MIRT BACK IN AFRICA—ETHIOPIA

During the past year MIRT Program faculty and staff initiated a collaborative activity with faculty at Addis Ababa University. We are happy to announce that MIRT has developed a research training site in Ethiopia for 2006 fellows. 

Please read more about our new site (Page 2)

MIRT Received an Endowment Fund

This has been a great year for the MIRT Program. We are happy to report that MIRT Program has received an endowed scholarship fund from Frances M. Frazier and Margit M. Loser

Please read more (Page 4)

Mae Tao Clinic and Burma Boarder Projects (BBP)

“This past summer, MIRT Program faculty and students met internationally renowned Dr. Cynthia Maung, Founding Director of the Mae Tao Clinic...” (Page 5)

Post Trip Reflections of MIRT 2005 Fellows

In the last issue of the Newsletter we featured MIRT fellows reflections on their mid fellowship experiences. In this fall issue, we highlight synopses of their post-trip reflections.

“Being able to see the much needed healthcare, it reminded me of the reason I am here participating in the MIRT program and why I want to become a physician” Denny Le (Page 8)

“I would highly recommend it to anyone interested in having a life makeover.” Marshala Lee (Page 7)
Ethiopia located in the Eastern part of Africa (Horn of Africa) with a total area of 1,127,127 square kilometers is the 10th largest country in Africa. Ethiopia has a massive highland complex of mountains and dissected plateaus divided by the Great Rift Valley, which runs generally southwest to northeast and is surrounded by lowlands, steppes, or semi desert. Ethiopia, usually called a cultural mosaic, is a unique country with more than 80 different ethnic groups and each ethnicity with their own culture, food and dressing.

Like the culture, the scenery in Ethiopia changes constantly from one region to another, from hot, dry areas to rolling hills and fertile highlands, to savanna and mountainous regions where it sometimes even snows.

Famous Archaeologists have discovered remains of early hominids in Ethiopia’s Rift Valley, including Australopithecus afarensis, or “Lucy”. Lucy was a female hominoid that lived in what is now called the Awash Valley in Hadar some 3.2 million years ago.

As a final tip, Ethiopians follow a different calendar system which consists of 12 months with 30 days each, plus a 13th month called "Pagume" of 5 days to bring the calendar up to 365 days. As a result, it’s common to hear the saying 13 months of sunshine.

During the past year, MIRT Program faculty and staff initiated a collaborative research activity with Addis Ababa University (AAU). A few months ago, Professor Yemane Berhane from AAU visited the MIRT Program and discussed with program faculty and staff, possible research and training activities for future MIRT fellows. As a continuation of this collaborative activity, last month, MIRT Program director Professor Michelle Williams and Research Coordinator Mr. Bizu Gelaye visited the AAU and discussed with Professor Yemane possible research training outlines for the inaugural MIRT 2006 fellows in Ethiopia. They also had an opportunity to meet with Dean of the Medical School Dr. Zufan Lakew and other faculty members including Drs. Yirgu, Amha and Bogale. Many possible future mutual beneficial exchanges and research activities were identified.

As part of their trip, the MIRT team went to the rural health project site in Butajira. Butajira, which is in the foothill of the Gurage Mountains in the Gurage regions is located 75 miles SSW of Addis Ababa. The Butajira Rural Health Program (BRHP) was established as a collaborative program between the Department of Community Health, Faculty of Medicine, AAU and the Division of Epidemiology, Department of Epidemiology and Public Health, Umea University (Sweden).
After its establishment in 1986, a dynamic cohort demographic surveillance was developed and has been going on within the ten study villages. Surveillance is carried out every three months by trained enumerators who reside inside the households and meet every month. Butajira has been chosen due to its high population density, altitude variation within short distances and its close proximity to the capital.

The trip to Butajira was more interesting by sharing the road with local marketers herding cattle to the market as the Meskel holiday was approaching. Meskel (the finding of the true cross) festival is one of the landmark events in the Ethiopian culture and spiritual life. Meskel which means “cross” in Geez (the classic language of Ethiopia now used predominantly in the Ethiopian Orthodox church) is a revered symbol. Ethiopia claims more than a thousand types of elaborate cross designs to its treasured heritage—an uncontested world record. The celebration of Meskel has a historical base. The story goes like this “In the 4th century AD, Empress Helena, the mother of Constantine, the first Christian Roman Emperor, made a pilgrimage to the Holy Land in search of the True Cross. She beseeched the Lord with fast and prayers for a revelation of the spot of the buried Cross. Following an advice from an elderly man named Kirakos, the Empress ordered the inhabitants of Jerusalem to pile pieces of wood for a bonfire. She then lit the bonfire and added plenty of incense to the fire. The smoke that rose from the bonfire bent over and touched the spot where Christ’s Cross was buried. This took place on September 26. Before she proceeded to unearth the Cross, Empress Helena ordered messengers to pass the news to her son, the Emperor using torches.” Thus, Meskel is celebrated on this day to commemorate the finding of the True Cross.

The trip to Butajira was an eye opening and very inspiring. In addition, the MIRT team also had the opportunity to visit the Medical Faculty attachment campus and the health center located in Zway. The courage and passion of the director, despite the lack of any physician and resources in the health center, was very impressive. The trip to Zway was another eye opening trip where possible future MIRT Projects identified.

Overall, the trip to Ethiopia was successful one. We are very grateful to the faculty and staff of AAU, especially to Professor Yemane Berhane for being a wonderful host and for making the MIRT 2006 exchange reality. We encourage students to apply for a fellowship experience in our inaugural program in Ethiopia. Cher Yigtemen (Best Wishes)!
We are happy to report that MIRT Program has received an Endowed Scholarship fund from Frances M. Frazier and Margit M. Loser.

The purpose of the endowment is to provide assistance to 1-2 undergraduate students who participate in the UW MIRT Program with a preference for those students who started and completed their K-12 education in Washington state.

Frances Frazier and Margit Loser retired as Captains from the United State Navy after collectively providing 57 years of active duty service throughout the country and the world. As their service has taken them to places throughout the country and the world, Frazier and Loser have seen first-hand how the effectiveness of a public health system impacts the wellbeing of communities. As the world has become a close-knit community, they are concerned that the difference between local and global public health is rapidly shrinking, and the need for health-care researchers and providers with a global understanding is increasing. By creating a scholarship for students who are participating in an international public health research and outreach project, Frazier and Loser hope to provide students with an experience that will help them gain a global perspective for their lives and work.

Frances Frazier, a S. Carolina native, earned a BS in Nursing from the UW in 1964. Margit Loser, who was born in Tacoma, received her undergraduate degree from Western Washington University (WWU). They have already established an endowed scholarship for nursing students at UW Tacoma, and they have created two scholarships at WWU as well.

In a reception arranged by Leslee Shanahan in the office of development, SPHCM on Nov 9, 2005. Fran and Midge met with UW MIRT alumni, faculty and staff. MIRT alumni Miriam Castro and Kathryn Adeney shared their experiences and reflected on how their fellowship helped to shape their career goals in biomedical and behavioral research. We are sincerely grateful and deeply touched by the generous gift from Frances Frazier and Margit Loser. Their generous gift will help to support 1-2 undergraduate MIRT fellows in coming years. Thank You!!
Mae Tao Clinic and Burma Border Projects

By all measures, 2005 has been a great year for the University of Washington MIRT Program. We have managed to keep in touch with all 120 of our MIRT alumni. As you will see later in this report, our alumni who inspire new groups of students to follow in their path by sharing with us their stories of professional, academic and personal achievements. Additionally, continued funding support from the National Institutes of Health and the generous gift of an endowed scholarship from Frances Frazier and Margit Loser will allow the program to continue providing top quality academic and life-changing experiences to talented undergraduate and graduate students. We are also thankful for new collaborations that have been forged with clinicians and staff of the Mae Tao Clinic in Mae Sot, Thailand; and with Mr. Michael Forhan, Director of the Burma Border Projects, a non-governmental organization (NGO) that has been working to enhance the capacity of caregivers along the Thai-Burma border.

This past summer, MIRT Program faculty and students met internationally renowned Dr. Cynthia Maung, Founding Director of the Mae Tao Clinic. Dr. Cynthia, as she is endearingly called, was one of four displaced Burmese women nominated for the Nobel Peace Prize this past June. The Clinic, now in its 17th year of operation, has grown from a 3-room, 6-person operation to a large multi building complex of buildings which one can now describe as a magnet, model institution which serves the needs of a particularly vulnerable population. The complex, while still structurally rudimentary by current Thai and US health services standards, provides high quality health care and social services support to refugees, migrant workers and other internally displaced persons living along the Thai-Burma border. It is estimated that the Mae Tao Clinic serves some 135,000 refugees living along the Thai-Burma border, as well as some 2-4 million migrant workers and internally displaced persons who are predominately from Karen, Shan, Mon, and Karenni minority ethnic groups.

The Mae Tao Clinic, dependent on foreign aid, generous gifts of time and effort from skilled foreign medical and public health volunteers, and the goodwill of the Thai government, is essentially a life-line for populations that have been impacted by a persistent civil war between ethnic Karen rebels and the Burmese army. The situation has been described by the Human Rights Watch as one of Southeast Asia’s worst humanitarian crises. Members of the populations served by the clinic are often victims of sexual violence, forced labor, torture, and landmines. Patients seen by clinic staff are disproportionately affected by HIV/AIDS, tuberculosis, malaria, hepatitis, malnutrition, adverse pregnancy outcomes, and psychological illnesses. In addition to attending to medical and mental health care needs, the clinic also supports educational and social services. Dr. Cynthia and her team, through partnerships with other NGOs, work to train community midwives, provide foster care for orphaned and abandoned children, and sponsor immunization programs. The clinic also provides support to mobile para-professional mental health worker and medics who (often called backpack doctors) who travel into jungle communities where refugees, unable to reach the clinic, can be provided with needed health care.

“The situation has been described by the Human Rights Watch as one of Southeast Asia’s worst humanitarian crises”
We salute the many talented, kind and truly inspirational role models we met in Mae Sot, Thailand. The visit with Dr. Cynthia and her team was a life changing experience for our students. We acknowledge the generous time contributed to our students by Dr. Cynthia, Ms. Lisa Houston, Dr. Terry Smith, as well as Mr. Lin Yone and Moe Oo, health information specialists who presented an overview of clinic statistics and health care services, Mr Thant Zin at the Mae Sot orphanage for hosting our visit and Mrs Naw lay Dee, head of the Burmese Women’s Union.

To learn more about Dr. Cynthia, the Mae Sot Clinic, and the Burma Border Projects please visit the following web sites:

http://www.burmaborderprojects.org/

http://seattletimes.nwsource.com/burma/tunnel.html

www.burmachildren.org


If you would like to support the clinic,
You can send donations to:

Mae Tao Clinic
PO Box 67
Mae Sot, Tak 63110
Thailand

OR

Burma Border Projects
IDCE Department
Clark University
10 Hawthorne Street
Worcester, MA 01610
Tel: (508) 421-3826
E-mail:michael@burma-projects.org

Clothes and toys are welcome, but money for health care supplies and food is a priority. A Mae Sot Clinic “wish list” of supplies is available upon

The students (Right) were also treated by having an opportunity to speak with Mr. Saw Nay Htoo (far left) a Burmese student at Mahidol University who is completing his Bachelors degree in heath sciences.

4th from Right Mr Saw Eh Ka Lu gives lecture on the role of Back Pack Doctors in Burma.
The MIRT research experience was truly a life changing experience. All of the wonderful things that I dreamed of doing and gaining came true as well as so much more. In addition to preparing me to become an outstanding public health worker, the program has made me become a better whole person. The culture challenges that I expected turned out to be small differences that I soon loved and appreciated. The most rewarding aspect of this experience was having the opportunity to really get to know a great deal of people from different backgrounds. The biggest challenge was also accepting some of the differences in people, just because of human nature. I will forever remember this experience and I would highly recommend it to anyone interested in having a life makeover.

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This experience was a life-changing experience for me in that I was challenged and gained a lot from being a MIRT Fellow. My expectations of the MIRT program were realistic in that I expected to learn, grow, and have fun- and that I did! Traveling throughout Thailand, Hong Kong, and Macau has expanded my worldview immensely and exposed me to what the world has to offer. I enjoyed learning about the different cultures of those places and would consider traveling as an option for my career as a future health professional. I grew so much as a scholar and person. Not only did I learn how to use the SPSS program for data analysis and write a research paper for submission to a journal, but I also met some of Thailand’s most dynamic people such as Dr. Cynthia of the Mae Tao Clinic and members of the Burmese Women’s Union. These women were making positive impacts in their communities despite the circumstances and it was an honor and inspiration to meet them. Overall, my experience as a MIRT Fellow has reaffirmed to me my interest in public health and medicine and inspires me to be an instrument of change just as those I met have been.
Without a doubt in my mind, this experience was life changing for me. I felt honored to be one of the chosen few from the applicant pool to participate in such a great program that not only challenged me with the techniques of epidemiology, but helped me to touch base with Thai people and their culture made amazingly. After studying risk factors of high cholesterol in Bangkok for those 7 weeks, I was able to conjecture why and how our results came about. My expectations were well over exceeded because I was able to conclude for myself what the possible reasons for the results we came about in our research, and I know for a fact that if I wasn’t able to be in Bangkok to witness this, then I would have never known. For the most part, the language barrier was the biggest problem, but it wasn’t long before we were able to communicate with the Thai people with our Thai language course every morning. Therefore, one of the valuable parts of this program was being able to learn conversational phrases through our wonderful Thai teacher, Kru Nareboo. I would hope to encourage future fellows to take advantage of the language course because it will make your experience so much better and Thailand is the only program location that offers that type of experience. There wasn’t a day where after our research training was done where we just stayed home and wasted time. Alvin and I always made sure we were out exploring Bangkok and what the night life was all about. Not everyone is able to travel internationally and so with that in mind, I was constantly out going to the markets, clubs, restaurants, and more. Another thing that we always did was to make friends with everyone wherever we went. One of the best parts of this program was being able to build so many new great friendships that we’ll cherish for a long time. This especially applies to the Oakwood staff. To the future fellows I would just like to say, use every single minute you have internationally to not only learn and do research, but embrace what you’ve accomplished and reward yourself by making the most of your experience.

This program has given me a great international experience in such a way that I was also able to learn more about the healthcare system of Thailand as I myself had a minor ailment that had to be checked by a physician. The most valuable part of the MIRT program was when I got a chance to meet Dr. Cynthia Maung and visit her clinic that she founded in Mae Sot near the Thai-Burma Border. Being able to see the much needed healthcare that many Burmese refugees lacked was very eye opening. To see that many refugees had no access to healthcare in their villages, reminded me of the reason I am here participating in the MIRT program and why I want to become a physician. The experience that I had in Thailand gave me a unique opportunity to compare and really see how different a developing country was compared to the US as I prepare myself to pursue a career in medicine in the coming future.

“Being able to see the much needed healthcare, it reminded me of the reason I am here participating in the MIRT program and why I want to become a physician.”

“Alvin and I always made sure we were out exploring Bangkok…”
My MIRT experience in Tbilisi, Republic of Georgia was an exciting opportunity to observe, design and implement epidemiologic research in the field. My expectations of the program were to help me understand some issues that are experienced while conducting research in a foreign country, in addition to approaches to solve problems that arise from these issues. Personally, I hoped the experience of working in a different socio-cultural and economic environment would enrich my understanding of people and improve my social skills. We were able to handle most cultural and social issues during our visit with sensitivity and understanding. Careful observation of what was going on around helped us find answers to most questions we had while visiting. Active involvement in the projects were necessary to make the most out of our stay in Tbilisi. For me, the most rewarding aspect of the experience was the insight it provides about the various skills I have acquired both in school and outside and even more important, the various skills I should work on to develop in the future. In general, the MIRT experience in Tbilisi was a wonderful academic and personal experience which will have a long lasting effect in my career.

My overall research experience was amazing. I appreciated the systematic approach and planning that were required to solve problems and direct research. I enjoyed the atmosphere at the Maternidad de Lima, and the cooperative spirit of the researchers. Most of all I was attracted by the idea that I could have an impact on many lives by conducting research. Both research projects I was involved in: the placental abruption study and the gender based violence study, aimed at reducing maternal and perinatal morbidity and mortality and was the main focus of my research participation in Peru. During my fellowship in Peru, I learned a lot about international health and its corollary to sociopolitical, economic, and geographic factors that have an impact on health. This fellowship in Peru has cemented my plans for becoming a researcher and physician and also convinced me that I wanted a career with policy and theory shaping responsibilities to directly make change in society. Ultimately, this research experience in Peru, has taught me that a culturally competent researcher and physician returns the human element to what many of the patients see as the increasingly inhuman world of modern research and medicine. I have learned that in order to deliver quality care and research, one must win the heart, mind, and trust of the patient, and this can only be achieved with cultural competence.
Dr. Rosalia Mendoza was attending Medical School at UW when she participated in the MIRT Program in 1998. What updates does Dr Mendoza have for us?

"After graduating from University of Washington School of Medicine in 2002, I earned an MPH in Community Family Health at Harvard University School of Public Health. I completed my University of California (UCSF) Family Practice Residency in June 2005.

I started the UCSF Research Post Doctorate Program last summer and will embark on health disparities research in Latino Teen Pregnancy and Medical Education. The position is funded through UCSF and UC Fresno Center for Hispanic Excellence.

Also I will attend at the Family Health Center, which is affiliated with the San Francisco General Hospital. I will continue practicing refugee health and contributing to the incarcerated women's prenatal partnership between UCSF and the federal prison system, (Mother & Infant Togetherness Program.) During the summer I went to Uganda to volunteer in a pediatric HIV outpatient clinic and contributed to policy development projects with the CDC’s prevention of mother to child programs in rural Uganda."

LT Longstaff is a member of the US Public Health Service Commissioned Corps assigned to the Clinical Center Nursing Department at the National Institutes of Health in Bethesda, Maryland.

LT Longstaff serves as a Research Nurse Specialist in the Research and Practice Development Service providing nursing support for all phases of clinical research. She serves as Liaison to the US Indian Health Service Headquarters, Division of Nursing to recruit nurses and promote research by American Indian and Alaska Native nurses. LT Longstaff is a Certified Diabetes Educator with strengths in community health and diabetes self-management education.

LT Longstaff earned her BSN from the University of Washington in 1998 on a full scholarship from the U.S. Indian Health Service. She is an enrolled member of the Seneca Nation of Indians of Salamanca, New York. LT Longstaff began her career as Diabetes Program Coordinator for the urban American Indian/Alaska Native (AIAN) program for Tucson, Arizona in 1998 and developed the Tucson Diabetes Program in collaboration with the Native American Research and Training Center of the University of Arizona and an Advisory Group composed of various health professionals from the Greater Tucson area. LT Longstaff served as an ambulatory care nurse for the U.S. Indian Health Service, Tucson Area Office, San Xavier Indian Health Center from late 2001 to 2003, and was awarded the Direct Patient Care Employee of the Year Award and a Service Unit Team Award for the Tucson Area in 2003.

In October 2002 she was called to active duty and sworn into office by VADM Richard Carmona, Surgeon General of the U.S. Public Health Service Commissioned Corps. LT Longstaff transferred to the Clinical Center Medical Oncology and Bone Marrow Transplant Patient Care Unit in 2003.
In September 2004 LT Longstaff deployed to support the Florida Hurricanes response and earned a Crisis Response Service Award for that event. LT Longstaff was detailed full time to Indian Health Service Headquarters for two months in late 2004. In September 2005 LT Longstaff deployed to the Office of the Secretary of Health and Human Services in Washington, D.C. to provide logistics support for the 2005 Hurricane Incident Management Team.

LT Longstaff aspires to encourage AIAN nurses to conduct and disseminate research that identifies and measures program successes and challenges for the AIAN population. LT Longstaff plans to pursue master and doctorate degrees in nursing and public health to cultivate the skills necessary to conduct scientific research that will generate evidence to guide nursing into the future. LT Longstaff aspires to wear a star or two on her shoulder one day—a very long road to a high aspiration, but boy do they look hot!

**ALUMNI NOTES**

**Alma Cardenas (’95)** - I am a toxicologist with a Seattle-area consulting firm and currently I am working on an environmental health project based in Peru. My MIRT experience in Ecuador, learning about Andean culture and environment, provided me with a "head start" on my current project and contributed to my success and advancement within my career. It feels good to return to the Andes, particularly in a position where I feel I am contributing to the improvement of public health and the environment.

**Shalini Kulasingam (’96)** - Was a PhD student in Epidemiology when she was a MIRT fellow in Zimbabwe working on a project entitled “Kaposi Sarcoma Herpes Virus Shedding among Zimbabwean Women”. Shalini earned her PhD in Epidemiology in 2000 from University of Washington. Currently she is a Research Assistant Professor in the Department of Obstetrics and Gynecology at Duke University Medical School. She has more than 14 publications. And she is a new mom to Dylan (Below)!

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**Alma, in the field —PERU**

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**Roberto Orellana (’02)** - Roberto had an action-packed 2004. In addition to becoming a dad, Roberto completed his MPH in Health Services and Social Work at the University of Washington. If that was not enough for a year’s work, Roberto and family relocated to New York City (!) where he is now studying for his interdisciplinary PhD degree in Psychiatric Epidemiology and Prevention at Columbia University Schools of Social Work and Public Health.

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**Son of our own Professor Shalini Kulasingam**

**Dylan MacLehose**

“**My MIRT experience contributed to my success and advancement with my career**”
Let US Know How You’re Doing
Do you have an update or new photo to share with us?
We would love to hear from you!

NAME:_______________________________________________________________

UPDATE:_____________________________________________________________
_______________________________________________________________________

E-mail Address:______________________________________________________

NB: We have made it easier for our alumni to send updates directly online. Please go to the MIRT Web Page: www.depts.washington.edu/mirt/ and click on the Alumni Update.

MISCELLANEOUS

The application deadline for MIRT 2006 is December 15, 2005.

Possible Research Sites for MIRT 2006:

♦ Chile
♦ Ecuador
♦ Peru
♦ Republic of Georgia
♦ Ethiopia
♦ Thailand

Get the Facts: Health Disparities from American Public Health Association

Lack of physicians in rural areas. Residents of rural areas have less contact and fewer visits with physicians. Although 20 percent of Americans live in rural areas, only 9 percent of the nation’s physicians practice in rural areas.1

Unequal treatment for minorities. Research has show that even when racial/ethnic minorities are insured at levels comparable to whites, they tend to receive a lower quality of health care for the same health conditions.

Lack of diversity among health care providers. Lack of diversity among health care providers can be a barrier to communication. Minorities make up 28 percent of the U.S. population but only 3 percent of medical school faculty, 16 percent of public health school faculty and 17 percent of all city and county health officers.

Low health literacy. People with poor health literacy may have problems communicating with their physician, reading instructions and labels on medicines, completing medical and insurance forms and understanding many other aspects of health care. Over half of the people living in the United States are affected by health literacy.5

Lack of insurance. Uninsured women receive fewer prenatal services and needed care than women with insurance.

Exposures to environmental risks. People in low-income communities often have less healthy surroundings than people in other communities. Low-income communities are often located in or near polluting industrial areas and have cheap older housing where lead paint and pests are a threat.

Poverty and cancer. The American Cancer Society estimates that the cancer survival rate of poor individuals is 10 to 15 percent lower than those of other Americans. Low income women are less likely to have mammography and Pap test screening.
MIRT is a national program designed to encourage students from underrepresented groups to pursue careers in biomedical and behavioral research. This program provides support for undergraduates and graduate students to receive research training in an international setting. MIRT is funded by the National Center on Minority Health and Health Disparities (NCMHD) and Fogarty International Center of the National Institutes for Health, the UW MIRT Program has been developed in collaboration with Dillard University, Xavier University and Western Washington University. The program focuses on population-based health research in developing countries and builds on established linkages with academic institutions in Zimbabwe, Ethiopia, Vietnam, Thailand, Republic of Georgia, Australia, Peru, Mexico, Ecuador, Chile, Brazil, and Argentina.

Visit Our Website

www.depts/washington.edu/mirt

PHOTO QUIZ

This picture was taken at one of our MIRT sites. Do you know where and when this picture was taken? A special prize will be awarded to the first person providing the correct responses. Send your response to mirt@u.washington.edu

**** Thanks!