A Healthy Combination: Ruqaijah A. Yearby Will Direct J.D./MPH Program

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A healthy combination

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With expertise and extensive experience in both law and public health, Ruqaiijah A. Yearby joins UB Law School this fall to teach and to direct the school’s J.D./master of public health program. Her appointment is jointly with the Law School and UB’s School of Public Health.

“One of the goals I had set for myself was to be director of a J.D./MPH program. Thus, I am excited and honored to be joining the UB faculty,” Yearby says. “At UB, faculty members truly respect doing interdisciplinary work, which I enjoy. Moreover, I think it is a wonderful opportunity to be able to help students and to be of service to the community.”

The nexus of the law and public health, she says, is becoming increasingly significant in American life. “We are going to need more people with this particular expertise as we address issues concerning bioterrorism, putting an end to the epidemic of violence, and making our food supply safe. You cannot turn on the news without seeing another food scare,” she says.

An emergency, like a recall of tainted food, brings up “lots of public health law issues, such as who should take precedence in ordering such a recall, the state or the federal government? It is never clear. People need to understand the laws and who actually has the authority to step in. That was one of major problems in the aftermath of Hurricane Katrina. Should the federal government have stepped in sooner? Did they have the authority to do so? You definitely need people who have expertise in law as well as public health to deal with these situations.”

Yearby comes to Buffalo from Loyola University, in Chicago, where she held a joint appointment in the School of Law and the Stritch School of Medicine. A biology major as an undergraduate at the University of Michigan, she earned her master of public health degree from Johns Hopkins School of Public Health, in Baltimore, and her law degree from Georgetown University Law Center in Washington, D.C. Her resume also includes periods in private practice, as assistant regional counsel for the federal Department of Health and Human Services and a clerkship in the U.S. Court of Appeals, Seventh Circuit.

At Loyola, she did extensive work in bioethics and on issues of racial disparities that affect access to health care. As part of the school’s Access to Health Care Initiative, she helped develop a course focused on increasing access to health care through health savings accounts, Medicaid and Medicare; chaired a symposium on health care access focusing on immigrants; and worked to give students more opportunities to get involved in the community.

She is currently preparing a major research study examining whether race is a factor in the quality of long-term care an elderly patient receives.

“A lot of what I do focuses on how we provide care to the elderly, which is a very vulnerable population,” Yearby says. “As the baby boomers age, it is going to be increasingly important to provide health care to this vulnerable population, particularly as we think about our economy.”

It is just one of many factors health care policy makers struggle with in a nation whose top-notch medical technology is not uniformly available to all its citizens.

“The U.S. health care system was built on the basis of private insurance, and we rely on employers to provide that insurance,” Yearby says. “Nevertheless, much of the work force cannot get access to full-time jobs and those benefits, or work full time but are forced to bear the cost of health insurance. There are also issues about where you live: Do you live in a rural area, where a lot of the community hospitals have closed, or do you live in an area with a high concentration of physicians and several hospitals?”

The relationship between doctor and patient also interests her. “Does the doctor value the patient, have time to listen to the patient and answer questions?”

The answer may depend on what kind of health insurance you have and how your insurance pays your doctor. Additionally, the doctor-patient relationship is affected by perceptions based on gender, age, race, ethnicity or culture.

“We are not going to fix this by passing a law that says everybody has health care, as evidenced by the passage of Medicaid and Medicare. These programs provide health care coverage to the indigent, disabled and elderly, yet these populations still remain without access to quality health care. Thus, granting access to health care is a continuing process.”

Yearby thought about going to medical school, but changed her mind after she received a fellowship to go to South Africa to do public health research. “That definitely changed my outlook,” she says, “because I originally wanted to be a physician to help patients. In public health work, however, I could work on global issues and improve the lives of thousands rather than improving the health of one patient or 10 patients.”

Yearby and her husband, an officer in the Navy, are parents of a 1-year-old son, Malcolm.
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