## One Year Later, Big Transitions in A (Nearly) Post-Pandemic World

Coming to Duke, I would have never envisioned working in a health policy role for not one, but two summers. Never would I have imagined co-authoring an issue brief, earning accolades for last summer's research poster, receiving a congratulatory note in my inbox from the former FDA and CMS director, or presenting to NC Medicaid officials. Simply put, a health policy internship is a rather unconventional experience to pursue for engineering students who often spend the summer doing basic science research, building new start-up ideas, writing code, or consulting.

Yet, the more I think about it, the more I've come to see that being a pre-med engineer in health policy is quite a powerful concept. As biomedical engineers, we spend a significant amount of time trying to understand and model human health on a physiological level, creating new innovations and technologies to better diagnose and treat disease, one patient at a time. Health policy researchers operate on the flip side of this coin, using socioeconomic and demographic data to model human health on the population level and push forward policy innovations that can address long-standing disparities and promote health one community at a time. While the two fields are very different in the questions asked and the methods employed, the contributions of each to patient outcomes are highly complementary, and I'm glad to have had experiences in both. My work at the Margolis Center has not only been intellectually rewarding but has also helped me think more broadly about the ways I can be the best physician possible for my future patients. For all the excitement and publicity new advances in precision medicine and gene therapy get, no amount of engineering innovation can undo the decades of entrenched inequities that have caused numerous communities to feel forgotten and left behind.
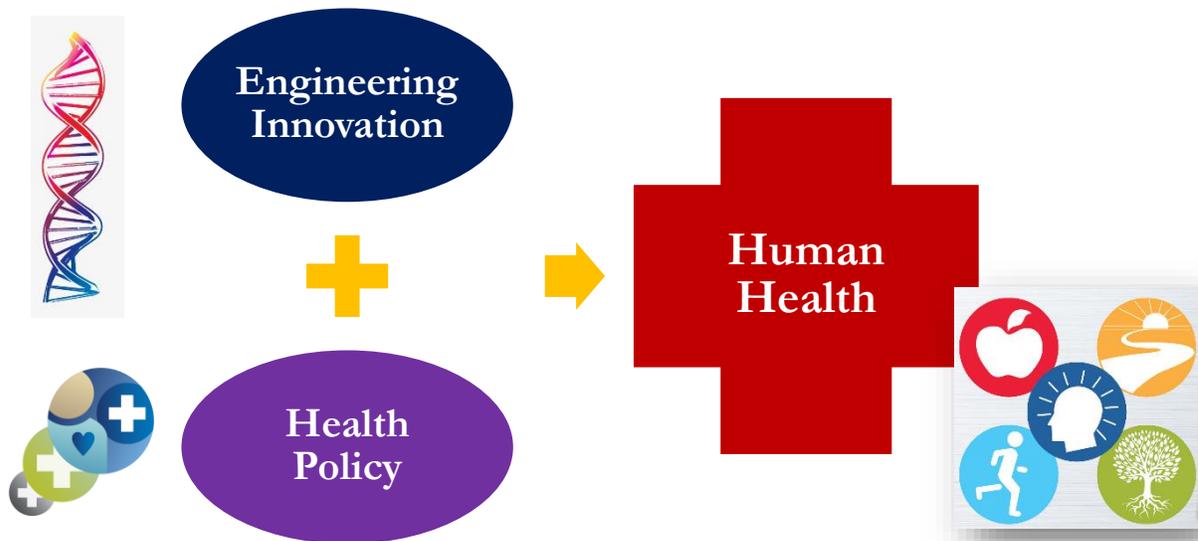


*Images: NicePNG, Duke-Margolis, Duke Today*

Last summer, I wrote passionately about how we need to fundamentally redefine health in the era of COVID-19. One year later, that need has only become more urgent. We simply cannot allow a human catastrophe of this magnitude to happen again, and much work needs to be done to repair

our broken institutions and restore trust in science and healthcare. Without fundamental changes, we will find ourselves masked and quarantined again, a victim of history's tendency to repeat and iterate on itself. Particularly for future generations of health policy leaders, learning and growing from this singular pandemic will be key to building a healthcare system that is accessible and affordable for all.

Of course, none of this learning would have happened if my mentors Will and Rebecca hadn't taken a chance on a slightly awkward, first-year engineering student back in May 2020. Few words can describe how grateful I am for their guidance and support throughout this experience, and I have greatly enjoyed being part of the growing, expanding WS1 family. This summer was full of big transitions for the team, with Will going on paternity leave, Hannah going to graduate school, Jasmine graduating from Duke, and both the Washington DC and Durham offices reopening. I also saw many familiar faces from Duke and even one from high school all those years ago (welcome to Margolis, Neil Rowen!). Even if I don't end up devoting my life to health policy, I hope to stay connected with all the amazing, incredibly talented people I've gotten to interact with and to continue contributing to the work on value-based payment and social determinants. If I'm lucky, I might just get the chance to meet a few of my virtual colleagues in-person at the Durham office this fall.