

TPWKY

This is Exactly Right.

(TPWKY intro theme)

Erin Welsh

Hi, I'm Erin Welsh and this is This Podcast Will Kill You. As you may have already noticed, this is not your typical TPWKY episode. For one, you didn't hear Erin Allmann Updyke say, 'And I'm Erin Allmann Updyke'. But don't worry, she'll still be there for all of our regular episodes and you won't just be hearing me ramble on all by myself in this episode. I've got a friend joining me. So what exactly is going on? Well this is a bonus episode, the first in what will be a miniseries of bonus content over the next few months.

If you've listened to the podcast before, you know that we love a deep, deep dive on a topic. After all, that's basically what our podcast does and why we started doing it. But you also know that we can't always make that dive ourselves. Instead one of our favorite things to do is to get someone else, an expert to help us explore those dimensions of a disease or a topic that we can't quite reach on our own. Many of our episodes have featured these expert interviews and I always have so much fun talking with them about their research and I get sad when the interview is over because I feel like there's still so much to discuss, especially about the experts themselves. Which brings me to the second aim of this bonus episode.

For a long time on the podcast, we've talked about doing a careers episode where we discuss the unbelievable number of different and exciting things that you can do in public health. We get lots of emails and messages from listeners asking what an epidemiologist does on a day to day basis or what the difference is between a master's of science and a master's of public health. And frankly, I feel like the world has maybe never been as interested in what actually goes on in the wide world of public health as they are these days. So we thought it would be so much fun to try to get a better sense of what this amorphous umbrella term of public health really means.

We envisioned this episode as covering everything from how to choose a graduate program, disease ecology, epidemiology, public policy, etc to all of the many diverse opportunities open to people who want to pursue a career in public health, conservation biologist, infectious disease physician, biostatistician, entomologist, clinical trials researcher. But we pretty quickly realized that this couldn't possibly be done in just one episode or just one miniseries even. So in these bonus episodes I'm combining my love of an even deeper dive on a topic with my love of picking a public health expert's brain on what it is they do and how they got to be where they are. Graciously offering to be the first to have their brain picked is Dr. Chari Cohen, Senior Vice President of the Hepatitis B Foundation which is a nonprofit institution that is dedicated to finding a cure for the virus and improving the lives of those already affected by the disease.

Last week Erin and I covered the hepatitis B virus and if you haven't listened to that episode yet, you definitely should because it'll give you a nice backdrop of knowledge about this virus and the disease that it causes. But to recap, hepatitis B is an extremely prevalent infection with nearly 300 million people around the world chronically infected. The hepatitis B virus, which is transmitted through blood and body fluids, can cause an acute or a chronic infection and it can progress to severe liver disease and liver cancer in some people. The good news is that we do have both a vaccine as well as antiviral treatment. But the bad news is that despite having these tools to help prevent and control the infection, 1.5 million people are newly infected every year. Part of that might be due to the lack of access to timely vaccination or treatment but another big component to this is the stigma and discrimination faced by many people living with hepatitis B.

As we discussed in our regular season episode, the hepatitis B virus carries with it a substantial amount of stigma and discrimination which can take a large emotional and mental toll on someone who may already be experiencing physical health challenges from their infection. But unlike screening for antibodies or examining liver function numbers, the impact of stigma is much more difficult to measure. In this episode I'll be asking Dr. Cohen to fill us in on what that stigma looks like, what is being done about it, and what it's like to run a public health nonprofit. I had such a great time chatting with Dr. Cohen and I learned so, so much. I will let her introduce herself and get right to the brain picking right after this break.

TPWKY

(transition theme)

Chari Cohen

Hi, my name is Dr. Chari Cohen. I am Senior Vice President at the Hepatitis B Foundation and we are located in Doylestown, Pennsylvania.

Erin Welsh

Wonderful! Thank you so much for taking the time to chat with me today.

Chari Cohen

Thank you. I'm really excited to be here.

Erin Welsh

Well I am also very excited, especially to learn more about stigma and discrimination in hepatitis B because it's such an important topic, as you know, and it's one that we only touched briefly upon in our hepatitis B episode. Over the past couple of decades, we have made some pretty substantial strides in reducing the global burden of hepatitis B through prevention and treatment but we still have a long way to go. And there are several barriers that keep these preventative tools from working, such as a lack of timely access to vaccines or a lack of understanding about the virus' transmission. But can you talk about the ways that stigma can also contribute to the persistence of the hepatitis B virus?

Chari Cohen

Absolutely. It's a great question and stigma is a big problem and one that is unfortunately a major barrier to eliminating hepatitis B around the world. What we have is a misunderstood disease. And so hepatitis B is so common that chronic Hepatitis B impact 300 million people. Yet every person that has it I think feels isolated and alone because we don't talk about it, because hepatitis B is kind of a condition of the shadows and people are often afraid to talk about it and they're afraid when they have it. And I think that lends itself to a situation where when people get hepatitis B, they tend to self isolate because they're afraid of others judging them, they're afraid that they may be discriminated against because they have it. And so they keep it to themselves and they kind of pull back a little bit from family and friends and society. And then you also have some societal stigma where we might actually be promoting stigma in communities.

And so it's unfortunately a major barrier. And I think I think some of it has to do with how hepatitis B is transmitted in that it is an infectious disease and of course there's always stigma with infectious diseases. But I also think hepatitis B has been around for hundreds or thousands of years and what comes along with that is these sort of deep ingrained beliefs that are passed down from generation to generation about hepatitis B and that also I think has lent itself to deep misperceptions about the virus and about how it's transmitted and about how it's treated. And it serves unfortunately to promote fear, which means that people don't want to get tested and don't want to tell anyone when they have it.

Erin Welsh

Right, absolutely. Can you talk about some of what these common misperceptions are around the hepatitis B virus?

Chari Cohen

Yes, absolutely. So we've done quite a lot of research among communities that are highly impacted by hepatitis B and worldwide that's frankly almost everyone. But in particular it's Asian American, Pacific Islander, and African communities. And what we often hear is that people think that hepatitis B is genetic, that's a big one. Because it is passed down from mother to child during the blood exchange that happens at childbirth, you often wind up with family trees that are highly impacted by hepatitis B where you'll see grandparents and parents and kids and aunts and uncles and cousins impacted by it. And so people think hepatitis B is genetic and that only families are impacted if they have weak genes or that something's wrong with the family because everybody has hepatitis B. And so that definitely promotes stigma and it makes families frankly feel bad and makes people not want to say that they've been infected with hepatitis B or that they've been diagnosed.

Erin Welsh

So stigma and discrimination are often discussed together, sort of in just lumped together but they represent these separate things, right? So in the case of hepatitis B, stigma is when someone sees you negatively because of your diagnosis or you see yourself negatively, self stigma. While discrimination is when someone treats you differently because of it. What do stigma and discrimination look like for people with hepatitis B and why is it important to make a distinction between the two?

Chari Cohen

Oh, I'm so glad you're distinguishing them. I think a lot of times we lump them together and it's really important to understand the differences and you defined it really, really well. So I think when people feel stigmatized because of hepatitis B, whether it's self stigma or stigma that's coming from external sources, it means that they pull apart. So we often see people, maybe a family where one person has hepatitis B and they're not allowed to eat with the rest of the family or they don't share the family meals, shared bowl for example. We do see that quite a bit where families sometimes will shun people who have hepatitis B or where we see a lot of times people who are really concerned about transmitting the virus where they will pull back.

And so you'll see people who they don't go out with their friends very much, they are scared to date so it impacts their relationships, they may not go for a specific job because they're afraid that they'll put others at risk or afraid that they won't be able to handle it in case they start having symptoms or they don't feel good. And so it really impacts people's emotional life and their social life as well as their professional life. So the impacts of stigma are great. And one of the ways that we're trying to get around that is just to get people to talk about it more. The more people can talk about their experiences and the more that we as communities can see people just like us talk about their hepatitis B, I think it will help to open it up.

Erin Welsh

Yeah, I'm so glad that you brought up this storytelling aspect and that's one of the things that I really love that the Hepatitis B Foundation does is fighting stigma through storytelling. And so can you talk a little bit more about how important storytelling is and what these storytelling events are like? And also I think there's one coming up, is that right?

Chari Cohen

Yeah, we do have our next training session. So storytelling, it's part of almost every culture has an aspect of storytelling to it. So when you think about how do you educate people to overcome myths and misperceptions and try and promote screening and get people to get tested and get people to see their doctor and get into care. Well brochures, we've done all kinds of things in public health over the past decade, a number of decades. Brochures and websites and things like that, they don't necessarily cut it. But when you have stories, when you have people who have been impacted by hepatitis B talking about how it has affected their life and how they've overcome issues and what they're dealing with, that is incredibly powerful and it actually can change people's perceptions and it can promote people to get tested or it can promote them to stop feeling bad maybe and to stop self isolating. Or maybe it will promote a health care provider to look differently at their hepatitis B patients or their community. So storytelling we think is very, very impactful.

We do have about 40 storytellers around the country. Our storytelling videos which are three minutes long and I think they're in 9 languages now, they've been viewed almost 3 million times online. And so we're able to use technology to get the word out which I also think is very powerful. And we do have a workshop coming up. So we work with our storytellers and we train them on how to most effectively and impactfully tell their stories. And then we help them, we connect them with ways to share their stories whether it's giving testimony at the FDA or working to write an article with a newspaper or a blog or we've had folks do Facebook lives. I mean they're incredible and very, very dedicated. And we also have some of our storytellers share stories specifically about their discrimination experiences which is very, very important too.

And I think outside of stigma, what we tend to see around the country or around the world where there are no protections in place for people who have hep B is that we see policies that are discriminatory. So in many countries around the world, if you have been diagnosed with hepatitis B, you can't get a job or you can't work in a certain industry or you can't immigrate. There are certain countries that won't let you in if you test positive for hepatitis B. And so discrimination is real and it impacts millions of lives.

I mean in the US we're very lucky. The Hepatitis B Foundation actually was at the forefront of working to make sure that people who have hep B in the US are protected and actually are now included under the Americans With Disabilities Act. So you cannot discriminate against someone who has hepatitis B in the US. That doesn't mean it doesn't happen, it just means that technically you're not supposed to do it. But around the world people don't have those same protections and I think it becomes very difficult because if you're a person living with hepatitis B, all of a sudden hep B and the possibility of developing liver cancer is not your first concern, it's putting food on the table because you can't get a job.

Erin Welsh

Right. No, that's such a good point. And I think you brought up this really also crucially important point earlier too that although hepatitis B is a globally extremely prevalent disease, the virus is not equally distributed around the world. And so can you talk about some of the drivers of those global disparities in hepatitis B prevalence, maybe their historical drivers or current drivers and how perception of hepatitis B varies around the world, not just in these discrimination or lack of protection but also in the way that people view like stigma in hepatitis B?

Chari Cohen

Yeah, that's a great question. We're doing some research on this now and we do see stigma differ and perceptions differ around the world. So I think historically the driver has been the virus itself, it is an ancient virus. And so when you have communities and cultures that have been around for a very long time, you're just gonna see more hepatitis B there. I think more modern drivers is vaccine access, I mean that that is a really big issue. In areas of the world where we've been able to implement universal vaccination among babies when they're born, you're able to actually stop the transmission to future generations. And so some places around the world do better with vaccine and have implemented good vaccine programs for 20 or 30 years. In some areas implementing vaccination universally is a bigger challenge and so you can't stop the spread there.

The birth dose is critical. We have the capacity to stop every single infection of hepatitis B in the world, we can make it so that no baby is ever infected with hepatitis B again, it's just that we don't prioritize it, right? So childhood infant vaccination is incredibly important. No one misses when possible a polio vaccine, for example, but for some reason the same kind of priority and importance isn't given to making sure that babies are protected from hepatitis B.

Erin Welsh

So as you mentioned there are nearly 300 million people around the world living with chronic hepatitis B but this disease receives so much less attention compared to other diseases with similarly high or not even as high global prevalences. So can you share your thoughts on why it seems to be overlooked and how that's reflected also in funding rates for research into this virus?

Chari Cohen

Absolutely. I think a lot of it has to do with again the communities that are impacted by hepatitis B and the fact that it's so stigmatized. We don't unfortunately have a really strong advocacy voice globally. People are not demanding that they give access to vaccines and that governments are giving access to treatments because they're afraid to speak out. But outside of that, I think the fact that we don't have a cure is a really big issue. Our colleagues in the hepatitis C world who we work with very closely, they have a cure for hepatitis C and they have faced tons of challenges in terms of access and getting governments and funders to prioritize that. Once they found a cure for hepatitis C, it really did become priority and you can see countries and governments paying for hep C cure and governments that are actually implementing hepatitis C elimination plans. They're getting rid of all Hep C in their country and it's wonderful.

If we had a cure for hepatitis B, I suspect and I hope that we would see the same kind of excitement. I think the fact that we have really good treatment but not a cure is holding us back. However I'm not sure how it's any different than HIV, right. So there's no cure for HIV. In fact, treatment for HIV and treatment for hep B are identical, you take antivirals forever essentially. And yet we see huge uptake and push to get everybody who is diagnosed with HIV on antivirals as well they should. I'd like to see that same excitement and prioritization to make sure that every person with hep B gets their antivirals as well. And I just think, I'm not sure that people really understand the link between hep B and liver cancer and the fact that 1 in 4 people with hepatitis B will die if they don't get treatment. I mean that's huge and if you've ever seen anyone die of liver cancer it's awful. And if you can prevent it, you absolutely should. But maybe we just aren't strong enough in our messaging.

Erin Welsh

What do you think is the challenge in getting a cure for hep B?

Chari Cohen

Great question. And it is something we spend a lot of time thinking about and talking about I think as public health scientists and bench scientists. So hepatitis B is a tricky virus and one of the things that the hepatitis B virus does that other viruses don't do is it integrates its DNA into the host genome. And so once a person has that happen, it's really, really hard to get rid of. It's a very complicated virus. And we've made great strides, there are actually a number of drugs right now that are in phase 3 clinical trial and some people are cured, by the way. Their immune system just fights it off. It's just that most people aren't able to do that. And so what we have to figure out is for those people who are able to fight the virus off and be cured, what is it that makes them special and how do we work with targeting the virus and also boosting the immune system at the same time to make sure that people can get rid of the virus? I'm not unfortunately a bench scientist or an immunologist, it's not my area but my understanding is that it's just a really tricky virus.

Erin Welsh

So going back a bit to the discussion of stigma and discrimination, you talked about the ways that we can try to address those things or try to put in place measures to protect against discrimination or use storytelling as a way to reduce stigma. How do we measure both the impact of those types of programs, whether it's to reduce stigma and discrimination? And also how do we measure the impact overall of stigma and discrimination? What does that look like? What do those studies look like?

Chari Cohen

Great question. So we do quite a lot of this now is measuring the impact and a lot of that is done qualitatively. And so doing things like focus groups and interviews, in depth interviews with essentially hundreds of people living with hepatitis B around the world and asking really in depth questions. You are able to tease out how stigma and discrimination impacts people with hep B and then you publish on it, right. And so we've done that working with people living with hep B in multiple countries, in multiple languages, just really asking them how does hepatitis B impact your life? And we ask it from multiple perspectives, things like professional impact, social impact, physical impact, psychological impact. And in doing that you're able to tease out how stigma and discrimination impacts people. Quantitative data collection has a role too in doing things like online surveys. You may not get as in depth information but it does give you a broad picture of perhaps how widespread the issue is and how important it is in different groups compared to others.

And then I think in terms of assessing impact of programs, if you're trying to impact discrimination I think one of the keys to look for is policy change. If you're able to change policy at a governmental level, that's a huge win and that's a really nice way of knowing whether your program or your project worked. But some of it is also looking at your data. So we have a hotline, essentially a help line at the Hep B Foundation, we get about 10,000 people contact us a year. We document every single contact and what they're calling us about. So over time you can see if less people are calling you about stigma or discrimination. For example, over the last three years we have seen a huge uptick in the people who are reaching out to us about medication access, being able to afford their medications. So sometimes that's the kind of data where it may not be as rigorous as sort of quantitative data collection but it does give you a picture of what the needs are and how they're changing.

Erin Welsh

Yeah, that's really interesting. I think it's like you said, it takes so many different approaches to measure the impact. And that kind of leads me into my next question which is sort of the million dollar question. What do you think are our best tools to stop or reduce stigma and discrimination when it comes to hepatitis B?

Chari Cohen

I think the power of the people. Can you imagine if 300 million people raised their voice? I mean, it would be overpowering. I think that's our biggest strength, that we have 300 million people who are impacted with hepatitis B and if we can help even a small percentage of them to create a grassroots advocacy movement and get people demanding that they have access to hep B testing and hep B treatment, that would be incredible.

Erin Welsh

So you've talked now about multiple different ways that the Hepatitis B Foundation is addressing these issues of stigma and discrimination. Can you talk a little bit more about the other missions that the foundation has?

Chari Cohen

So overall our mission is to find a cure for hepatitis B and to improve the quality of life of everyone living with hep B worldwide. And so I have to mention our research arms. So we do have about 50 bench scientists, immunologists, virologists, and chemists who are working to find a cure for hepatitis B and they are at our biotechnology center in Doylestown, Pennsylvania. In fact one of the great privileges of my life is that as a public health scientist, I can walk down the hall and speak with leading scientists who know everything about the virus and are looking for a cure. So we do that, we fund that research.

And also I think from the public health perspective, I think our biggest issue is getting the world ready for a cure, at least that's how I see it. So if we found a cure for hepatitis B tomorrow and wouldn't that be incredible, I'm not sure who would get it because you have a situation where worldwide only about 10% of people are diagnosed with hep B and even less access care. And so my job and the job of the team at the Hep B Foundation is to get the world ready so that when we have a cure and hopefully a functional cure in 5, 10, even 15 years, everyone who needs it can get it. And so we do a lot of work figuring out what the challenges are, what are the barriers to testing and care and treatment and then overcoming them. And that I think is the big picture for us.

Erin Welsh

So we're going to take a quick break here and then when we get back I want to hear all about how you got involved with this super cool, wonderful, very important work.

Chari Cohen

Okay.

TPWKY

(transition theme)

Erin Welsh

Welcome back everyone. So in the first half of this interview we learned so, so much about the impacts that stigma and discrimination have on people living with hepatitis B. But now I want to shift to talking more about what it's like to be involved with this type of work. So Dr. Cohen, can you start us off by talking a bit about your job? Like how much does your job title actually reflect what you end up doing on a day to day basis?

Chari Cohen

That's a great question. I have no idea. (laughs) Okay so I think in any given day I do administration, right, because I have to run the organization so it's budgeting and grant writing and report writing. Making sure that my staff and the team have everything they need to do their job, so training and administration and just checking in with people. And then of course working on the programs themselves. And so I try and do a little bit of research every day if I can just because it's my it's what I love to do. So doing a little bit of research, probably a little grant writing, probably working on an article or a public journal article or a publication, answering consults for people. And right now of course I'm the COVID-19 safety officer for our campus so a lot of my time right now is actually contact tracing and setting policies for preventing the spread of COVID-19. So I don't know how much my title reflects my job but I think perhaps my title is global enough that it does reflect the fact, and that's one of the great things about public health, I think I do 12 different things every day. Some of it I like more than others but I do it all.

Erin Welsh

What are some of those things that you like more than others?

Chari Cohen

All the research. I love doing the research whether it's qualitative research and in fact just today I was working on some focus group analysis and absolutely enjoyed it. In fact I hated when I had to stop it. I love working with the staff, like our team when we get together and we do strategic planning or when we have a new exciting idea that we want to flesh out. And I did that this morning in fact, so I was meeting with one of the team members and we were talking about hepatitis delta and some exciting new program ideas for that this year. So that part I love, anything that has to do with working with partners I love. But of course for me it's all about the research.

Erin Welsh

So when you tell someone, 'I work with hepatitis B and I help run this nonprofit', what do you think some of the aspects of your job that may not come to someone's mind immediately when they hear that that's what you do? Like what do you think that they would be surprised to learn that you do?

Chari Cohen

Oh wow, that's a great question. I think budgeting is something that we all have to do in public health because you wind up getting grants or some kind of funding for your programs and projects and then you have to... So you have to kind of first figure out how much you think you're gonna spend on something and then actually spend it like you said you were going to. So I do think that's probably something people don't realize that we do a lot of in public health. I'm also not sure people understand the idea of all the different ways that we have to try and get funding. So grant writing and advocacy work and fundraising, event planning. I mean all of it goes into public health and you can't do anything without it.

I think people today have a little bit more of an idea of what public health means than they may have a few years ago because of the COVID-19 pandemic. Although I think when people think of public health right now they may think of epidemiology and not understand all the thousands of other things that we do like developing communications campaigns to help people understand health issues, that's a big part of it too. And people may not understand that.

Erin Welsh

Public health is such an enormous and difficult to define field that there seems like endless things that you can do which is really cool. I mean, it's amazing.

Chari Cohen

Yeah, I agree. And it's one of the things that attracted me to public health in the first place I think was that there's just so much you can do.

Erin Welsh

Yeah. So talk to me a little bit more about that. How did you get started in public health? And you what was your journey from your early days of your educational career all the way to how you got involved in hep B work?

Chari Cohen

Sure. So I think I think I fell into public health in a similar way to a lot of other public health scientists, I was pre-med in undergrad and I really thought that I thought that I was going to go to medical school. And so after I graduated with my undergrad, with my bachelor's, I took a year off and I did a fellowship at the National Cancer Institute where I worked in a lab for a year. And I really enjoyed it. And while I was there I took a public health class at GW and I had no idea what public health was and was still committed to med school and man that I loved that class. And so I just started thinking more about public health than about medicine and at some point what I wanted to do just switched. I spent some time interviewing clinicians and I spent some time interviewing public health practitioners and it became clear to me over time that really that's where my heart was. It was working in communities and not working in a lab and not doing clinical work. So much to my parents chagrin, I gave up the idea of going to med school and I got my MPH instead.

Erin Welsh

That's so fascinating. I feel like that story resonates with a lot of people who only discover public health later on or later than they thought they might have.

Chari Cohen

Yeah, I agree. And in fact one of the things I try and do, so we do some education at the foundation, we bring in high school students and college students and I always try and worm my way in and let them know that public health is an option. Because I think you're right, when you're young and you like science, you think I'm either gonna go to med school or I'm gonna work in a lab and I think public health just doesn't get enough. We don't we don't promote it enough to young people because I do think that a lot of people would would go for it. So when I when I first made the switch I was nervous myself. I was thinking I love science, love science, I'm a biology nerd. And I was worried that I was going to have to give that up in public health and you really don't. I mean if you stay up on the science, I consider myself a scientist and I stay up on the latest research and I don't think you have to give up science to do public health which I think a lot of people don't understand.



Erin Welsh

Right, absolutely. And on that there are so many different ways you can do public health or do science and public health, there's a master's of science or an MPH, master's of public health, there's a doctor of public health and a PhD. There are so many different degree options here. So can you share a little bit about why you chose the different graduate programs that you chose?

Chari Cohen

Absolutely. So I started with, I chose the MPH program. I got my master's in public health at Temple University, we were living outside of Philly at the time and I really enjoyed the program. I liked that it was applied, I didn't necessarily see myself going into epidemiology although I did concentrate in epi, I liked concentrating in it but I didn't know that I wanted to practice epi. And I felt like the MPH gave me that flexibility and they paid for me which was the best part, I got a teaching assistantship and they paid for my master's which that of course helped me make my choice.

I do think that this is good advice. I took time off in between getting my master's and my doctorate and I worked for a while because I think before you commit to a doctorate program you should try and work in the field and really think about what it is you want to do. Because if you do want to stay in academia and you want to practice public health through an academic lens then there are PhD programs out there that are excellent or you can get your DrPH. But I will say a DrPH, a doctorate in public health, it is supposed to be more of an applied degree meaning it should give you everything you need to go out and practice public health. Not that you can't be in academics because you could but it is meant to be more applied. And so I do think I was lucky in that I took some time off inbetween to decide what I wanted to do and which degree I should get.

When I started in the doctorate program I could have gone two ways. They had the epidemiology program and then the community health and prevention program and I was not sure which one I was going to do. And this is where the power of mentors come in. I had one of my most amazing mentors, his name is Dr. Tom London, he said to me, 'Chari, if you do the epi track you will always be an epidemiologist, that is what you're going to be doing'. He said if you do community health and prevention, you're gonna get epi but it will open you up and allow you to do other things for the rest of your life. And so that's what I did. And I guess another thing that I'm incredibly grateful for over the years are the mentors that I've had and they've helped me make some really difficult decisions.

Erin Welsh

So can you talk about how you went from grad school to the Hepatitis B Foundation? What was that experience like?

Chari Cohen

My experience might be a little bit unusual in that I started somewhere and never left. So when you get your MPH degree, part of the training is to complete some kind of research project or practicum. You have to go out and practice what you've learned and most schools now it's online but when I was there, it could be because I'm old, it was a binder, right? So most schools have a list of organizations that you can look at to do your research project. And the Hepatitis B Foundation was listed in the Temple book and I said oh! I did a little bit of research on it and I always have been interested in infectious diseases, even when I was in the lab, I worked on infectious disease, I worked on cancer. And with hepatitis B I was like well you've got both, you've got the infectious disease component and you've got the cancer component.

So I just gave them a call one day. I was halfway through my MPH program and I said I need to do a research project, would you be interested in having an intern? And I wound up doing my research project there and when I graduated a year later they said to me, 'Well why don't you just stay? Let's see what we can do, we don't have a public health program. Maybe you can help us build one.' And that was in 2000. And I just never left.

Erin Welsh

That's amazing, I love that. And so with a degree in public health, like we've both said, you can do so many different things and there are so many different places or types of places you can work, right? You can work in academia, you can work for the government, you can work in industry, you can work for nonprofit and so can you talk a little bit about what some of the pros and cons are of the nonprofit world and some of the general ways that it differs from academic, government, or industry careers in public health?

Chari Cohen

Sure. So I think the nonprofit world has pros and it has cons. I think we have the flexibility of setting our own strategic plan and being on the ground and doing what we want to do and what we know needs to get done and we can do it with very little red tape. We're small organizations for the most part, we don't have the same kind of policies and red tape that you might see in large academic institutions or in government entities. If on Monday we realize that something is important to do, we can plan it on Tuesday and do it on Wednesday. We don't have to go through the same kind of processes that other organizations do. I also think a problem for nonprofits of course is funding, right? We are always chasing the dollars and trying to make sure that we have enough funding and we will never have enough funding. So it's about what kind of funding can you get to make sure you're meeting your mission and how do you spend it in the wisest way? So of course fighting for the dollars is always very, very difficult.

So I think also in the nonprofit world we think about who our stakeholders are and that's how we work towards our mission. So for example, I have to answer to a board of directors, I have to answer to my funders, and then of course we have to answer to our constituents, the people who we're trying to meet their needs and the people who our mission is for. And so because my stakeholders are different than the CDC stakeholders or Drexel University stakeholders, I think it impacts how you can get your work done. I think that being in the nonprofit world does give us the flexibility for those kinds of partnerships. And the one thing I love about us as a nonprofit is we're neutral so we can play with everyone, right? We can partner with government agencies and multiple academic institutions and multiple researchers and pharmaceutical industry and other corporations and we remain neutral throughout. That's a strength for us because it means that others feel safe partnering with us too and we can sometimes bring groups of people together that others can't because we have no skin in the game.

Erin Welsh

So we get a lot of listeners who are interested in the field of public health but don't know maybe how to get started or what options are available to them and so I wanted to ask you what one piece of advice is that you would give to someone who's in this boat.

Chari Cohen

Oh I think your best bet is to find a couple of people and email them, reach out, find a few exciting people who you find maybe online or maybe you find them at an academic institution, go on their web page and just email them or call them. I have found in doing this myself, public health practitioners are really open and want to share this kind of information. So I can tell you to go take a course and see if you like it but that's only gonna give you one piece of the pie and it also is expensive. So I think talking to people, it's the best thing you can do.

Erin Welsh

Do you have any personal public health heroes?

Chari Cohen

Oh I love that question. Yes. The first person that springs to mind is Dr. Su Wang. She is an absolute hero of mine, she is a mom and a wife and a public health professional and a doctor and a person living with hepatitis B and also the outgoing President of the World Hepatitis Alliance. I think she must find 48 hours a day somehow, I don't know how she does it. But she is a hero of mine who very courageously and loudly shouts to the world the need for hepatitis B treatment and cure. But she does it in a way that's loving and welcoming and just so brave. I love her.

Erin Welsh

I love that so much. That's such a good answer. So what do you hope this next year brings in terms of hepatitis B research or awareness?

Chari Cohen

We have some really exciting things happening at the end of 2021. The ACIP which I know everyone in the US now knows the ACIP because of the COVID-19 vaccination. So the ACIP recently approved and CDC is signing off on universal adult hepatitis B vaccine guidelines. And that means that for the next year we are working really hard to implement those. So previously people were recommended to get vaccinated for hep B in the US when they were born or if they were in a particular risk group. And what that means is that only 25% of people in the US are protected against hep B. Now the ACIP is recommending that all adults between the ages of 19 and 59 get vaccinated which is going to give us a huge opportunity to protect people. So we are very excited for the next 12 months to implement this. And now we have to make it happen, right, because the policy is on paper. Now we are charged with making this happen. So I'm excited about that and I think great things will happen with it over the next year.

TPWKY

(transition theme)

Erin Welsh

Well that was simply wonderful. Thank you so much Dr. Cohen for taking the time to chat today. If you want to learn more about the Hepatitis B Foundation check out [hepb.org](http://hepb.org). And I'll also link to the website and include social media links on our post for this episode. Speaking of our website, on our website you can find all kinds of good stuff like the sources for all of our episodes, transcripts, quarantine placebora recipes, our [bookshop.org](http://bookshop.org) affiliate account, links to music by Bloodmobile who's now on Spotify, links to merch and our Patreon, alcohol-free episodes and so much more. Thanks as always to Bloodmobile for providing the music for this episode and all of our episodes. And thank you to you, listeners. I hope that you liked this deeper dive into hep B. And of course, a big shout out to our wonderful, thoughtful patrons. We love you and appreciate you so much. We have got a brand new episode coming out next week on a whole new topic. So until then, keep washing those hands.