



# FALL 2011 MIRT NEWS

## Multidisciplinary International Research Training (MIRT) Program

Striving to Eliminate Health Disparities

*“The three great essentials to achieve anything worth while are, first, hard work; second, stick-to-itiveness; third, common sense.” —Thomas Edison*

### MID-TRIP REFLECTION OF UW MIRT 2011 FELLOWS

“My real understanding of public health has not been from our computer analyses but from seeing and interacting with people every day. As students, doctors, or epidemiologists, our goal is to make lives better and longer so that the small infant that we observed being born will grow and learn in a world that is healthy: living her life without impediments and illness. Who knows what that baby could do with its future!” —**Gabriella Puente, MIRT 2011 Peru**

“The MIRT program in Ethiopia is truly an intense summer training experience. I have seen and learned so many things in a very short amount of time. When I get back to the United States I will take full advantage of my educational opportunities to prepare for a career where I can help those who cannot help themselves. This program has been more than epidemiology training. It has also motivated and inspired me to make my future career goals more meaningful.” —**Angela Reese, MIRT 2011 Ethiopia**

“Through this entire experience, I have learned to appreciate what epidemiologic scientific research and individuals of all ages have to offer me personally, as well as to the community. There is honestly no other program that could have better prepared me for my future!” —**Sarita Sharp, MIRT 2011 Australia**

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right: a scene from Iquitos in the Amazon, Peru

Courtesy: Nati Chavez



Gabriella Puente

Undergraduate, Yale U

MIRT site: **Peru**

### ***Gabriella's mid-trip reflection***

Andrea and I jumped onto the Metropolitano, while it briefly stopped a few blocks from our Hostel in the Miraflores district of Lima, Peru. It was nearly 7:30 and we had woken up late for our first day shadowing our on site mentor, Dr. Sixto Sanchez. Crammed inside the bus, similar to the New York Subway system, we made our way from the calmer regions of Lima into El Centro where more and more people piled into the buses. Making small talk, discussing last night's soccer game, and laughing with another woman we were wedged next to, I watched the scenery change as we headed towards Hospital Dos de Mayo, located in one of the poorer regions of Lima. Saying goodbye to the woman and jumping off the bus we walked inside the gates of the old, but bustling, hospital and headed to the obstetrics ward. We had brought our computers, thinking we were going to be working on our projects in SPSS as we had done the night before. However Sixto greeted us with not only a smile but two pairs of sea-green scrubs, masks, and hairnets. Within 30 minutes of this moment, we had changed, been brought into an operating room, observed Sixto perform cesarean section on a pregnant woman, and seen a baby be pulled out under the bright operating room lights, about to begin its life. It was most definitely a whirlwind of a morning.

Besides shadowing Dr. Sanchez in the OR or consultation room, we have been busy working on our MIRT projects. My project focuses on the association between preterm birth and maternal depression, anxiety, and stress. We work with data from nearly 1000 Peruvian women that were enrolled in a case (preterm birth) versus control (birth  $\geq$  37 gestational weeks) study.

We have completed the data analysis portion and are now working on writing our papers. Additionally Andrea and I have been learning a lot from UW biostatistics Professor David Yanez and helping administer a biostatistics workshop for the Doctors at Hospital dos de Mayo.

Of course, there has been a huge cultural component of this trip. I mentioned the story above because it has parallels to my Peruvian experience thus far. I have found everything in this city is very busy, lively and colorful. Not only things like traffic and food but people are very warm, proud, and much more united as citizens than what I have seen in the US. Furthermore, it's a bit of an adventure waking up every day: trying new food, pushing myself out of my comfort zone, and seeing new things. As the youngest and probably the most inexperienced of my MIRT colleagues and mentors, I think they get a kick out of my captivation for this country. Personally, it's always fascinating to have certain expectations of what something is going to be like, be replaced by reality. For example, though I had been told that I would see poverty and I had mentally prepared for this, what was unexpected was realizing my own ignorance of the fact that there are millions of people who live their lives quite similarly to mine: families with children going to school and parents going to work in and out every day. Just because they live thousands of miles away and speak a different language does not mean that their goals, passions, and joys are different than an American's.

I think my real understanding of public health has not been from our computer analyses (though those have produced some exciting results) but from seeing and interacting with people every day. As students, doctors, or epidemiologists, our goal is to make lives better and longer so that the small infant that we observed being born will grow and learn in a world that is healthy: living her life without impediments and illness. Who knows what that baby could do with its future! Undoubtedly, public health is exciting and a new field that I had not considered before, but am liking it more every day.

I can't express my gratitude to the UW MIRT program for this opportunity. ***Not only have I been graced with a two month trip, a place to stay, and mentors who offer to teach me as much as I can absorb, but I have been given a new sense of what it is to be part of a larger picture in this big and wonderful world. Although we may read headlines and hear stories of sorrow and danger across the world and in our hometowns, people everywhere are still caring, hospitable, and trying to make a difference.***



Andrea Alva

Undergraduate, Hampton U

MIRT site: Peru

### ***Andrea's mid-trip reflection***

Hola! It has been almost one month since I've arrived in Lima, Peru and I'm finally feeling at home again. As some of you may know, I was born and raised in Lima, so when I found out that I was going to spend almost two months in my native city, I was very excited, but at the same time a little apprehensive. I was excited not because I was going to experience a new country and learn about its culture (since I have already known about those aspects), but because it was going to be the first time I was going back home with a different perspective. I was going to Lima with the purpose of contributing to the underserved women of Lima by conducting population based research. Nevertheless, it was also for this same reason that I felt a little apprehensive. This trip was not going to be like any I've taken before where I would just return to visit my family and friends. This time I was going to be more independent and really immerse myself on different aspects of everyday life in Lima, which I am not that familiar with anymore. However, the transition so far has been very smooth thanks to all the support around me.

I to r: Drs. Sal Y Rosas, Sanchez, and Yanez with MIRT fellows Andrea and Gabriella

Dr. Yanez provided a 4-day workshop to physicians and researchers at Dos de Mayo hospital with the help Dr. Giancarlo Sal Y Rosas (who is a recent graduate from UW Biostatistics department) and MIRT fellows

Besides re-immersing myself back into the lifestyle of Lima and polishing my bargaining skills to lower the cost of taxi rides, I've been occupied analyzing the data for my MIRT project titled, "Risk of Spontaneous Preterm Birth in Relation to Maternal Exposure to Intimate Partner Violence During Pregnancy," shadowing Dr. Sanchez at the Hospital Dos de Mayo, and assisting with a Biostatistics workshop that was also conducted at the same hospital.

Although I've heard the most challenging part of the program was the analysis of the data, I have not yet come to encounter any major problems which I believe is because of the assistance of our very helpful mentors, Drs. Sanchez and Yanez, who do not miss an opportunity to share their knowledge with us. On the other side, Gabriella and I have been shadowing Dr. Sanchez during his consultations with patients and C-section surgeries at the Hospital Dos de Mayo. Personally, it has been a privilege and the most amazing moment of my experience to observe how a child enters the world and gives his or her first cry. Dr. Sanchez has also been teaching us about different aspects of women's public health and how the studies we are working on can contribute improve their lives. Lastly, I was fortunate enough to participate in the Biostatistics workshop conducted by Dr. Yanez at the hospital. This workshop has not only allowed me to learn more about the statistics part of the research, but has also allowed me to practice my writing and public speaking skills in Spanish by translating part of the presentation and interpreting at one of the workshop classes.

I'm truly thankful to the MIRT program and to my mentors for this invaluable learning experience. I know that I have already gained so much knowledge, and I'm excited to see what the second half of this program will bring.





Kelsey Nebeck  
Undergraduate, UW  
MIRT site: **ETHIOPIA**

### ***Kelsey's mid-trip reflection***

Before I left for Ethiopia, many people asked me what I expected it to be like, and now that I am here, I am asked if it is how I expected it to be. I have told everyone that I was expecting the unexpected. Beyond preparing per the advice of last year's MIRT students, I did not want to come here with any set idea of how things were allegedly "supposed to be" but rather experience it for myself. During the four weeks I have been here, I have benefitted from experiencing the wonderful and difficult aspects of life in Ethiopia. This is a place where one must exercise their patience. Power outages and water shortages are taken in stride and adapting to these obstacles has come quickly to my fellow MIRT students and I. However, handling these situations would not be possible without the help and hospitality of our host family. Not only do they provide us with some of their extra stores of water and candles, but they invite us to sit and eat with them in their second home despite already donating us the space of their first home.

Coffee ceremonies are a perfect time to relax and chat about anything from social issues to the weather. One of my favorite activities has been our evening walks around the neighborhood with members of the family as well as having them teach me useful Amharic terms like "teragaga/teragagi" (be patient) for males/females.

One cultural aspect I admire is the way everyone takes care of each other. Both parents and children complete essential chores such as doing laundry by hand, performing the long process of making injera (a home-made pancake-like starch served with every meal), buying groceries, setting up and cleaning the coffee ceremonies, braiding each other's hair and much more. I respect them for this hard work for the sake of the whole as I imagine the common dynamic I have observed in the US where parents perform all the housework and tend to children older than our host sisters.

I have enjoyed observing the unique mannerisms of the people here, especially the way they converse with one another. Conversations are dotted with many "eh-shi" (yes/ok) and I like the way people take small gasps of breath when thinking right before they answer a question. My attempts to converse in Amharic are fun despite my awkward pronunciations. I do admit I did come somewhat concerned with how I would be received being a "ferenji" (Caucasian foreigner). However, while at first disheartened by the confused frowns on locals' faces, I have found that a smile can usually change their expression.

Being outside of home in the capital is never dull. Driving in our taxi every morning feels like being in a video game on the "sensory overload" level of difficulty with a so many things going on around you at once including people, cars and even donkeys and goats coming within inches of our car as they try to maneuver the streets. When I am crossing the street and a bus leaves a huge plume of dark exhaust in its wake, I think of how I have never been more grateful that my home city in the US enforces emissions tests.

Well-off city dwellers mix with the destitute and many class levels in between on the streets of Addis. ***It is difficult to see impoverished mothers with their infants sitting along the side of the road and it makes me wonder how similar the US would look without welfare programs, child protective services, soup kitchens to feed the homeless and simply a number of people who are wealthy and generous enough to help others less fortunate.***

In addition to learning the ways of life here, evaluating and synthesizing the epidemiological data for my research project has been both challenging and rewarding. Bizu is an excellent mentor and his encouragement has helped me remain positive through the most difficult parts of my project thus far. Specifically, learning SPSS has been a crash course in devising the best way to analyze the data and suppressing frustration when you realize your hard work was missing something and must be redone. Although I was familiar with the overall process of scientific research and have written such papers before in college, I am gaining a renewed appreciation for the work of epidemiologists, especially those in Africa where limited funding and resources makes such work more than difficult to complete.

***"Our words reveal our thoughts; our manners mirror our self-esteem; our actions reflect our character; our habits predict the future."—William Arthur Ward***

### ***Kelsey's reflection***

Visiting the fistula hospital left me amazed by the establishment and the work Catherine Hamlin has and still actively does there. The system the hospital has for healing patients goes far beyond medical procedures. Therapies from physical to spiritual and emotional take place there and women are even given a chance to earn money on their departure by weaving fruit bowls and jewelry boxes and embroidering table cloths to be sold to people touring the hospital (a perfect place to stock up on souvenirs for friends while helping a good cause).

I am extremely fortunate to have been able to visit the historical sites of Axum, Lalibela and Gondar. The scenery of each place was breathtaking and no picture I was able to take will match the beauty of the setting in my memory. Although I don't like to pick favorites, I must say Lalibela was the most enchanting, its churches with intricate interior and exterior details carved precisely out of stone. I almost can't believe it took a mere 23 years to carve all eleven of them!

Dina, Kelsey, and Angela on a walkway at Fistula Hospital

Still ahead lies a trip to observe data collection for a future study and our time to volunteer at AHOPE, an orphanage for children of the AIDS epidemic in Ethiopia. I can't wait to see the process of conducting epidemiological research come full circle when visiting the data collection site!



Angela Reese  
Undergraduate, U of Arizona  
MIRT site: **ETHIOPIA**

### ***Angela's mid-trip reflection***

When we arrived at Bole airport in Addis Ababa the first thing I noticed was the beautiful weather. The climate was cool and the temperature was a perfect 70 degrees, which is typical for this time of year.

The city is huge and the streets are very lively, with a lot of cars and pedestrians. There are tons of small shops and cafes lining the streets. When we met the family that is hosting us, they were very welcoming. Their kindness has helped to make our stay very comfortable and enjoyable.

For the majority of the training program, we are working at the Addis Continental Institute of Public Health (ACIPH). We began with a week of intensive epidemiology, biostatistics and software utilization training. We have also been working intensely on data analysis and scientific writing skills. At ACIPH we are privileged to interact with professors, public health professionals and graduate students. We enjoy their company and ask them lots of questions about their experiences conducting public health research in Ethiopia. Our project is both unique and important. It's one of the few studies in Ethiopia addressing hypertension and diabetes prevalence, which experts say is rising in Sub-Saharan Africa. In a resource poor setting, being diagnosed with these chronic diseases can be a death sentence, which is why surveillance and prevention are so important. I am happy that during this training program I am part of a research study that has the power to raise awareness and make a positive difference in people's lives.

## Angela's reflection

Every day we take our taxi to and from ACIPH. There are so many things to see on the busy streets of Addis. The city is crowded with a variety of people from all walks of life. We see men and women wearing the same styles we see in the U.S., and some people with a more traditional look. Old, young, and middle aged people walk down the streets on their way to work, church, school, or a variety of places. I have also noticed some people who just sit on the side of the street desperate and begging for spare change. Sometimes during heavy traffic someone will come to the car windows and ask for money. It's actually illegal to give money out of the window here because it puts people on the streets in harm of getting hit by a car. It's difficult not to feel a profound sense of guilt when you turn someone away who is in need of money. It can get overwhelming to encounter a poor person and know that there is not much you can do for them but give a little cash. This experience has moved me deeply and given me even stronger motivation to dedicate my career to empowering people who suffer due to their low economic status.

We have also been fortunate to visit Drs. Catherine and Reg Hamlin's fistula hospital. Fistula is the continual leakage of urine usually due to a hole in the bladder. It is usually caused by a prolonged obstructed labor. Women who cannot get trained professionals to assist them during child birth are especially at risk for this problem. It is very devastating to be continually leaking urine or feces, and it turns the woman into an outcast from society. This problem rarely happens in the United States. Here in Ethiopia many women especially in rural communities are affected by this condition. To witness the product of the work started by the Hamlin's and see how these women are being helped was very inspiring. Seeing the fistula patients in person was an experience beyond words. It made the issue much more meaningful and more real. Reading about it in a book or hearing about it from a documentary is just not the same.

Aside from the public health and epidemiology training we have been getting, we have also taken a trip up to the historic North to visit Axum, Lalibela, and Gondar. The oldest city was Axum which was the place of a huge empire more than 2000 years ago. The people of this ancient empire were polytheistic and subsequently converted to Orthodox Christianity. Axum is where it is said the Queen of Sheba ruled. According to traditional Ethiopian history the Queen of Sheba was the temporary wife of King Solomon and she bore him a son who played a role in the movement of the arc of the covenant from Israel to Axum, where it still rests today.

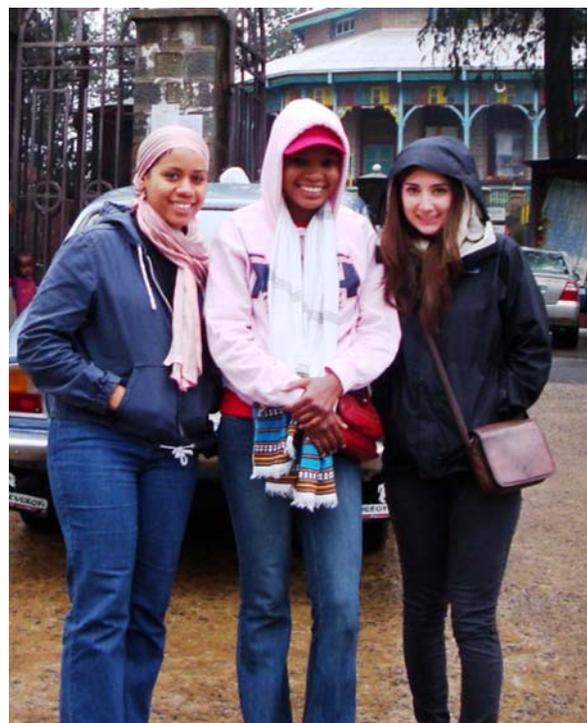
We were able to see the church where the arc of the covenant is said to be stored. In addition, we saw the tall stela, which were monuments to the Gods of the ancient people. There is much more to be excavated but apparently funding has fallen short. Some people are living in neighborhoods that rest on top of these ancient ruins. I hope the interest and funding increases to preserve this historical city.

Next, we went to Lalibela to see the ancient churches, which were carved completely out of stone from the top down. These structures gave me a great respect for the architects, and workers of ancient Ethiopia. It was very puzzling to think how all of the work done in Axum and Lalibela could have been completed without modern technology.

The last city we toured before we came back to Addis Ababa was Gondar, the former capital city of Ethiopia.

We saw the old palace of King Facil which was built about 300 years ago. The city of Gondar its self was also very interesting to see. It is very much developed like Addis, but still a much smaller and quieter version.

The MIRT program in Ethiopia is truly an intense summer training experience. I have seen and learned so many things in a very short amount of time. When I get back to the United States I will take full advantage of my educational opportunities to prepare for a career where I can help those who cannot help themselves. This program has been more than epidemiology training. It has also motivated and inspired me to make my future career goals more meaningful.



Did we bring Seattle rain with us??



Dina Nshisso

Graduate, Case Western Reserve U

MIRT site: **Ethiopia**

### ***Dina's mid-trip reflection***

I have always wanted to work for a global organization that focuses on community-based programmes and be able to contribute toward medical advances in developing countries. Being here in Ethiopia to work in the area of public health has been rewarding personally and academically so far. Our typical day in the office during the first few weeks consisted of learning biostatistics and SPSS in the morning and doing literature review for our project later in the afternoon, under the mentoring of Bizu. Half way through our internship, we worked on results using SPSS, which was the part of the project that I was excited about, being able to interpret and understand what was happening in the population. I was glad to be able to share our project with the staff at ACIPH and be able to learn what their areas of work are.

Our visit to the fistula hospital was the most memorable one for me because I had realized what medicine had once meant to me. I have always believed that medicine was more than a doctor's office visit. I believe in the power of medicine to not only restore someone's health, but advocate for more such as a person's rights and place in society. The fistula hospital has many departments aiming to address all problems that women have when they first checked into the hospital. I came to find out that the hospital was dedicated to not only repair fistula but also restore a woman's dignity following her unfortunate condition. The hospital staff gives basic education to women to learn how to read and write and to know their rights when they have to go back to their respective homes. Finally, women have handcraft sessions where they get to make gifts that can be sold to visitors, and the money is given back to the women upon leaving the hospital. They are meaningful gifts to buy knowing that one way or another, I have contributed to the wellness of one of the patient.

Our host family has been great sharing with us their lunch or dinner sometimes and helping us around the city or the market to get the best bargain possible. On week-ends, we also get to spend some time with the girls doing laundry by hands or just watching them make enjera.

There are some quite interesting things to eat here: I must say that the coffee is really good, so is the tiramisu. I cannot even begin describing fruit juices with multiple layers: it is the best. I have also enjoyed going to traditional restaurants and watching people dance by only moving their shoulders!

I had figured that I had a good idea of what to expect once in Addis, thinking that I had read enough. But being in the actual location has been interesting. I was born in the Democratic Republic of Congo and lived there for a good amount of time of my life. I have also lived in Zambia for few months. I was able to witness some cultural aspects that are a little similar to the other two countries I have been, but I was also pleased to find various differences that make Ethiopia unique. We visited three towns: Axum, Lalibela and Gondar and I have learned the history behind those towns. Lalibela was the most fascinating for me with the eleven churches carved from big rocks which I believe should have been considered one of the wonders of the modern world.

I truly cherish the experience that I am getting here. It was difficult at first, but my friend once told me: "if you want to work for world vision or doctors without borders someday, you have to learn to adapt and take time to learn from the people". I am grateful to have been given the opportunity to do research here in Ethiopia through the MIRT program. I am finishing my education with a master in public health and a focus in global health. I was once interested in infectious diseases, but shifted my interest to chronic diseases. My project made me realized that this area is very important as well, especially in developing countries where attention needs to be paid to both communicable and non-communicable diseases. It is crucial to train health care workers in the area of non-communicable disease as well. ***Furthermore, I would like to pursue a degree in medicine and work toward reducing health disparities in my community and in various part of the globe.***

If there is one thing to be learned here, I want to make myself a promise to never get accustomed to watching unfairness and say that it is part of life. The world seem too big to change at first, but if we are all dedicated to change our communities and become passionate about reducing health disparity gaps, eventually the world will change.



Sarita Sharp

Undergraduate, Benedict College

MIRT site: **Australia**

### ***Sarita's mid-trip reflection***

From extensive hikes to snorkeling in the Great Barrier Reef, who knew it would be so amazing living as a nomad! We lived on an island called Magnetic Island for the first few days of arriving. Here we met with the other groups for a journey of cultural and environmental exposure. The time with them was packed with lifetime memories including: living with farm-stay families, bushwalking through various rainforests, hiking to hidden beaches, camping at a Tyrconnell Historical Gold Mine, snorkeling in the Great Barrier Reef with aquatic animals only dreamed about, and then heading to Sydney to complete our epidemiology research projects.

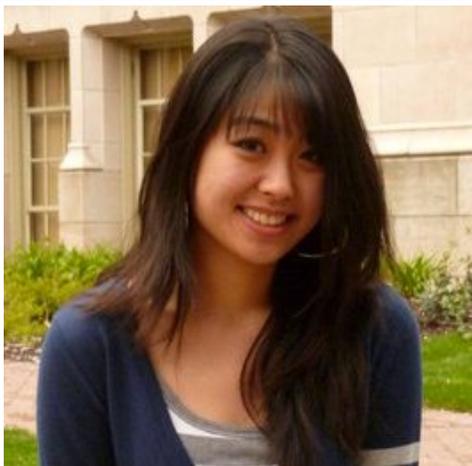
The beginning of the trip was composed of lectures, walks and activities associated with the native Aboriginal culture. We learned so many things about how they managed to survive prior to the European settlement. They thought of everything from natural antibiotics to survival tactics within different regions of the wild. The environment is not just trees, rivers, and animals to them; they believe they are apart of the land and responsible for the upkeep of it. For this reason I think it made all of us slightly more aware of our surrounding and more appreciative of what is provided naturally.

We actually had two types of farm-stays, one in a small country town of Malanda and the other at Tyrconnell Historical Gold Mine, located in the Outback. This was one of the most interesting experiences because the culture is so similar to America, but ironically so different from each other. In Malanda Internet access, televisions and easy access to normal amenities such as food, water, and electricity was provided.

While in Tryconnell, there were only limited lights, water, food, and no Internet or television access available to us, and the closest neighbor to our location was at least 1.5 km away. Tryconnell was great because it made everyone realize how much we personally take for granted because we simply can. It was nice to be without all of the distracting electronics and the busyness of the city. Where there was once a constant awareness of time and things that need to be completed before the day ends was now replaced with a sense of calmness. Life in the Outback was no easy task though. We learned about some of the challenges that they faced as a family and the pros and cons of their living environment.

Our community service project, at Northcott Community Center, was amazing over time. There are so many people with different stories and personal cultures and practices that everyday presented something new. Having the chance to help the elderly, disadvantaged, or unemployed by doing something as easy as listening or passing out food was definitely worth the time. Because many people living in the 14 floor high rise have health issues, this again gave us another chance to view health awareness, access, and promotion initiatives in a different environment. From our research studies and the application of SPSS to the collected data, we are able to find questions, interventions, and challenges presented to communities different and alike. Epidemiology has never an area of interest to me before the program. Mainly because I was honestly ignorant to its importance to not just health related issues, but environmental challenges as well. This research has taught me to view situation more at an eye-level view rather than a bird-eye's view. It is important to understand what factors make particular situations the way that they are. If so many factors are overlooked then issues arise for everyone. Through this entire experience, I have learned to appreciate what epidemiologic scientific research and individuals of all ages have to offer me personally, as well as to the community. There is honestly no other program that could have better prepared me for my future!





Diana Trinh

Undergraduate, UW

MIRT site: **Australia**

### *Diana's mid-trip reflection*

Australia has always been a place that I have wanted to visit, and I am not let down! One of my biggest highlights of the trip so far, is that I learned how to swim here in Australia from my wonderful new friends on the MIRT program, and jumped right into the Great Barrier Reef! I also learned how to play the didgeridoo, hiked many mountains, been on beaches such as Balding Bay, Horseshoe Bay; saw koalas, cassowaries, bats, platypuses and kangaroos; camped out in the outback, volunteered at the Northcott Community Center, and much much more.

For the first three weeks of the program, we stayed in Queensland where we learned about the importance of the various types of environment in Australia. The environment ranges from dessert, to rainforest, to savannah, beach, to a more stable and temperate environment. While staying in Northern Queensland, we learned about the history and culture of the Aboriginals and the Torres Strait Islanders, as they were able to adapt and care for the land efficiently before the settlement of the Europeans. It has been a privilege to learn of the rich culture of the Indigenous people of Australia by going on Aboriginal nature tours, speaking to Aboriginal Elders, and learning about them through lectures. Because of this MIRT program, I had learned about a group of people which I had known very little about. It is interesting to compare how the oppression of the Indigenous groups here in Australia is comparable to what has been done to the Native Americans in the United States. It has been amazing swimming in the Great Barrier Reef, learning about Marine Ecosystems, and the importance of preserving this environment. The biodiversity is abundant and it was amazing to swim in what seemed like a foreign world, with so many beautiful colors of fish and coral under you, as you glide across the water, snorkeling.

While camping in the outback, time seemed to stop as I was able to capture a sense of what it was like to “be one with the land and nature”. The night sky has a whole new set of stars compared with that in the northern hemisphere, which are a delight to gaze at. The moon never sets here in Australia, which I found quite interesting.

During our stay in Queensland, we had the privilege to be at a homestay, where we were able to get a sense of what the local culture of Aussies in this particular state looked like. The family we stayed with are warm and friendly, feeding us with copious amounts of delicious foods!

Currently, I am in Sydney, New South Whales. Being further south of the equator, it is much colder here compared to Queensland. Sometimes I feel right at home, as if I was in Seattle, WA, since it has been raining so much lately! My partner Sarita Sharp and I, are working on learning how to do epidemiological research dealing with Chronic Disease and Stress. Some days have been difficult, but once we figured out the features of the analysis program, work went a lot smoother. I am gaining much research experience, and has come to a better understanding about the difficulties and importance, of research, as I progress with this fellowship.

After our classroom times with our research mentors, we volunteer at Northcott Community Center for five days of the week. Northcott is a government housing facility with over 400 units. The majority of people living in this area is disabled, elderly, unable to support themselves, immigrants or troubled. However, by personally talking to residents of this facility in the common building, I found that everyone has a story to tell, and are quite eager to tell it. Northcott is a very dynamic place to live, with people from all over the world, and different backgrounds. Three days of the week there is a food drive that happens at the community center, comparable to the food-banks in the US. Portions of food are distributed as evenly as possible for residents who choose to participate. From volunteering at Northcott Community Center, I have learned that people value the sense of belonging and community. It is what makes people feel as if they matter in this world.

MIRT has given me such a great opportunity, one that I have taken and will now treasure forever. I have learned so much about different cultures in Australia, how to research properly, to swim, about the environment, and am having one of the best times of my life! I will definitely recommend this to anyone looking for a great learning experience!



Tian Xia

Undergraduate, Rutgers U

MIRT site: **Australia**

### *Tina's mid-trip reflection*

Good day! Reporting from Sydney, Australia. These past four weeks in Australia has been the most nomadic (meaning we are totally on the move all the time!) yet rewarding travels in my life. My journey first started in North Queensland travelling from rainforest habitat to the out-back and finally to the Great Barrier Reefs. I never thought I would say those three things in a sentence; let alone imagine that I would be able to see all those diverse environments and experience a superior and more complex social and cultural repertoire.

My MIRT friends and I started our travels on Magnetic Island near Townsville with 37 other AUIP students. Breathing in the morning fresh air, seeing the wallabies by the beach during the sunrise, and climbing over a mountain to get to Balding Bay, the most spectacular tropic beach on the planet were just mind-blowing. The whole time, we kept on asking ourselves. Why are we so lucky? How did we get here? The amazement continued when we lived in a home stay in Malanda. Our host family and other Australians are very well-versed in American and international culture. They inspired me to keep up with current events around the world and really be part of the close knit yet ever expanding community that we live in.

The next two destinations were Tyrconnell and Port Douglass. At Tyrconnell, we visited an old gold mine, lived in tents, used compost toilets, and slept under the stars. It was so fascinating to see how people overcome obstacles in rural life. The family who lives there sends the three sons to a school thirty minutes away every day. They collect rainwater for drinks, have solar panels for electricity, and have the Royal Flying Doctors at their service in case of medical emergencies.

They are completely self-sustaining. This experience made me realize how wasteful people can be. What little things like recycling and turning off lights can do to save our limited natural resources. It also made me realize how important and limited medicine can be since the government has to provide the family a medical kit with emergency medicine, basic surgery kit, and antibiotics. Our environmental protection lessons continued to the Great Barrier Reefs. We saw sea turtles, dolphins, humpback whales, and Nemo! But sadly, we also saw how much erosion, over-fertilization, and man-induced natural disasters have bleached the coral reefs. Australian government has bought all the key players together to create a marine park to protect the environment and its endemic animals. America and other parts of the world have to realize the same thing before it is too late to protect the current state of the environment long enough for our offspring to experience its magnificence.

Lastly, the most rewarding lesson I learned thus far is to appreciate other cultures and be one with the people around you. Throughout the entire Queensland trip, we heard numerous talks from Aboriginal elders, professors, and health professionals. Indigenous people realized how important living together and sharing stories were in order to maintain the longest lasting culture in the world. While volunteering at Northcott community center, a public housing in Sydney, I discovered that a community is more of a family. People there may not share a language, idea, way of life or culture, but they do have the same philosophy of helping each other and the passion for understanding others. Finally as anticipated, our mentor has taught us so much about the science behind epidemiology and research. But to sum up how Australia changed my life so far: understanding, respecting, and experiencing different cultures are the most important foundations behind every footstep we take.



l to r: UW MIRT 2011 Australia fellows with their mentor Dr. Fitzpatrick



Onome Uwhuba

Undergraduate, University of Chicago

MIRT site: **Australia**

### ***Onome's mid-trip reflection***

I am writing this on Day 26 of my Australia trip, but it feels like I have been in this country for almost a year. This is likely due to the blur of the first three weeks of my trip, with constant travelling every 2-5 days, meeting about 33 other students from Ohio State University and Oregon State University, and getting to see the amazing diversity that Australia is a host to—both in its peoples and the environment.

I could write a novel of my experiences thus far in Australia, but it is more practical to give what I consider the best parts. After a 14 hour flight to Sydney and another 3 hour flight to Townsville, the girls (Me, Diana, Tina and Sarita) arrived in our first home in Australia. Spending the first few days in the beautiful Magnetic Island, we went on numerous hikes, found koalas in the wild (and took the requisite 100 pictures of the same koala), found beaches, and drenched ourselves in sunscreen and bug-repellent. Magnetic Island also provided us our first experience with the Great Barrier Reef. As we travelled on later into the interior of Northern Queensland and got to have first hand experiences walking in the rainforest, seeing (and sometimes swimming in) the lakes and waterfalls, I got to know the girls better and we formed a camaraderie I already began to treasure.

Our numerous travels also brought us constant reminders of 2.5% of the Australian population—the Aboriginal Australians—and as we learned about their struggles both from lectures and the large part they played in my paper on Rural Health, I learned of a whole new world separate from what I had been exposed to. As a Nigerian living in America, it has been quite a shock to be in a country where racism against Aboriginal Australians is not tolerated, but is certainly present and clear.

The 17 year life-expectancy gap between the Indigenous and non-Indigenous Australians and the various issues the face with the colonization of their continent and the rapid change in their diet and lifestyles was a main topic in my paper on rural health. But it is the people I will always remember from my Australian adventure—after all, they taught me to throw a boomerang and play the digideridoo).

Now we're back in Sydney, having said goodbye to the other 33 students in the town of Port Douglas (where we snorkeled on the Great Barrier Reef, saw dolphins, whales, jellyfish and other such exotic animals), and it has certainly been a big change. The Northern Queensland area was considered tropics, which meant we mainly got rain but for the most part we could still go to the beach. Sydney is quite simply, cold. Not Chicago cold, but not vaguely beach weather either. Here in Sydney, we have just finished our first week working in the Northcott Community Center. This has included meeting the residents of Northcott, helping with a food-bank style delivery and working on projects with the residents (including making a volcano).

And of course, though it might seem like all fun and games, Tina and I are working on our research paper on gait, balance and stroke, with Dr. McKinney. This involves remembering our SPSS bootcamp of almost two months ago, applying this to our dataset and crafting our paper while working on our question and analyses. Sydney has simply been busy, exciting, and work. But of course we also forced time for sight-seeing which has included the Opera House, George Street, Elizabeth Street and China Town (Paddy's Market!). We also had a trip to the Blue Mountains and Three Sisters outside Sydney, but were unable to see much due to the heavy fog that quickly turned from blue to invisibility.

I am having a great time in Australia, and I have met the most amazing people I am travelling with and our wonderful professor who has been amazingly helpful. While I have had some mishaps like losing my snorkel and half a fin while snorkeling on the reef, and forgetting my wallet on the bus, these mishaps are nothing compared to the experiences, knowledge and friends I have been able to get so far. It is only Day 26, and I cannot wait to see what I have to say on Day 49, although I know I will be sad to see that day come.

***"Vision without action is a daydream. Action without vision is a nightmare."—Japanese Proverb***

# Transition



Dr. Michelle A. Williams is currently a Stephen B. Kay Family Professor of Public Health and Chair of Department of Epidemiology at Harvard School of Public Health

I have had the most wonderful fortune of living, learning and working with some of the world's best colleagues and students over the past 20 years. The University of Washington School of Public Health, and our many international partners in Asia, Africa, South America and elsewhere have provided terrific opportunities for me to develop and direct the MIRT Program for the past 17 years.

Many of you may know that this has been a year of major transitions for me. After 20 wonderful years of living, learning and teaching in the great University of Washington School of Public Health, I find myself on the other side of the country, in Boston, where I now Chair the Department of Epidemiology at the Harvard School of Public Health.

Despite this move and my new academic and administrative responsibilities, MIRT continues to be an integral part of my professional, academic and personal life. MIRT, like Doctors Without Borders, has operated without borders since its inception. We've collaborated with academic, governmental, and non-governmental institutions in 15 countries across 6 continents; and we have accepted and provided training to over 179 students from over 40 US universities and colleges. Although the MIRT Program office will also move across the county, from Seattle to Boston, MIRT will remain a program without geographic boundaries; and certainly, MIRT will retain its absolute commitment to research and teaching excellence.

Be it our work in the classroom, or our conversations about what it means to be a culturally competent American overseas, or our endless iterations of summary tables, or our time spent engaged in completing community service projects, or those sweaty palms moments at the podium or in front of our posters, members of our MIRT family have always risen to the occasion with great skill and confidence.

The MIRT family has allowed me to combine my passions for discovery, teaching and translating knowledge into actions. Actions that draw attention to ideas and populations that have been needlessly marginalized. These actions may have few immediate rewards but they have many long term local and global benefits.

## *Alumni Update*

### 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! You can send us your updates using the MIRT Program web site:

[www.depts.washington.edu/mirt/alumni.php](http://www.depts.washington.edu/mirt/alumni.php)



## Striving to Eliminate Health Disparities

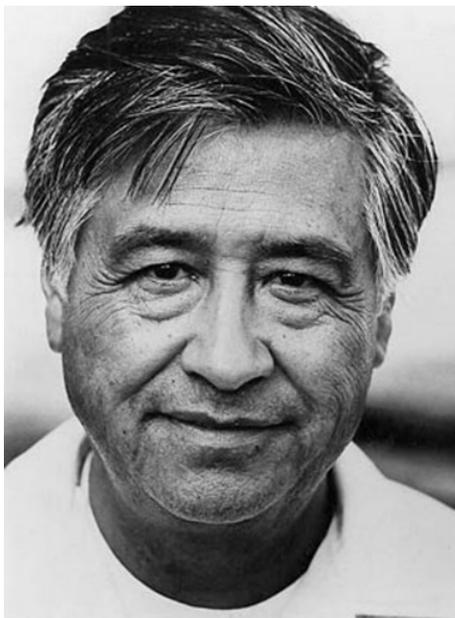
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MIRT is a national program designed to encourage students to pursue careers in biomedical and behavioral research. This program provides support for undergraduates and graduate students to receive research training in an international setting. MIRT is funded by the National Institute on Minority Health and Health Disparities (NIMHD) and Fogarty International Center (FIC) of the National Institutes of 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](http://www.depts.washington.edu/mirt)

## Response to Summer Photo Quiz



Thank you for all who participated in our Summer 2011 MIRT photo quiz. By responding first, Dr. Benjamin Vazquez MIRT alumnus is the winner of this photo quiz!

**César Estrada Chávez** was a Mexican-American labor leader who used non-violent methods to fight for the rights of migrant farm workers in the southwestern US. His work for the fair treatment of farm workers changed the lives of millions of people for the better. His motto in life-"si se puede" (it can be done)-embodies the uncommon and invaluable legacy he left for the world's benefit. For more than three decades he led the first successful farm workers union in American history, achieving dignity, respect, fair wages, medical coverage, pension benefits, and humane living conditions, as well as other rights and protections for hundreds of thousands of farm workers. A strong believer in the principles of nonviolence practiced by Mahatma Gandhi and Dr. Martin Luther King, Jr., Chávez effectively employed peaceful tactics such as fasts, boycotts, strikes, and pilgrimages. In 1968 he fasted for 25 days to affirm his personal commitment and that of the farm labor movement to non-violence. He fasted again for 25 days in 1972, and in 1988, at the age of 61, he endured a 36-day "Fast for Life" to highlight the harmful impact of pesticides on farm workers and their children.

The significance and impact of his life transcends any one cause or struggle. Chávez was a unique and humble leader, in addition to being a great humanitarian and communicator who influenced and inspired millions of Americans to seek social justice and civil rights for the poor and disenfranchised in our society.