a vaccine against rotavirus, which is the most important cause of fatal diarrhea worldwide. We expect rotavirus vaccines to be rolling out this year and next. Another is dengue. We’re excited because we’ve got a few years before dengue vaccines are expected to be licensed. We can start coordinating and lining up, and maybe if we’re successful, we can see the launch of these vaccines in the most affected populations first, not just the ones that can afford it. We’re also trying to figure out how to use technology to improve vaccine coverage—how to use cell phones to improve the timeliness and coverage of all vaccines. You can potentially use it to track the deliveries of vaccines to the clinics. On the demand side, you can send reminders to parents that it is time to come in or that there are vaccines in the clinics.

**You really have to push to get the donors, manufacturers and others to get things done. Some researchers aren’t comfortable being seen as advocates.**

When we get involved in advocacy, we start with the evidence. We think that evidence-based advocacy is important because we know it is not enough for public health to generate new evidence. That evidence has to lead to changes in political will and a whole bunch of other things. We know the people who know the evidence best should be in a position to advocate for it if the evidence says that intervention should be a priority.

**You’re obviously busy, yet you make time to blog for The Huffington Post. Why?**

I’m coming up on a year with *Huff Post*. I really like it. It’s been remarkably well picked up by big groups like the Gates Foundation, GAVI, Kaiser Family Foundation and daily digests of global health stuff—those reach the people I want to reach. The thing about a blog is, when it works, it starts a conversation that was not there before.

---

### A VACCINE’S NEED AND IMPACT

**800,000** Number of children under 5 killed by pneumococcal disease annually (Pneumonia is the most common serious type of pneumococcal disease)

**50** Percentage of children under 3 who carry pneumococcus bacteria in the nasopharynx

**98** Percentage of child pneumonia deaths that occur in developing countries

**5 million** Estimated children’s lives saved by 2030 through access to pneumococcal vaccines
Green is Gold for the Center for a Livable Future

Founded 13 years ago with the mission of promoting sustainability in farming, eating and living, the Center for a Livable Future (CLF) faced a new sustainability challenge last year: renovation.

Anticipating its move to a new office suite, CLF’s director, Robert Lawrence, leapt at a suggestion from Facilities Management to aim high with an environmentally low-impact renovation. By using demolition and construction practices intended to reduce, reuse and recycle, the team had a shot at earning Leadership in Energy and Environmental Design (LEED) certification from the U.S. Green Building Council (USGBC). The LEED program is the nationally accepted benchmark for the design, construction and operation of high-performance green buildings.

To qualify, CLF would have to meet USGBC goals in water efficiency, energy and materials, among other categories. Four levels of certification—certified, silver, gold and platinum—are awarded on the basis of a point system.

“It was a terrific learning experience for us,” says Michael Schoeffield, director of Facilities Management. “This was our first LEED project, and we were fortunate to have a good team to cut our teeth on the process.” Both the architect and the engineer had worked on LEED jobs already, and the Facilities team found that a lot of their building standards already were LEED-compliant. Applications used routinely by the Bloomberg School, such as low-VOC (volatile organic compounds) paint and carpet tiles with recycled content earned points toward certification, as did the School’s energy-saving devices such as light-sensors.

During the renovation, the team earned credit by recycling demolition materials; installing an energy-efficient heating, ventilating and air conditioning unit; installing a sophisticated lighting system that dims and brightens according to indoor light levels; and using insulation made from recycled blue jeans, instead of fiberglass.

When the project was completed, the team had scored enough points for gold Commercial Interior certification. Now the Facilities Management team plans to consider LEED certification in any major renovation.

“Although the focus of CLF is on food systems,” says Lawrence, MD, the Center for a Livable Future Professor in Environmental Health Sciences, “we have a broader commitment to the concept of sustainability.” The Center is determined to practice what it preaches, he says.

Schoeffield would love to see sustainability become more ingrained at the School. “I’d love to see the School be as close to the cutting edge of environmentally friendly practices as possible,” he says. “If the environment fails, I can’t imagine any bigger public health problem than that.”

—Christine Grillo

Karen Bandeen-Roche, PhD, the Frank Hurley and Catharine Dorrier Professor and Chair in Biostatistics, has been elected chair of the Caucus of Academic Representatives for the American Statistical Association.

Catherine Bradshaw, PhD, associate professor, Mental Health, was selected for a Presidential Early Career Award for Scientists and Engineers from the White House Office of Science and Technology Policy. She also received a Career Development Award (K01) by the CDC and the 2010 Early Career Award from the Society for Prevention Research.

Parul Christian, DrPH ’96, MSc, MPH ’92, associate professor, International Health, was elected to serve as a counselor for the American Society of Nutrition’s International Nutrition Council.

Marie Diener-West, PhD, Helen Abbey and Margaret Merrell Professor of Biostatistical Education, and chair of the MPH Program, received the Association of Schools of Public Health (ASPH)/Pfizer Award for Teaching Excellence.

Carolyn Fowler, PhD, MPH ’96, assistant professor, Health Policy and Management (HPM), was awarded the President’s Award by the Safe States Alliance.

Stephen Gange, PhD, professor and deputy chair, Epidemiology, was admitted as a fellow to the American College of Epidemiology.

Diane Griffin, MD, PhD, the Alfred and Jill Sommer Professor and Chair in Molecular
Microbiology and Immunology, has been appointed University Distinguished Service Professor by the Board of Trustees of the Johns Hopkins University.

Thomas Hartung, MD, PhD, the Doerenkamp-Zbinden Chair for Evidence-Based Toxicology in Environmental Health Sciences (EHS), received an Agilent Thought Leader Award in support of his research for the use of toxicity pathways to predict developmental neurotoxicity. The award includes funding instruments of more than $500,000 to the Center for Alternatives to Animal Testing (CAAT).

Rafael Izrrarry, PhD, professor, Biostatistics, has been ranked the second-most cited mathematical scientist in the world by Essential Science Indicators.

David Jernigan, PhD, associate professor, Health, Behavior and Society, director of the Center on Alcohol Marketing and Youth, was awarded the 2010 Award of Excellence by the National Prevention Network (NPN).

The Johns Hopkins Malaria Research Institute was selected by the National Institute for Allergy and Infectious Diseases as an International Center of Excellence in Malaria Research, supporting research in Zambia and Zimbabwe.

Miraya Jun, an MHS student, International Health, and Namrita Singh, a PhD student, International Health, are recipients of the 2010 Fulbright U.S. Scholar Awards. Jun will be stationed in Mongolia, and Singh will conduct research in the Republic of Georgia.

Undergraduate public health major Brittany Bland received a Fulbright to study factors preventing immigrant women from seeking TB care in Rabat, Morocco.

Aamir Khan, MD, PhD ’06, associate, International Health, was elected chair of the MDR-TB Working Group of the Stop TB partnership.

Tamaki Kobayashi, PhD, MPH ’08, research associate, Epidemiology, was awarded a Young Investigator Award at the American Society of Tropical Medicine and Hygiene (ASTMH) annual meeting.

Ben Langmead, MS, research associate, Biostatistics, has been named a winner of the BioMed Central 4th Annual Research Awards in Genome Biology for a paper disseminated through open access publication.

Thomas LaVeist, PhD, William C. and Nancy F. Richardson Professor in Health Policy, HPM, was appointed by Congresswoman Donna Christensen to the Health Equity Leadership Commission, a new commission.

Kung-Yee Liang, PhD, former professor, Biostatistics, and now president of National Yang-Ming University in Taiwan, was awarded the American Public Health Association’s Rema Lapouse Award for 2010.

The School’s Master of Public Health Program has been ranked as the top health online degree program by Kiplinger, a national finance magazine.

Louis Niessen, MD, Reg.PH, PhD, associate professor, International Health, has been named the head of the new Center for Chronic Diseases of ICDDR,B (International Centre for Diarrhoeal Disease Research, Bangladesh).

Elizabeth Platz, ScD, MPH, professor, Epidemiology, was named the first Martin D. Abellor Scholar at the Sidney Kimmel Comprehensive Cancer Center.

Raymond Reid, MD, MPH ’81, research associate, International Health, received the DUKEPOO Award at the National Indian Health Service/Native Health Research Conference for his research in American Indian and Alaska Natives communities.

Amy Tsui, PhD, professor, Population, Family and Reproductive Health, gave the commencement talk at Tulane University’s School of Public Health in May, and in November she will receive the Carl S. Shultz Award for Lifetime Achievement at the Population, Sexual and Reproductive Health section of the American Public Health Association.

Youfa Wang, MD, PhD, associate professor, International Health and Epidemiology, was elected to serve as a councilor for the Obesity Society Pediatric Section, 2010–2012.

James Yager, PhD, professor, EHS, senior associate dean for Academic Affairs, Edyth H. Schoenrich Professor in Preventive Medicine, was awarded the Ernest Lyman Stebbins Medal for his contributions to the teaching programs of the School.

Electric Enthusiasm for Biostatistics

In 11 years of teaching biostatistics, John McGready, PhD, has accumulated enough teaching awards to make a shelf sag. The assistant scientist treasures a 2008 handcrafted trophy from students for being the “Most Statistically Significant.” Then there is his hat trick of Golden Apples, a prestigious School teaching accolade, awarded in 2001, 2004 and 2008, and twice he’s received the School’s Excellence in Online Teaching Award. This August, he received the Outstanding Teaching Award presented by the American Statistical Association’s Section on Teaching Statistics in the Health Sciences. And, in September, he won the ASPH/Pfizer Early Career in Public Health Teaching Award. Incalculable, however, is the gratitude of more than a thousand students whom McGready has shepherded through what may have seemed, for some, the dark valley of statistical reasoning—had it not been for his dedication and electric enthusiasm.
INTO AFRICA

In a two-week trip to Africa this summer with Dean Michael J. Klag, Johns Hopkins University President Ronald J. Daniels saw firsthand the fruits of some of the Bloomberg School’s partnerships there. Joining Daniels and Klag were Peter Agre, director of the Johns Hopkins Malaria Research Institute (JHMDRI), and Michael Eicher, vice president for Development and Alumni Relations at Johns Hopkins.

The group visited the Rakai Health Sciences Program (RHSP) in Uganda, the Malaria Institute at Macha (MIAM) in Zambia—longtime Bloomberg School partners—and International Health associate professor Andrea Ruff’s project for the President’s Emergency Plan for AIDS Relief (PEPFAR) in Ethiopia. The experience in late June strengthened Daniels’ belief in the transformative nature of Hopkins’ global collaborations. "It’s one thing to read about the dramatic partnerships and programs with which we are engaged, and something else entirely to witness them in action,” he says.

In Uganda, the group toured RHSP’s new health services facility, where investigators conduct HIV research, and visited one of RHSP’s satellite clinics that provide antiretroviral therapy to HIV patients in remote areas. "To walk through the Program’s state-of-the-art clinic and recognize that it started as a dream hatched in some rented rooms of a local inn is to understand what the program has accomplished,” says Daniels.

In Macha, Zambia, Daniels learned how the synergistic research, clinical and preventive efforts have driven down malaria rates dramatically in the surrounding area.

Klag notes that the success of the School’s Africa programs reflects the inclusion of local colleagues and residents as full partners: "Working from the grassroots up can make powerful differences in people’s lives.”

From top: Children in Rakai, Uganda; Daniels and Klag with friends in Rakai; Daniels examines malaria parasites in Macha, Zambia. (Photos by David Colwell)
Safely Ahead of His Time

How did we ever survive the 1960s?

Things were different then: Kids pedaled bikes without wearing helmets, rode in cars without clicking on seatbelts, and often lived in homes where parents smoked. Such behaviors today are hardly the norm.

I actually had a reasonably safe childhood growing up in the 1960s in Evanston, Illinois, because my dad was ahead of his time. When he purchased a 1962 Rambler (with a “three on the tree”—a stick shift on the steering column), he refused to drive any of us in the car until the seat belts were installed. That was back in the day when seat belts were added by the dealer. When we went boating, he never left the dock until everyone was wearing a life vest. And he was among the first on our block to install smoke detectors when they were available.

What drove his early commitment to safety? Personal experience. In college, he had been on the third floor of a rooming house that caught fire (he escaped with only the pajamas he was wearing). And he, my mother and two older brothers had been on a boat that started taking on water and lacked an adequate supply of life vests. He knew he had been fortunate to survive these near-misses, and he didn't want to take any chance with us. When I bought a 100cc Yamaha motorcycle in 1972 and rode it home, Dad drove me right back to the dealership and bought me a helmet, making it clear that I would never even get on the bike without it.

Nobody should have to go through what my dad did in order to value basic safety precautions. That's why we have laws and healthy behavior campaigns. There are countless examples of public health regulations that have played important roles in saving lives, and preventing or reducing injuries, but they're not our only option. Mayor Michael Bloomberg’s National Salt Reduction Initiative (see page 16), for example, has persuaded food manufacturers and restaurant chains to collaborate in his efforts to lower the sodium content in prepared foods. And, in our story on confronting the obesity epidemic (page 32), many of our experts' strategies emphasize new ways to help individuals change their eating habits and make informed choices about food.

We as individuals need to adopt responsible behaviors that are best for our own and our family’s health. All of us—whether we’re CEOs of large companies, government leaders, factory workers or parents of young children—should recognize our moral responsibility to do whatever we can to preserve our own and others' health and safety.

Though I wasn’t always sure growing up, my father did know best.

Paul B. Seifert
Associate Dean, External Affairs
Johns Hopkins Bloomberg School of Public Health
pseifert@jhsphs.edu

Letters to the Editor

A Service Ethic for Teens

Thank you to Freya Sonenstein for “The Kids Are Alright” [Spring 2010]. As adults and in society in general we underestimate the potential of youth to make big decisions about their lives and what they want to do. We can do much to help youth understand their potential and to encourage them to find their purpose in life and to set bold goals early on.

[Perhaps] a service ethic is the most appropriate goal to which teens can be encouraged to aspire as this resonates, appeals to and develops the teens’ innate helpful nature. The service ethic is also a context that can guide their future life, studies and eventual work choices. Youth can make the choice that their purpose in life is to help make the world a better place.

However such ideals and action don’t come naturally in today’s society, as they are opposed to the increasingly ubiquitous worldview that as human beings we are "utility maximizing" and should seek happiness from material sources. A service ethic has to be nurtured, and materialistic tendencies have to be put into perspective for young minds.

My point is that the teenage years don’t have to be that messy. With the right atmosphere and training they can be beautiful instead.

Shahbaz Fawbush, MD
Antananarivo, Madagascar

Public Health Diplomacy

I absolutely agree with Dr. Agre regarding his point on the benefit of science on diplomacy (“Science Diplomacy,” Spring 2010). However, just one small wish is that the School participate in this endeavor in the area of public health as well. North Korea is a country with an abundance of public health problems ranging from malaria and tuberculosis to general health system issues. I believe that “public health diplomacy” would be possible, and I hope to see the School explore this opportunity.

Hoon Sang Lee, MD, MPH ’10
Seoul, South Korea

Help for Older Eyes

I want to suggest that you use fonts that can be read by those of us over the age of 39. The content of the magazine seems to be getting better every year—now please let me read it!

Robert Melton, MD, MPH ’71
Carmel Valley, California

Editor’s Note: Thanks for opening our eyes. We have slightly increased the point size for our main body copy.

Easy on the Eyes

Top notch issue. The graphics and colors are excellent and supplement the clear and concise explanations. All that I expect from the Bloomberg School.

Bob Kambic, MSH, GTL
Baltimore, Maryland

Subscribe to the magazine for free at: magazine.jhsphs.edu/subscribe
When he was seven, Abdul Malik lost his leg and his brother to a landmine in Kabul, Afghanistan. For every young person killed by violence worldwide, an estimated 20–40 receive injuries that require hospitalization. And up to 50 million people are injured by road traffic crashes every year. While many low-income countries lack complex trauma care systems, recent innovations in care, such as mentoring by fellow survivors, may provide ways of mitigating trauma’s profound toll. (See story page 24.)

Source: WHO

GIVE TO THE FUTURE: www.jhsphs.edu/giving

THINK FUTURE