“Every blade of grass has its angel that bends over it and whispers, 'Grow, Grow.'”
— The Talmud

POST-TRIP REFLECTIONS OF UW MIRT 2010 FELLOWS

“Being a MIRT fellow, I have learned the multifaceted nature of public health, and how a successful public health system can be achieved by augmenting social, political, and cultural context of the society. I was able to witness the good and the bad side of health care delivery system in resource-poor settings as in Ethiopia—how the country struggles to provide care to people.” —Wint Wai, MIRT 2010 Ethiopia

“I am very grateful for this once-in-a-lifetime experience that gave me a new perspective on medicine, what I want to do in my future career, and introduced me to such amazing and wonderful people who I hope to keep in touch with for many years to come.” —Sonia Parra, MIRT 2010 Chile

A child (and his snack!) on a weight scale in Arebegona, Ethiopia

“My fellowship sparked a love for epidemiology and research in me, and I am inspired by the brilliant and compassionate MIRT mentors.” —Kaylee Knowles, MIRT 2010 Peru

“MIRT most definitely influenced my educational and career pathway by opening the world of research to me and by expanding my overall knowledge of the medical field.” —Stefanie Czerwinski, MIRT 2010 Australia
It has been some weeks since I left Ethiopia but all the amazing memories still remain fresh as if it were yesterday. Being back home with friends and family and walking in the Seattle rain is very nice and welcoming but in my mind, something special was missing. I miss Elaine, 3-year-old niece of the host family eating cereal with me every morning; I miss home-made coffee of our host family and teatime at work; I miss drinking fresh juices with my friends at Kaldi’s; I miss waking up in the morning hearing heavy rain of Addis; I even miss being called “CHINA!” on the street as well as doing manual laundry at the porch and hoping that sun would come out to dry clothes on time; most of all, I miss spending time with kids at AHOPE, the orphanage for HIV positive children. I still remember our first day arriving in Addis Ababa, the capital of Ethiopia not knowing what to expect but at the same time excited for what I would experience during the next 7 weeks. It was truly the most invaluable and rewarding experience that had changed my life forever. Being a MIRT fellow, I have learned the multifaceted nature of public health, and how successful public health system can be achieved by augmenting social, political, and cultural context of the society. I was able to witness the good and the bad side of health care delivery system in resource-poor settings as in Ethiopia—how the country struggles to provide care to people. During our visit to Black Lion Hospital, I was surprised how the cost of healthcare was heavily subsidized so that everyone could afford healthcare although demand could not be met by available resources all the time.

I had witnessed the miracle of ART (Anti-retroviral therapy) on children at AHOPE seeing their ever smiling and hopeful faces to live longer and experience the beauty of the world. However, it was unfortunate to find out that lack of healthcare facilities leads to tragedies everyday which could have been easily preventable. During our trip to Awassa, the Southern Region of Ethiopia to learn how community based data was collected for Nutritional Assessment Survey, we had witnessed such a tragedy; we attended a funeral of mother and child who both passed away during a difficult delivery. I realized it was a part of reality, but I was very much disturbed and frustrated by this situation because I could empathize the affected family picturing my sister who was pregnant during that very same time. Here in the States, when a family member goes through labor, most of the time all we would think of is when we could see the mother and newborn baby. But not whether the mother and baby would come alive safe and sound out of delivery. Unfortunately this is a common tragedy and the biggest concern among families in resource-poor settings as in rural Ethiopia. However, even during this kind of tragic moment, generosity of the family who insisted that we eat their freshly cooked meal was so heartwarming and surprising. It was one of those unexpected moments when you realize no matter how selfish and cruel the world can be, there are still loving and compassionate sides of human nature blooming on the face of the earth.

"The ability to simplify means to eliminate the unnecessary so that the necessary may speak." —Hans Hoffman
**Wint’s post-trip reflection**

My stay in Ethiopia had been wonderful and comfortable, thanks to my host family, my colleagues at Addis Continental Institute of Public Health, and all the other people I have met who made me feel so welcomed. I also believe this experience would not be as great without my two MIRT team members, RJ and Alvin who are awesome and dependable individuals making my days without water and electricity easier than I could imagine. If I would give an advice to future MIRT fellows, the best survival skill would be immersing oneself totally in this rich and diverse culture with open heart and soul while enjoying the stay as much as one can from learning Amharic to working hard on the research project. The most rewarding aspect of this experience is that it helped me understand my purpose of life and what I want to pursue in life. It made me think about family and friends, my passion, and most of all my calling. I am not sure if I can change the world but what I have attained is empowerment and hope. Five years ago, when my family just immigrated to U.S, becoming a physician was one far-reaching dream: a dream that was so far away as if I am looking at the moon and stars in the night time; there was a huge distance between them and me.

Culturally our experience in Ethiopia was as rich as one could imagine. Living with our awesomely loving host family, we were able to learn and gain so much. I will miss eating shiro wat and injera while watching a world cup match with the girls, or having a good time with our host brother, Deju. When we left Addis Ababa for the north we were able to see some incredible history. The obelisks in Axum, and the rock-hewn churches in Lalibela are architectural and engineering marvels and serve as a testament to the greatness of the old Axumite Kingdom. The scenery all around the incredible mountains of Adwa, where Ethiopian forces halted an Italian invasion, was astonishing in every direction. Ethiopia was able to offer us so much in terms of its history, cuisine, and art. I only wish I will have the chance to return and experience it once more (although, that would definitely happen in the dry season).

Our time at the Addis Continental Institute of Public Health was equally rewarding. Over the course of this fellowship we were able to learn such a great wealth of information and techniques. The knowledge of epidemiological practices that we acquired was astonishing and will do us well as we continue on our paths to become health professionals.

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**RJ’s post-trip reflection**

When I think of our time in Ethiopia, I at first cannot begin to fathom how the summer could have possibly passed by so quickly. But as I begin to reflect on all that we accomplished—all that we were able to see, touch, taste, and experience—it seems to finally make sense how fifty days could have passed so swiftly.

Now, I was in Ethiopia as a MIRT fellow having the time of my life which I have never dreamed of. My dream of becoming a physician is one step away. Big step but it is one step away and I can feel it.

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The Axum Obelisk. This obelisk is made of a single piece of granite and stand as high as 82 feet.

RJ Dhami
Undergraduate, UW
MIRT site: ETHIOPIA
Reflections

RJ’s post-trip reflection

But our time in Ethiopia was not necessarily meant for only experiencing its culture and taking part in some epidemiological research. We were to emerge from this fellowship with a better understanding of the health problems plaguing the developing world, and the solutions to be made in their response. I can confidently say that we did gain this better understanding.

Before I departed the US for Ethiopia I had fairly undefined expectations. Among what I did know, however, was that I would be in a country of juxtapositions. I knew I would see rapid modernization with abject poverty, a vibrant history coupled with a burgeoning future, and high-tech scientific facilities alongside people with easily preventable disease. Upon touching down in Addis Ababa, these contrasts seemed to be everywhere. One could see the telltale signs of construction along the ever-changing skyline. Cranes were scattered across the city, erecting tall buildings—symbols of Ethiopia’s 21st century future. But just two or three hundred meters from these sites one would see shantytowns where thousands of Addis Ababa’s poor call home. And while Addis Ababa continues to modernize, it seems that these urban poor may be left behind amidst all the commotion. Seeing this firsthand brings one to realize that this is everyday life for tens of millions of people in the developing world. And that is a number that will only increase given their rates of urbanization and population growth. Further, when we left Addis Ababa, on our travels to the south, we saw the condition of much of Ethiopia’s rural populations. We saw that a large proportion of the rural people have diets deficient in various nutrients. This fact coupled with lack of infrastructure and with rural population of Ethiopia numbers well over fifty million, this situation poses a very difficult public health problem. Ultimately what we witness was that amidst the rapid development of Ethiopia, pressing health problems lingered for rural and urban populations alike.

But in response to the problems faced by the urban and rural poor, we were able to see the creative measures undergone for mitigation of these difficulties. For example, the presence of health extension workers in both rural and urban communities aids in educating the population and providing the most basic preventive care. Further, we observed the presence of UN issued dietary supplements to help combat easily preventable conditions.

One could see organizations, both domestic and international, working collaboratively forming a multifaceted effort for the prevention and treatment of these problems in a truly stirring fashion.

It is my opinion that what this program gave us more than anything else was inspiration. We were able to experience a developing nation and see firsthand its burdening growing pains. But amidst the suffering, we witnessed the collaborative efforts undergone to alleviate that pain. We saw how we, as ambitious young people taking health as our cause, can have a dramatic impact on the betterment of lives of people in dire need. With this fellowship we saw how our efforts can come to fruition and have an incredible impact. The fundamental core of MIRT’s mission is the endeavor to eliminate health disparities, and I can wholeheartedly say that this fellowship has inspired me to be a part of that. With my time in Ethiopia I have seen some of the problems, seen some of the solutions, and most importantly, seen how I can be a part of the future.

RJ with his new friend Elaine
I cannot put into words how much I miss being in Ethiopia. As I enter my second week of graduate school, I can’t help but think back about the incredible journey I had experienced this past summer. I am awakened each morning before class by the smell of freshly brewed Starbucks coffee. Sadly, the smell just isn’t the same as the enduring aroma of fresh coffee beans being roasted in the fire. Even as I sit in class learning about public health research methods and theory, my mind wanders off to the place that had forever changed my life: Ethiopia.

The University of Washington’s MIRT program added one of the most incredible chapters into my life. Each day was an adventure after another as I explored the capital city of Addis Ababa, the holy cities of Axum and Lalibela, and the beautiful Awassa of the south. Even when the other MIRT fellows and I didn’t have the chance to travel, we still found other means of entertainment and were not too afraid to step out of our comfort zones. For instance, as an extremely terrible dancer, still I took every opportunity to dance to the country’s traditional music in front of crowds that only pointed and laughed. In addition to the culture that is richly filled with beautiful music, dances, traditions, and delicious food, another aspect of Ethiopia that I truly loved was its people. No matter where I went, I was constantly greeted with wide eyes and bright smiles. I was also given compliments about my hair which seemed to draw a lot of attention for reasons I still don’t understand.

Of the individuals I met, I owe the most gratitude to our incredible host-family who provided such great care and comfort to us all. Our host-family always invited us for coffee and tea, made us delicious meals, took us souvenir shopping, and allowed us to enter their home with open arms. I will never forget the moments we spent together including the night we all took a cab ride to dine at a local Chinese restaurant to satisfy our cravings. Additionally, the staff and faculty of the Addis Continental Institute of Public Health played a role in making my stay in Addis welcoming as they provided an enormous amount of assistance and guidance as I worked on my research manuscript. I would also like to acknowledge our dear friend and wonderful tour guide Getaye who showed us the incredible stone churches of Lalibela and invited us into his home to avoid the heavy rainfall.

I cannot speak of Ethiopia without mentioning the time I spent with the children of AHOPE. AHOPE was my most favorite experience and was one that I will always cherish. As a former public health and medical anthropology undergrad at UW, I had learned quite a bit about HIV and AIDS in Africa and how antiretroviral therapy (ART) has made the disease more manageable to live with. Being at AHOPE gave me an even better perspective on the success of ART treatment as I watched the kids actively engage in sports and physical activities. Like the word in its name, AHOPE gave me great hope in the future of HIV and AIDS research and has strengthened my interests in pursuing a medical career involving infectious diseases. I will never forget the kids who made my experience at the orphanage so memorable and incredibly exciting. I will miss them all greatly (especially Surafel and Tilahun) and hope to return and see their warm and healthy faces once again.

I would like to take this opportunity to thank the UW MIRT program for an experience of a lifetime. The MIRT program gave me the chance to not only learn but also apply important aspects of public health research. I had the opportunity to use different epidemiologic techniques, analyze data, and ultimately write a manuscript for publication. Research and academics aside, this experience allowed me to immerse myself into the culture of a developing country that I originally had very little knowledge of. It was a challenging experience that exceeded beyond my expectations which I am incredibly grateful for. Lastly, I would ultimately like to thank my wonderful mentor and friend Bizu Gelaye for his guidance throughout the summer. The enormous amount of effort that Bizu had devoted into the MIRT program made my entire experience extremely remarkable.
My research experience in Punta Arenas, Chile surpassed my expectations! What made it so successful were all the wonderful mentors that surrounded and guided me all along the way. I knew that I was going to get more out of my stay than I had imagined during the first week when Dr. Fitzpatrick not only set us up at the clinic, but also took the time to find out what places in Chile and Argentina we wanted to visit and helped us book trips to travel there. I was so excited that I was going to be able to travel during my stay and that MIRT understood the importance of being able to truly immerse yourself in a new culture.

During my travels I witnessed the most beautiful landscapes I had ever seen. The snowcapped mountains surrounded by green, lush leaves and still, blue lakes just took my breath away. All my friends and family were in awe of the pictures I took. Out of all our travels, my favorite places were Torres del Paine, a Chilean national park where we got to get up close to glaciers, and Ushuaia, Argentina where we met many playful sea lions!

I loved my travels through Chile and Argentina, but most of all I loved learning about public health research and the people I met along the way. I learned a lot and don’t think I would have gotten as much out of it if it hadn’t been for my fellow MIRT fellow, and now dear friend, Kristen. Before coming to Chile, Kristen had recently received her Masters in Public Health and therefore was able to teach me all about the different aspects of public health research.

I learned how to clean data, do basic statistical analysis, and write a good research paper in public health. I never truly understood all that went into public health research before doing the MIRT program, so I was extremely grateful to Kristen for all her guidance.

I now have a new appreciation for public health research and its importance to improving the health of a community. I really look up to Juan Carlos and Clarita, our two physician mentors at El Centro de Rehabilitación Club de Leones Cruz del Sur Clinic, for all their support and the work they do at the clinic. They were both very dedicated to their community and made is clear how important the results we were getting would be in their endeavors to improve the lives of their patients. More than that, they were both very caring and made sure we were well taken care of inside and outside the clinic.

One thing I greatly appreciated and will remember for the rest of my life is when Juan Carlos invited me to shadow him during a minor surgical procedure in which Botox was injected into several points on each leg of a little girl suffering from cerebral palsy. I was able to scrub in and be in the operation room as Botox was being injected deep into her leg muscles with the hope that it would help them to better relax and improve the function and use of her legs. It was the first time I had ever done anything like it and truly hope it won’t be the last.

After all that, it was very hard for me to leave Punta Arenas and the new family I had made there. The most surprising part about my summer experience in Chile was how friendly and welcoming all the people were that I had met. Juan Carlos and Clarita really made sure that we enjoyed our work experience while also being able to take in the sites around us by inviting us to dine in their house, go out with them and their friends in the city, and asking us to accompany them to the Club Leones del Sur annual ceremony. Also, I have a special place in my heart for Patricia and Francisco, our “Chilean parents,” who welcomed us with open arms into their homes and into their lives.

Overall, I am very grateful for this once-in-a-lifetime experience that gave me a new perspective on medicine, what I want to do in my future career, and introduced me to such amazing and wonderful people who I hope to keep in touch with for many years to come.
Kristen’s post-trip reflection

Embarking on the MIRT summer in Chile, I was unsure how this experience would compare to my previous forays into Latin American public health research. Although I had some general knowledge about Chile, I looked forward to experiencing the country, its culture, and its people firsthand. I was also excited to investigate the topic of childhood obesity (which I had never before studied) in Latin America, in Chile, and in the Patagonian region of Magallanes. Further, I was interested in studying Chilean caregivers’ awareness of their child’s body size and in identifying child and caregiver characteristics associated with this awareness—a question that had not been previously investigated in a Chilean population.

In nearly every way, the MIRT experience exceeded my expectations for personal and academic growth. I was prepared to discover something surprising about myself through an encounter with a different culture; the experience of working closely with our MIRT mentors and my partner Sonia and meeting a number of the school administrators and children who made our data collection possible underscored the importance of contributing to a spirit of collaboration and mutual support as a member of an international research team. Given that my graduate coursework has been largely independent thus far, I hope that I can keep this lesson in mind as I continue on to more collaborative work environments in my future career in international public health research.

On an academic level, my experience in Chile affirmed the importance of having supportive and responsive international research partners who can provide the practical assistance and cultural knowledge essential to successful project. Our Chilean MIRT mentors, Juan Carlos Vélez and Clarita Barbosa, were exemplary in this capacity and played a critical role in ensuring that our time in Chile was both productive and fun. They gave us the opportunity to collect data at a Chilean elementary school, provided us with resources and valuable feedback on our analyses, posters, and manuscript, and assisted us with the practical challenges of our life in Chile.

Although many moments of my time in Chile were enlightening and rewarding, perhaps the highlight of the experience was being able to present our results to a larger audience through a presentation to the El Centro staff and through two short interviews televised on regional news stations. While it is humbling to attempt to convey complex ideas in less than academic-level Spanish in a public forum, it is also the crux of why we conducted this study: to educate people on the severity of childhood obesity and caregivers’ lack of awareness of the problem in the Magallanes region, to generate discussion surrounding these important health issues, and to provide a starting point for future initiatives to address them. In my view, this is international public health in action—it is exciting, inspiring, and I hope to do more of it!

The institution where we worked, El Centro de Rehabilitación Club de Leones Cruz del Sur, and their staff were also very welcoming and supportive of our project, and I hope that future MIRT students are able to work with them in the future. The MIRT experience also highlighted the importance of having a mentor who can advise on the statistical aspects of an epidemiologic study. Our American MIRT mentor, Annette Fitzpatrick, provided this guidance, and even accompanied us to Chile to help us to settle in, arranged a number of excursions for us to explore Patagonia, and provided other suggestions on our posters and manuscript.

"Salud no es sólo la ausencia de enfermedad, sino un estado de bienestar físico, mental y social." —World Health Organization
Laura’s post-trip reflection

I don’t know how many times I’ve been asked about my summer and been unable to stammer more than a few “good,” or “great” descriptors before the conversations move on, because, honestly, it is impossible to describe my MIRT experience briefly. I never know where to start: the incredible opportunities to shadow and observe in Hospital Dos de Mayo, or the intensive training I received in epidemiology, or the total immersion in such a beautiful culture. I could choose to chronologically summarize my experience there, which would undoubtedly result in some hilarious stories about food mix-ups involving a horribly spicy pepper or ‘mondongo,’ or about our at times incomprehensible Spanish which could bewilder our patient listeners, or the adventures of budget traveling on combis and inter-provincial night-buses. From start to finish, my time in Peru was never dull. To say the least, the scenery was incredible, and I thoroughly enjoyed seeing as much of the country as I could. I took full advantage of the relative nearness of astoundingly spectacular hiking locales like the mountain town of Huaraz, because the Peruvian Andes are nothing short of breath-taking. Of course, a trip to Peru would not be complete without a trip to Machu Picchu, and those ruins most definitely lived up to their reputation. Yet simply expounding on the joys of travel misses the essence of the MIRT program.

The particular greatness of the MIRT Fellowship is its application of global health ideals to the real world. Without a doubt, some aspects of the reality of health care in third world countries are dismaying. I have to say, however, that the clinics, hospital, and institute that I visited in Lima were impressive. As a MIRT Fellow, I have been exposed to some of the strengths and weaknesses of another country’s health care system, which I feel will be of incalculable value to me as I move forward in my planned career of medicine. Furthermore, I have seen and participated in an important study that will hopefully be of some use to the Peruvians who welcomed me so graciously this summer.

After two months of wading through data to emerge with very few, densely packed tables, I have a deep respect for the epidemiologists who produce work like this professionally, and even more respect for the ambitious individuals who seek grants and accomplish large studies. In light of the scale of the project that provided the data with which I worked, I can ruefully say that my contribution is very small. Yet I feel that my partner and I accomplished something in the project we completed; very few investigators discover and present ground-breaking research, thus our work will add to a large body of work that has come before and will continue to increase knowledge about the topic.

My time in Peru as a MIRT fellow has most certainly made a positive impact on my life. I began this summer as a pre med student unsure of what kind of doctor I want to be, unsure of whether I wanted to pursue a future in public health, and altogether still trying to clearly define my vague goal of going to medical school and more or less saving the world. I cannot say with certainty that I have made up my mind on any of these points yet, and I still want to save the world. What I know now that I did not know before is that I am certainly capable of and interested in pursuing a joint M.D./MPH degree, and putting that education to work in a place like Peru, where my Spanish has improved such that I could potentially work or volunteer there!

“Well-timed silence hath more eloquence than speech.” — Martin Fraquhar Tupper
I have learned a lot of lessons during my MIRT Fellowship in Lima, Peru including:

- Research takes three times as long as you plan for.
- SPSS is a powerful and useful tool, once you learn to use it properly.
- Check, double check, and triple check all analyses. Then have your colleague do the same.
- Finding the primary source you are looking for can be quite the article chase.
- Machu Picchu is 110% more breath-taking in person. Of course that could be because we hiked up stone steps for over an hour to get there.
- Epidemiological research is never ending.

As you can see, I learned a lot about both epidemiology and life in general during my eight weeks in Peru with MIRT. The learning curve was steep, but I would not ask for anything else. Majoring in Community Health, I had previous exposure to literature review and paper writing, but researching for MIRT was on a completely different scale. I could read non-stop for months and still be finding new references related to our research. In fact, that is what I will do; I intend to continue expanding my knowledge about population-specific adiposity measurements for the rest of my life, whether through my own research or that of others.
Looking back on my two months in Australia makes the trip seem like it was a dream. When people ask me what I liked about Australia, I normally take a really long time to respond, because I do not know where to start. I have so many great pictures in my head of where I was and what I did. I think the best thing that I have gained from this trip is the memories! The first picture that comes to my mind is our group sitting in the bus that drove us around northern Queensland. Travelling around Queensland was probably the part of the trip that I liked the most, because I had the opportunity to see and experience different aspects of Australia, such as the beauty and issues of the Great Barrier Reef, and the history and current situation of the Aboriginal people. Also, unlike Sydney that reminded me of other large cities that I have visited before, the landscape in Queensland was very unique to Australia with its environmental and biological diversity.

In my opinion, language is a large component of a culture. Knowing that Australia is an English speaking country, there was no language barrier, which automatically made us fit easily into the different environments and communicate with the local people. Also, most of the people we met there have visited the United States before. Nevertheless, there were small differences between the States and Australia that were very obvious. For example, it did take me a few days to get used to driving on the left side of the road without thinking that the driver will crash into every car on the opposite side.

Also, certain expressions that Australian people used made me laugh at times, such as “Ozzie” and “Mozzie” (which, now I know, meant Australia and Mosquito). Overall, Australian people often reminded me of Europeans with their somewhat British accent, love for beer, and small cars.

When thinking of the research aspect of this trip, I must say that it was a phenomenal experience for me. Not having any previous knowledge or exposure to research, I learned so much about clinical/epidemiological research, such as data collection, statistical analysis, scientific literature, and how to properly organize and write a scientific paper. I noticed that I subconsciously underestimated the skills of a researcher before coming on this trip, and I learnt how much knowledge and scientific overview a researcher actually has to have in order to write and publish papers. MIRT most definitely influenced my educational and career pathway by opening the world of research to me and by expanding my overall knowledge of the medical field.

In the end, my trip to Australia was an unforgettable one, and anyone who will be getting the chance in the future to participate in MIRT is a very lucky person! MIRT was a “once-in-a-lifetime” opportunity that gave me the chance to learn not only about epidemiological research and scientific literature, but also about marine and environmental biology, public housing, and the history and culture of Australian Aboriginal people. MIRT was (and still is) an amazing adventure for me, and I am very thankful to my mentor and program manager for giving me this opportunity.
Jolana’s post-trip reflection

My experience abroad with the MIRT Program is definitely one that I will never forget. This program is unlike any other program I’ve seen before and I am so grateful that I was able to be a part of it. I have learned so much not only about Australia and its unique history, but also about myself. This trip really tested my ability to adapt to entirely new surroundings, new friends, and new cultures, while still forcing me to keep a level head and continuing our assignments despite all the moving around. I believe one of the biggest challenges was first adapting to our constantly changing environment during our first two and a half weeks in Northern Queensland and then completely reverting back to a stationary location in Sydney.

The first weeks were a little hard because I was new to travelling. We were in a new location practically every two to three days and the number of people with us was ever changing in range from just our group of four, to thirty plus with the Brockport group and the deck crew of the Kalinda (the boat we lived on for 3 days). Having 18 straight days with such a large group of people in the outback about 7 hours from civilization, then switching to 5 weeks of just the 4 of us and Dr. Williams in the middle of Sydney’s most populated city was another huge change. We no longer had an hour-by-hour set itinerary of planned activities and provided meals, and were set off on our own to find the cheapest food and necessities in that tourist-trap of a city. Figuring out how to manage our time and navigate transportation routes became a second nature to us by the end of the trip.

Since Australia is a melting pot similar to the U.S., we did not face as many cultural challenges as expected. Being in the much more rural areas in Northern Queensland posed a greater challenge just because of their lifestyles and lack of dependency on modern technology (e.g. no internet); however, this trip has made me realize how much Americans take our luxuries like WiFi for granted (despite how unnecessary they actually are).

In addition to the cultural changes, the differences in the age gap with the residents at Northcott Community Center was pleasantly entertaining. The residents range from the elderly to little children and seeing them all make use of a common space was very inspiring. The center is completely volunteer run and is part of a community that has developed a negative reputation over the years. Northcott was notorious for suicides, drug deals, and even a dead body that was discovered in one of its units. However, it is just amazing to see what people in the community, like Charmaine Jones, are doing to fix up the place, make it a lot safer, and restore a good name to Northcott. The most rewarding aspect of my service learning experience at Northcott was simply being able to just sit and have one-on-one conversations with the residents.

This trip has really made me think about my future. Northcott had exercise classes every Monday and Wednesday mornings as a preventative program for the elderly residents in the area. Just being a part of that class and watching those that came to participate made me realize how important my job could be to someone. Also speaking to adults who are already in their careers and to hear their opinions were very helpful in alleviating all the doubts and confusion I had about what career choices to make. This trip has confirmed my desire to pursue a career in medicine and has definitely given me valuable experience to continue on my path to medical school.

One of the main things I learned from this trip was to stop doubting myself. My roommates and I spent many hours talking about our lives and our goals and we’ve learned a lot about each other over these past two months; however, it took three people that started out as complete strangers to teach me something about myself. Michelle, Stefi, and Abi are all very encouraging, they pushed me to do things that I’d more easily have just passed on. I am so thankful I was able to be a part of the MIRT program. I have certainly learned a lot on this experience and I wouldn’t have traded it for any other. Thank you so much for everything.
Michelle’s post-trip reflection

I remember our plane landing in Australia well. The dawn had just broken, and I was looking out my window at the bright flecks of light among the darkness that represented Sydney. I was excited, but I also had many uncertainties about the trip—Would I get along with the other fellows? How demanding would this research experience be? And in the greater scheme of things... Is medical school right for me? The most important lesson I learned in Australia was that you just do, regardless of the uncertainties, and the rest will work itself out.

No two words better represent my time in Australia than *Solvitur Ambulando*, which means “It is solved by walking.” First quoted by St. Augustine, these Latin words have been cited by Thoreau as the origin of walking, and by anthropologists to describe “Walkabout,” which is the traditional walking journey of Aboriginal Australians.

*Solvitur Ambulando* means that whatever the issue is—it is solved by practical experience and by action.

So I did just that—I walked and experienced. My “walking” took me many places in Australia: from the steps of the Sydney Opera House to my uncle’s humble home in Melbourne. It also allowed me to meet a variety of people whom would offer their own perspectives. I interviewed indigenous Australians about their communities, and learned what could be changed to improve public health. I went to a rally to save a public housing community, and cheered loudly when the mayor of Sydney pledged her support.

My “walking” affirmed my passion to work for underserved communities. I am keener about how my actions are perceived by others, especially of another culture or nationality. I am more confident in my research abilities and SPSS skills today. And yes, my sights are on medical school once more.

The MIRT program allowed me to gain valuable experience in research analysis and interpretation, and presentation. It also allowed me to gain first-hand experience working in the public housing sector, which is one of the largest social determinants of health. The most valuable opportunity MIRT provided, however, was the chance to grow and learn about myself during this two month journey. When our plane landed back on American soil last August, I didn’t have worry about any uncertainties. I knew that I would be just fine “walking.”
Abinnet Ainalem
Undergraduate, UW
MIRT site: AUSTRALIA

Abinnet’s post-trip reflection

Coming back home to Seattle has been good. My family and friends always ask me “How was Australia?” and I usually respond with “Amazing I swam with turtles and learned a lot.” In the process of answering, I have reflected and began to recognize how much Australia has changed me. Like walking up the stairs on the left-side or driving on the right-side of the road and feeling like I’m doing something wrong. I have also grown academically. I have gained a deeper understanding of all the work and effort put into a primary paper. In the past I believed doing the research was the greatest hurdle, but I now also recognize that being able to convey what is learned from the research in the specific manner that is necessary for a review or a primary paper is also a great challenge.

With my partner, we worked on a research project on the prevalence of migraine and its association with body mass index among reproductive aged women. Through this experience, I gained a deeper understanding of how research is analyzed and how to write a research manuscript. I also gained greater confidence in my ability to read and understand scientific articles.

During the mornings in Northcott, I was able to learn about safety within the housing complex and refined my definition of community. Northcott’s strong social network that is able to serve and support the community center only on a volunteer only basis has shown me that community is more than a group of people that share commonality and are brought together as a result of it (my previous definition of community). While in Northcott, I have observed camaraderie and dedication to serve each other that is novel at such a large-scale.

The community center is fully volunteer staffed and everyone that visits and works there know each others names, bits of their life stories, and even personal idiosyncrasies. The activities I participated in ranged from morning exercise group to art class.

In exercise group, where we practiced fall prevention work-outs. It was obvious that it served as both a social gathering and health information medium. After class we even had a guest lecturer teach about eye health and I learned about strength in Australian healthcare—active prevention efforts that target at-risk groups.

Through Northcott I realized what a community means and what it can do. I also learned how disease prevention efforts within the elderly community are interlaced with the activities at Northcott. Residents, majority of which were elderly, are able to partake in activities that serve as preventative measures against falls, isolation, and eye problems. Also, through shadowing Charmaine, who resided within Northcott, I learned about other issues surrounding Northcott and communities similar to it within Sydney and its suburbs. These issues include safety of residents and the Australian government liquidating its real-estate assets where community housing residents have lived for years in order to address budget deficits. Overall, my entire experience at Northcott was so rewarding because the people were very kind and welcoming and actively contributed to their community.

From the afternoons with Dr. Williams to Northcott with Charmaine, my trip to Australia has been a rewarding experience and I am grateful for the opportunity MIRT has afforded me. I was able to swim in the open ocean in Queensland, meeting remarkable people in Northcott and refine my definition of community, and gaining a deeper understanding of epidemiology, research, academic writing and I have also grown both personally and academically. Specifically, my work with Dr. Williams has better prepared me for both medical and graduate school; and working with underserved pockets within Sydney has served to expose me to populations that I want to work with in my professional future.

Australian Aboriginal Proverbs

“Those who loose dreaming are lost.”

“Keep your eyes on the sun and you will not see the shadows.”

“The more you know, the less you need.”
Every year UW MIRT fellows and faculty work on diverse research projects that address the needs of the communities of each site. In the science corner we provide synopses of study findings from selected sites. In this issue we present two studies from MIRT 2009 in Ethiopia and Peru. Please visit the MIRT Program website to read the complete list of abstracts.

**Knowledge, attitudes and practices (KAP) of hygiene among school children in Angolela, Ethiopia**

**A.P. Vivas, B. Gelaye, N. Abose, A. Kumie, Y. Berhane, M.A. Williams**

**Introduction:** Poor hygiene practices and inadequate sanitary conditions play major roles in the increased burden of communicable diseases within developing countries. This study evaluated the KAP of hygiene among rural school children in Ethiopia and assessed the extent to which proper knowledge of hygiene was associated with personal hygiene characteristics.

**Methods:** This cross-sectional study was comprised of 669 students who were interviewed by trained staff. Participants were in grades 1-6 at Angolela Primary School, located in rural Ethiopia. Data consisted of hygiene and hand washing practices, knowledge about sanitation, personal hygiene characteristics, and presence of gastrointestinal parasitic infection.

**Results:** Approximately 52% of students were classified as having adequate knowledge of proper hygiene. Most students reported hand washing before meals (99.0%), but only 36.2% reported using soap. Although 76.7% of students reported that washing hands after defecation was important, only 14.8% reported actually following this practice. Students with adequate knowledge of proper hygiene were more likely to have clean clothes (AOR 1.62, CI 1.14–2.29) and to have a lower risk of parasitic infection (AOR 0.78, CI 0.56–1.09) although statistical significance was not achieved for the latter.

**Discussion and conclusion:** Study findings underscore the need for more hand washing and hygiene education in schools; and provide objective evidence that may guide the development of comprehensive health and hygiene intervention programs in rural Ethiopian schools. Successful implementation of these programs is likely to substantially attenuate the transmissible disease burden borne by school children in rural settings.

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**Risk of placental abruption in relation to maternal depressive, anxiety and stress symptoms**

Nicole C. de Paz, Sixto E. Sanchez, Luis E. Huaman, Guillermo Diez Chang, Percy N. Pacora, Pedro J. Garcia, Cande V. Ananth, Chungfang Qiu, Michelle A. Williams

**Background:** Little is known about the influence of psychiatric factors on the etiology of placental abruption (PA), an obstetrical condition that complicates 1–2% of pregnancies. We examined the risk of PA in relation to maternal psychiatric symptoms during pregnancy.

**Methods:** This case–control study included 373 PA cases and 368 controls delivered at five medical centers in Lima, Peru. Depressive, anxiety and stress symptoms were assessed using the Patient Health Questionnaire (PHQ-9) and the Depression Anxiety Stress Scales (DASS-21). Multivariable logistic regression models were fit to calculate odds ratios (aOR) and 95% confidence intervals (CI) adjusted for confounders.

**Results:** Depressive symptoms of increasing severity (using the DASS depression subscale) was associated with PA (p for trend=0.02). Compared with women with no depressive symptoms, the aOR (95%CI) for PA associated with each level of severity of depression symptoms based on the DASS assessment were as follows: mild 1.84 (0.91–3.74); moderate 1.25 (0.67–2.33); and severe 4.68 (0.98–22.4). The corresponding ORs for mild, moderate, and moderately severe depressive symptoms based on the PHQ assessment were 1.10 (0.79–1.54), 3.31 (1.45–7.57), and 5.01 (1.06–23.6), respectively. A positive gradient was observed for the odds of PA with severity of anxiety (p for trend=0.002) and stress symptoms (p for trend=0.002).

**Conclusions:** Maternal psychiatric disorders may be associated with an increased occurrence of AP. Larger studies that allow for more precise evaluations of maternal psychiatric health in relation to PA risk are warranted.
Hi everyone! My name is Linda Paniagua and I am currently a fourth year medical student at Alpert Medical School pursuing a career in the field of internal medicine. The summer before starting medical school, I was able to spend some time at the Mae Tao clinic and talking to Dr. Cynthia about her life journey was an inspiration to me because she was able to expand the possibilities of the type of service I could render. Through my conversations with her, I came to understand that a clinic is only able to run because of the collaboration between small-based organizations, large NGOs, volunteer doctors, nurses, humble villagers and many others that choose to walk the dirt streets of this community. I would want to take her work as a paradigm for the type of doctor that I myself want to be on the international stage. This is what initially and persistently motivates me to pursue a career in the medical field. To me, being a physician is a lifetime commitment to providing health care to everyone in need, advocating for patients rights, providing for all families and being a role model to the young leaders of the future.

This year, I have decided to pursue my lifelong dream of providing full –time devotion to humanitarian service. I am currently involved with the conduction of interventional asthma research and in several volunteer programs. My personal and professional goals meet especially in my work with the Youth Leadership Program for I both arm to set myself as a good example and help generate students interests in the medical field. Through my work in various forms of leadership development and clinical rotations, I have been able to gain the ability to understand, communicate with, and effectively interact with people across cultures, and with this been able to share the gift of health education, and compassion with everyone around me.

Furthermore, this winter I am planning on traveling to Guatemala to participate in health-care related humanitarian projects focusing on providing education in the areas of maternal childcare, and nutrition. I am hoping to achieve as much personal growth as I did through the MIRT program through this experience. I am very grateful for having had the opportunity to be part of the MIRT program during the summer of ’07 since it helped increased my interest in the field of public health and social justice and granted me the necessary tools to launch a successful career in the field of medicine.

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**Health Disparities: Facts**

- Twenty-three percent of Hispanic women reported that they have never had a Pap smear, compared to 17 percent of non-Hispanic white women

- African Americans are less likely than whites to survive 5 years after being diagnosed with most forms of cancer, at any stage of diagnosis.

- Alaska Native women have the highest mortality rate of all ethnic groups for all cancers combined, and for colorectal and lung cancers.

- A significant number of Korean Americans have never heard of the Pap test, a decades-old standard for cervical cancer screening.

*Source: American Society of Clinical Oncology*
Alumni Update

Dr. Benjamin Vazquez, MIRT 2004

A lot has happened since participating in the MIRT program in 2004, and my experiences with MIRT have played a large role in shaping my academic endeavors since. I completed medical school at the University of Washington in 2007. During my fourth year I spent two and a half months in Ghana where I split my time between pediatrics at the Komfo Anokye Teaching Hospital in Kumasi and dermatology at the Tafo Clinic just outside of Kumasi. It was a fantastic experience. I was fortunate enough to match into dermatology at the Mayo Clinic in Rochester, MN. Specifically, I matched into their research track which is a four year dermatology residency rather than the traditional three years. No surprise, but my current research interest is in dermatology epidemiology. I am halfway through my training program here, and I’m loving it. I was able to spend 5 weeks in Tanzania at the Regional Dermatology Training Centre in Moshi, Tanzania in January of 2010. I learned so much, and I had a great time exploring the country. My main research project, presently, is a large skin cancer incidence and prevalence study that is very exciting. In addition, I was able to open a free dermatology clinic here in Rochester, MN that serves immigrant patients primarily from East Africa and Latin America. I have been trying to get this project off the ground for two years, and we finally saw our first patients in July!

I really want to thank MIRT for the invaluable experience that have served me immensely in pursuing my interests in international health and epidemiology.

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 make updates directly online. Please go to the MIRT Web Page www.depts.washington.edu/mirt and click on the Alumni Update.
The UW 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 and service learning experience in an international setting. UW MIRT is funded by the National Center on Minority Health and Health Disparities (NCMHD) 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.