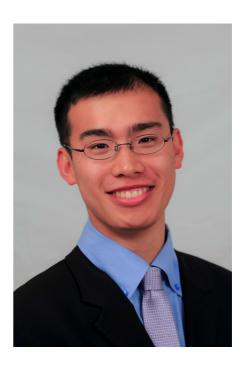
People in Public Health

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Who am I?

During my undergraduate training in biotechnology and economics, I saw homeless men whose tattered family background led to psychological distress and unemployment. I heard about parents who stopped their children's leukemia treatment because they had no more inheritance to sell. I grew to appreciate the power social determinants wield over the fabric of communities and the health of the citizens. Hopes for health equity drove me to seek opportunities to understand how socioeconomic status and development doctrines can affect people's health, and led me to pursue public health and preventive medicine residency.



Why public health and preventive medicine residency?

During my clerkship, I was often troubled by the lack of medical options for late stage diseases, and I realized that I wanted to base my career on preventing disease before they happen. It is a bonus that I can do this on a community level. Furthermore, the development of successful community level interventions draws on my interests in creating effective anthropocentric organizations while tackling public policies. It calls on me to broaden my knowledge horizon to management science, economics, political science, and sociology, all of which interest me greatly.

What are your academic interests?

The health of the modern "flat" world is strongly intertwined by globalized economic development doctrine that shape societal directions while the ease of travel helps propagate disease. I am particularly interested in the connection between trade policies on health, especially in the adverse proportional burden of infectious diseases on the marginalized. The complex relationship between climate change, infectious diseases, and public policies is also another important phenomenon that is particularly interesting to me.

My second academic focus relates to medical education. I am involved with the UBC's Public Health themed education committee in hopes of advancing public health capacity within the UBC medical community. The second medical education initiative is rooted in the belief that valuing the humanity of the learners and educators can lead to effective learning experiences. I recently co-founded Peer Mentorship in Medical Education to form a peer-teaching network defined by compassion and inspired by passion. The aim is to empower medical professional growth through supportive mentorship and innovative education. We are currently in the process of studying how this initiative is shaping the learners' experiences.

Fun fact!

I love playing basketball! At six feet tall, I used to play as a center for my high school team. As I moved on in life, I seem to meet taller and taller people. I now allow my inner shooting guard personality shine in various intramural and community basketball drop-ins!