As MIRT 2005 fellows prepared to depart the US and begin their fellowships overseas, we shared with you (in the Summer Newsletter) vignettes about their expectations for the summer. Here in this special issue, we share with you essays written by selected fellows as they reflect on their experiences so far. We hope you will enjoy reading about the academic, socio-cultural experiences and insights of our fellows as they explored their new homes and workplaces (and learned more about themselves and their enormous potential to positively change the world).

**MIRT IN THAILAND**

As they all describe it in their own words, this summer was comprised very inspiring, exhilarating, hard working and life changing experiences for MIRT fellows in Thailand. Academically, they received basic Epidemiology and Biostatistics Methods training, analyzed Thai public health data, and they wrote and submitted manuscripts for publication in international journals. Culturally, they had the opportunity to take an introductory Thai Language course. Also, they had a great opportunity to travel to the northern provinces of Thailand and to visit Hong Kong. Please read about their experiences in following pages. (Page 3)

**NEW MIRT SITE — PUNTA ARENAS, CHILE**

“The experience will be quite unique for students willing to brave the low temperatures…” (Page 2)

Drs. Fitzpatrick and Velez at the marker designating the exact center of Chile (north to south).
Punta Arenas, the capital of the Magallanes region, sits alongside the Straits of Magellan at a southern latitude of approximately 54° south, is the southernmost city on Earth. Punta Arenas has a population of around 125,631 and sits across from hundreds of beautiful islands. Its major industries are related to natural resources: Forestry, fishing, oil and gas. Punta Arenas also serves as a departure point for expeditions to Antarctica.

The MIRT Program is continually developing new locations at which students can obtain research experience in international settings. This past summer, Dr. Annette Fitzpatrick, Research Assistant Professor in the Department of Epidemiology, and MIRT Program Advisory Committee member, visited Punta Arenas, Chile in order to develop an association with El Centro Rehabilitacion Club de Leones “Cruz del Sur”. Last winter, Asterio Andrade Gallardo, Director, and Dr. Juan Carlos Velez, Medical Director of El Centro, visited the University of Washington and expressed an interest in hosting MIRT students at their clinic. El Centro de Rehabilitacion provides care and services to children and adults of all ages with physical and developmental disabilities in the region of Magallanes (the southern tip) of Chile.

During her two-week stay in Punta Arenas, Dr. Fitzpatrick learned much about the facilities at El Centro as well as the geographic area. The directors and staff at the clinic are very enthusiastic about establishing a collaboration with the UW MIRT program to conduct research and provide a site for students. The data capabilities at El Centro are excellent and there are numerous opportunities for projects. Within El Centro itself, the patient population allows for studies investigating risk factors for specific disabilities and issues surrounding treatment. In addition, the surrounding community lends itself to a number of other epidemiologic studies. Located in Patagonia, the border to Antarctica, this setting is very different from other MIRT sites. Freezing temperatures and a near-constant wind help maintain the barren pampas, and a short growing season can support little more in produce beyond potatoes. Cattle and sheep, however, thrive on the large estancias (ranches) where meat and wool are two of the region’s most important exports. The primary health crisis in this region is poor nutrition instigated by the harsh environment in which people live.

Dr. Fitzpatrick commented that the Patagonia experience will be quite unique for students willing to brave the low temperatures. Very little public health research has been done in this region providing great opportunities for important work. She noted that while "the weather may be very cold, the incredible warmth of the people there more than makes up for it”. We hope to report about some wonderful student experiences to you soon.
Every moment of my research training in Thailand has been an exciting learning experience. My learning experience began with my flight overseas.

Lesson #1: Arrive at least two hours prior to international flight departures.

I was a little late arriving at the airport for my departure. Airline personnel informed me that my flight had been overbooked and that given my late arrival to check-in, they had given my seat away. They informed me that the next flight would not depart until later that afternoon. I felt my heart drop as soon as I comprehended the words leaving their mouths. All that I could think about was that I have to get to Thailand, and that I was really in some hot water.

My brother and I raced to the nearest alternate airport about two hours away, hoping that I would be graced with some good luck. Those two hours felt like the longest period of time in my life. My brother had to continue to check to see if I was still breathing, because I was in a complete daze and was profusely perspiring. By the time that I made it to the airport, a complete calm came over me. I felt as though I was at the end of a cliff and that it was up to a stranger to save me. I approached the airline service counter with a smile and told my story to the agent on duty. The whole time while I was relaying my story, I tried desperately to hold back tears. I don’t know if it was the agent’s kindness that motivated her to book me a new fight or her fear that I was on the verge of having a panic attack.

“Every moment of my research training in Thailand has been an exciting learning experience”

Luckily, the rest of my trip to Thailand did not include any additional nerve racking experiences. An added benefit of my dilemma was that the foreign airlines offered tremendous amount of hospitality compared to American airlines, and they were eager to help me get to my destination with as much ease as possible.

Within days of my arrival in Thailand, we began taking Thai language classes at the Union Language School. On our first day of school, we got lost in Bangkok. Professor Williams had given us great directions to the school. We were supposed to take the cab to the sky train and then to meet her at the Chong Nonsi station. Well, we searched for an hour, but couldn’t find her.

We decided to meet her at the school instead of the train station. After asking several friendly people if they knew of the language school, and after visiting several of the places that we were directed to, we eventually arrived at Union Language School (about 3 hours later than planned!). At the school, we were met with the welcoming smile of our teacher (Khru) who is also the principal of the school. After all the drama of the morning, we finally settled down to begin our lessons.

I have to be the worst person to ever try to attempt to speak Thai. On our first day, we were informed that the Thai language has five different tones; and that it was important to pronounce words using their correct tone. You see, subtle differences in tones may drastically alter the meaning of words. I hope that Khru understands that I am really trying my best. However, some days I feel as though I’m getting worst instead of better.

Lesson #2: Know the correct name of your school and cell phones are very useful.

That same day we got lost, Professor Williams purchased pre-paid cell phones, so that we would be able to have easier access to each other, should we find ourselves “lost in Bangkok”.

Marshala Lee, Undergraduate, Tougaloo College
In the afternoons, we spend several hours working on our research projects. We were instructed on how to use SPSS to analyze clinical data and generate useful models and graphs on our first couple of days. We also discussed common biostatistics terminology and learned how we could use our new vocabulary to report the significance of our future research. We were required to do a lot of reading and we were encouraged to ask lots of questions. By the end of the first week, we had a good knowledge base that allowed us to begin working on our research project.

In conducting our research, Laketa and I encountered the most difficulty in analyzing our data and generating an introduction that adequately addressed the increasing problem of chronic hypertension in our sample population. Amazingly, we worked tirelessly a few days without sleep while continuously brainstorming ways to complete a well-written first draft. We were anxious, we understood the significance of our research project and we wanted to provide a complete and accurate report to our Thai mentor and hosts.

**Lesson #3:** *Nothing is better than working hard and putting your heart into something that blooms into a lovely creation.*

I am amazed by the fact that I have not suffered from homesickness very often. A few times I have yearned to be sitting on my Grandmother’s porch relaxing in the arms of my warm family. This yearning quickly passes as I spend time with Dr. Vitool and his family.

Dr. Vitool’s family has to be one of the most hospitable and vibrant families I have ever met. They have taken us on several adventures such as shopping, going to an elephant park, hiking towards a waterfall, and bowling. My favorite experience with my new extended family was going to an elephant camp. We went to this camp on our visit to Chang Mai. This was a dream come true. You see, I have always wanted to ride an elephant. Amazingly, I have been able to ride, not one but two elephants! Moreover, I got to feed and play with them as well. If nothing more, I have really been blessed to be graced with the presence of such a wonderful family.

**Lesson #4:** *Nice people can be found almost anywhere; and even in the face of language barriers, a smile and a few kind words will help initiate long-lasting friendships.*

The highlight of my experience so far has been our visit to Chiang Mai and Mae Sot. Our travel to the North allowed us to witness two extremely different socio-political situations located only a few miles apart. Upon arrival to Chiang Mai, we were astonished at how different it was from Bangkok. The pace of life was much slower, and there were no traffic jams for miles. While there, we lodged at the Chiang Mai Plaza and Convention Center. This hotel had all the amenities available in a luxury hotel. My favorite part about the hotel was their delicious complimentary breakfast. The exciting part of the trip was when we visited the Mae Tao Clinic in Mae Sot.
I had researched and was aware of the health care services offered to Burmese refugees, but nothing could have prepared me for witnessing the love and care that doctors and staff of the clinic had for their patients and their families.

The clinic was small and located far back in a rural area. We circled several times and asked for directions to the clinic. Arriving an hour late (!), we were fortunate to meet Dr. Cynthia Maung, founder of the Mae Tao Clinic. Dr. Cynthia, as she is called by all around her, offered us her inspiration for opening the clinic and gave us insights on how it is to direct a clinic with rapidly expanded demands for clinical and social services.

After meeting with Dr. Cynthia and listening to her staff present an overview of health care services provided to patients over the last three years, we toured the clinic (which is really more like a hospital campus). Though the Mae Tao Clinic is not filled with a lot of the high-tech equipment commonly found in any US hospital, the clinic had the necessary tools available to provide loving care to many needy patients. I was amazed at how Dr. Cynthia and her team are able to do so much with so little. We were then able to visit a Children’s Orphanage affiliated with the Mae Tao Clinic. Many of the children at the orphanage had mothers who had died of AIDS or who were abandoned possibly due to the fact that is difficult for very poor and highly mobile families to provide for handicapped children and children with special health care needs. I fell in love with a little boy named Freedom. He clung to me as if we had known each other forever. All he wanted was love and attention; and it was evident that he was being loved and cared for at the orphanage. He responded with such joy to having us visit him that rainy afternoon. I was weary when it was time to leave the orphanage. I wished that I could do so much more to help the people there. However, I gained some comfort when I realized that someday I will be able to do more to help kids like Freedom.

With the help of this summer’s MIRT experience I am gaining confidence that I will be able to provide care and positively touch the lives of many needy people. So far, in Thailand I have had several truly wonderful experiences that I will always remember. 

**Lesson #5: It only takes one person to change the world.**

Dr. Cynthia Maung and Mae Tao Clinic

MIRT fellows in Thailand were very fortunate to meet with Dr. Cynthia Maung and visit the Mae Sot clinic in Thailand-Burma border. Dr. Cynthia Maung, often referred to as the **Mother Theresa of Burma**, is the founder and director of the Mae Tao Clinic in a Thai-Burma Border of Mae Sot.

Dr. Cynthia fled through the jungle to the relative safety of Thailand after the pro-democracy demonstrations in Burma in 1988 left over 3,000 Burmese shot dead in the streets. Since arriving as a refugee in Thailand, Dr. Cynthia has established Mae Tao Clinic. Mae Sot is a sanctuary for Burmese refugees who have lost their homes and families due to upheaval and the civil war.

Dr. Cynthia has dedicated her life to help restore the health and hope of those thousands of refugees. She really is an inspiration and a role model to us all.

**We salute you Dr. Cynthia!**

To know more about Dr. Cynthia and Mae Tao Clinic please go to:  
[www.burmborderprojects.org](http://www.burmborderprojects.org)
Although I have been here a month, I still cannot believe that I am in Thailand. I keep saying to myself, “Laketa, can you believe that you are here?” and I always respond with “No”. Thailand is a beautiful place and has a rich culture. When I first arrived, I immediately felt at home. The people are friendly and very eager to help you get around the city and learn Thai. I remember Marshala and me walking near Siam Center (a mall) and a woman greeting us. She asked us if we were from America and told us that she had family there. When she found out we were shopping, she told us of where we could get cheap clothes tailor-made and even wrote the directions in Thai for us. She also bargained with a “tuk tuk” driver to take us there. One thing that strikes me too is the love Thai people have for their country and the Royal family. I was awestruck when I saw how everyone immediately stopped one morning when the national anthem was played in honor of the King. Even at the movies, we must stand to show honor to the King. The solidarity that the people have here is unbelievable. It is a stark contrast to the United States where people will not even stand together to say the Pledge of Allegiance.

Partaking in the Thai food and culture has been a wonderful experience. The food is delicious! I was afraid that I would not be able to handle it, but I have enjoyed trying new dishes. My favorite dishes are green curry chicken, boiled chicken and steamed rice, chicken soup, spring rolls, and fried bananas. I love being able to walk down the street and visit various vendors. It gives me a chance to practice my Thai speaking skills and interact with the people.

The food is so good that I now like eating seafood. Before Thailand, I would not eat anything from the water, but since then I have changed my mind. Traveling to various sites has been fun as well. We went to the Samutprakarn Crocodile Farm and Zoo and I took a picture in the center of a crocodile pit behind a large crocodile posing with its mouth open. There were about 10 other crocodiles resting in the water around the center of the pit. I was a little scared at first, but it was a daring feat for me. The crocodile was so still that it seemed fake. I wonder how the trainers are able to make the crocodile stay motionless with its mouth open. I’m glad it stayed still for my sake! Another place we visited was the Maesa Elephant Camp in Chiang Mai. The camp was a peaceful place. Although elephants are very large animals, they are peaceful and comfortable to be around. While there, I rode an elephant and watched an elephant show. The ride through the lush greenery of the camp was so relaxing. The elephants were well trained. During the show, they played soccer, painted beautiful pictures, stacked logs, and played harmonicas.

Taking a Thai language class has helped make the navigation through these experiences easier. Khru (teacher in Thai) Nareeboon, is excellent and has given us a great foundation for learning Thai language and culture. We know how to bargain, give directions, order food, and greet each other in Thai.

Left to right: Laketa, Marshala, Khru Nareeboon Rachkeeree, Alvin, Dr. Lohsoonthorn and Denny.
Learning about international issues has also been an enriching experience. It is one thing to read about happenings in the world, but it is another to be able to experience what you have actually read. This program has allowed me to have this unique experience. I am grateful that I have this opportunity to work with MIRT because it has exposed me to a breath of international issues. One of those issues is that of the Burmese people who have been brutally mistreated by their militaristic government and have fled to Thailand for refuge. To receive healthcare, Burmese refugees travel to the Mae Tao Clinic, which was established in 1988 by Dr. Cynthia Maung. I visited this clinic and it was an eye opener to see the conditions that the healthcare workers have to work in and how so much can be accomplished with so little resources.

I especially enjoyed the children and wanted to take them all home with me. I did not like seeing them sick, but I was amazed at how they still seemed to have joy. The research has been intense in that this was my first exposure to epidemiological methods of research, but I can say that I am able to read through scientific journals with better understanding. The research also reiterates the commonalities between people regardless of culture in that the Thai population is experiencing health problems that other communities in the world are experiencing. Everyone needs adequate healthcare and healthy lifestyles in order to lead productive and balanced lives. This visit and my overall experience has motivated me to continue my studies in medicine and public health so that I can use my skills to help people in situations like Mae Sot, who are so devastatingly affected by health disparities.

“My overall experience has motivated me to continue my studies in medicine and public health so that I can use my skills to help people who are so devastatingly affected by health disparities.”
Thailand has been the greatest experience in my life so far yet. Being able to have the opportunity to travel internationally for the first time in my life, I was very nervous and didn’t know what to expect, but never would have imagined it would be so fun and exciting. Not only did I come to Thailand to learn more about epidemiology, but I also came with an open mind to immerse myself in a new culture with many beautiful and rich traditions. Coming into the program I was ready to work hard on my research, but little did I know there would be time to explore and really experience the Thai lifestyle. With the combination of Thai language classes and work, it gave me a sense of belonging in a new environment. I couldn’t stress that even though Thai classes were very long and difficult at times, in the end it was truly worth every minute. By immersing myself in the Thai language course, I became more confident with my speech which in turn helped me build new long-lasting friendships with the surrounding community where we live. I felt that was very important in terms of understanding Thai people and their culture.

My academic expectations of MIRT program has been far surpassed as a result of Dr. Michelle Williams and Dr Vitool Lohsoonthorn’s ability to pass on their knowledge of epidemiology. After the attainment of all this wonderful knowledge, I am much more confident about my capabilities as someone who can contribute to research and public health.

The most valuable part of the MIRT program was when I got a chance to meet Dr. Cynthia Maung and visit her clinic that she founded in Mae Sot near the Thai-Burma Border. Being able to see the much needed healthcare that many Burmese refugees lacked was very eye opening. To see that many refugees had no access to healthcare in their villages, reminded me of the reason I am here participating in the MIRT program and why I want to become a physician. The experience that I had in Thailand gave me a unique opportunity to compare and really see how different a developing country was compared to the US as I prepare myself to pursue a career in medicine in the coming future.
I never thought that I would have the opportunity to travel abroad, nor did I think how enlightening such an experience would be. Now that I am in Thailand, I am having a hard time realizing that the world that I started to think of as small ended up growing larger. Within the first four weeks of my visit I have done many amazing things both in and out of the academic setting.

At the beginning of the program, we were told that we would be taking a 20-day introductory Thai language class for four hours in the morning. That didn’t seem like fun at first. However, I have found that all four hours of the class have been very interesting and I look forward to learning more every day. We have learned to say simple words and phrases to help us get by in Thailand. While the language is quite difficult to grasp—there are five tones in the Thai language—I have been able to practice very easily with staff at our residence. Whether it is talking to the trainers at the fitness center, or the attentive staff at the front desk, the whole language immersion business has worked very well for me. What I think I have learned in these short four weeks of studying Thai language matches what I have learned with 2 years of Spanish, which is quite amazing.

Our research, so far, has been very fun, yet challenging at the same time. I was paired up with Denny Le, from the U Washington, to work on assessing risk factors associated with hypercholesterolemia among a cohort of Thai men and women. The experience for both Denny and I have been rewarding. I think we will get our paper published in the near future, which is really exciting.

Our mentors, Professor Michelle Williams and Dr. Vitool Lohsoonthorn, have been so nice and eager to teach us about public health as it relates to Thailand. Despite the fact that we are usually typing away viciously almost every afternoon, we do find time to explore the great city of Bangkok.

In addition to taking a tour of the Grand Palace, going shopping at one of the many markets, or going to a nice nightclub in Bangkok (!), we have had the special opportunity to get VIP treatment from Dr. Vitool Lohsoonthorn (or as he likes to be called “Man”), and his family. We have not only eaten at places found on tourist maps, but also found warm and lovely places that only locals really know of. In that way, our experience of Thailand has been unique.

The highlight of our experience so far was to go to Mae Sot to see the Mao Tao Clinic. We had the opportunity to have lunch with staff and volunteers working both at the clinic and the backpack team. The work they do is truly amazing and motivating. The people working there give primary health care to migrant workers and refugees from Burma. We got to take a tour of the clinic and to learn about how much caring and compassionate health care providers can do with quite modest resources. The opportunity to one day work as effectively as the staff at Mae Tao clinic is exactly why I would like to become a physician. Hence, with this experience, I have found more role models.
After fourteen hours in the air and an eleven hour layover in Amsterdam we arrived in Tbilisi, the capital of the Republic of Georgia. Approaching the city in the late hours of the night, Tbilisi appeared dim and quiet in relation to the brightly lit cities familiar to me in the US. Fortunately, this dim and sparse scene of lights revealed nothing but the realities of economic progression in this developing country. Walking out of the airport was a scene in itself as it appeared that the entire city had come out to greet the few dozen of us from the airplane. We were immediately escorted to Dr. Surab Vadachkoria’s home where we were met and greeted as long-standing friends and offered an immense amount and variety of Georgian foods. The theme of hospitality rooted in family and friends as well as the importance of the time spent together at the dinner table would be the foundation of most all experiences with Georgians during my stay in Georgia. All of our hosts revealed a strong sense of pride and hospitality. Pride, because regardless of the situation, the host(s) of the event, however big or small made sure we were well taken care of; they were not happy unless we were happy. Hospitality, because all of our hosts treated us as if we were one of their own and regardless of the language barrier insisted on us partaking in their traditions and memories; from toasts and dancing to playing pranks on friends and attending Georgian Orthodox church services. Their open invitation only served as an extra incentive to be receptive and open to everything, serving to make the experience in Georgia complete with personal ‘Georgian’ memories.

The intellectual experience has proved to be just right. The fundamentals of epidemiology introduced in the MIRT orientation were reiterated in the lectures prepared for the Emergency Cardiology Center, Chachava, local endocrinologists, and members of the Ministry of Health by Daniel Enquobahrie. The lectures were designed to introduce the basic concepts of study design and epidemiologic methods, but their purpose was also to stimulate interest amongst Georgian doctors in utilizing epidemiology as a tool. The most evident success of the lectures is at the Emergency Cardiology Center, where many of the doctors working on their dissertations were quick to use Daniel as a resource in developing their studies.

We were able to recommend the use of EpiInfo and install it on their work computer. I was also pleased to discover that one of the doctors working on her dissertation had installed EpiInfo on her home computer as well.

We assisted with the ongoing cardiology study initiated earlier this year at the Emergency Cardiology Center; entering data, training someone to continue entering data, and surveying the data collection process. Abstracts and poster rough drafts were generated from the analysis of the data from a previous cardiology study. Preliminary results, analysis, and data on iodine deficiency that will be utilized for future grant applications were also obtained from an epidemiologist Dr. David Tsereteli from the Ministry of Health. On a personal level, I was given the opportunity to attend open heart surgery, vaginal hysterectomy, angioplasty, and rounds with the lead cardiologist of the urgent care unit at the Emergency Cardiology Center.
Echoing the story of Irakli and the lion, a story about Irakli making a near fatal mistake, the trip has offered an experience emphasizing the value of no assumptions and taking nothing for granted. Observing the relationships between fellow Georgians and making new relationship with our Georgian hosts, has helped me better understand the immeasurable value of the person-to-person connection. For better (the food and people) and worse (the comings and goings of electricity and water) the trip to Georgia in its entirety has been amazing. I would like to thank the MIRT program for providing this wonderful opportunity; an opportunity that has proved to be successful in strengthening the foundations of MIRT’s relationship with Georgia as well as stretching my personal boundaries.

The first year of MIRT Program in Georgia was a great success. This summer MIRT fellows and I had a great opportunity to join program efforts in the mountainous region of Ajaria organized by the Georgian Ministry of Health. Ajaria which lies in the south-western part of Georgia is one of the places with high prevalence of iodine deficiency. We went to Batumi for seven hours from Tbilisi with twelve other Georgian doctors. During the trip, I was observing the faces of the physicians. Most of them have extended families. Earning 30-80 laris a month (approximately $40-$50), they spend days without having fruits and vegetables. However, regardless of their personal situations, they were willing to go to Ajaria to help people with the kind of passion they would have helping their closest friends. When you meet with physicians in Georgia, you’ll observe their extreme dedication to their profession. They are gentle and kind, but with sadness in their eyes; sadness from understanding the limitations of their country’s situation and sadness from the reality that they cannot save more lives because of the lack of simple resources and medical equipments. Arriving in the mountain villages of Ajaria, the doctors worked as if there was no tomorrow. Even the 83 year old professor went ten hours non-stop serving the villagers. More than two hundred people were helped each day. Ninety seven out of hundred children were observed by Dr. Nino Sechniashvili to have goiter. It would be pathetic of me to say how tired we were after the experience, however nobody complained and everyone was happy that the mission was accomplished. The whole experience was inspiring. With the right attitude one can accomplish a lot.

Dr. Surab Vadachkoria, MIRT Mentor

Gamarjoba (hello in Georgian)

Once again I am in Georgia after eleven years. During the past year, I had the opportunity to visit Georgia four times and have witnessed the amazing changes taking place in the country. The people are working hard, constantly building new things and renovating existing infrastructures.

A trip to Ajaria to save lives with Ministry of Health Physicians

“With the right attitude one can accomplish a lot”

“The trip has offered an experience emphasizing the value of no assumptions and taking nothing for granted.”

Daniel in a Georgian hat!
Let US Know How You’re Doing
Do you have an update or new photo to share with us?
We would love to hear from you!
NAME:_______________________________________________________________

UPDATE:________________________________________________________________
_______________________________________________________________________

E-mail Address:__________________________________________________________

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

**MISCELLANEOUS**

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

Possible Research Sites for MIRT 2006:

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

Please don’t miss our fall issue which includes:

♦ Mae Tao Clinic and their staff
♦ Endowed Scholarship awarded to MIRT
♦ Alumni Updates
♦ New Photo Quiz

Response to Previous Photo Quiz

Thank you for your participation in the photo quiz, Christine Graving, Administrative Coordinator, Epidemiology, MIRT Alumna Rosalia Mendoza, and MIRT 2005 fellow Laketa Entzminger got the correct answers.

The first person who got the response is Christine (won the prize). Don’t be late for the next one folks!

The person is Hamilton Naki
The year: December 3rd 1967

Interested in reading the full article, go to: www.economist.com/people/displayStory.cfm?story_id=4054912
MIRT is a national program designed to encourage students from underrepresented groups to pursue careers in biomedical and behavioral research. This program provides support for undergraduates and graduate students to receive research training in an international setting. Conceived and funded by the Fogarty International Center of the National Institutes for Health, the UW MIRT Program has been developed in collaboration with Dillard University, Xavier University and Western Washington University. The program focuses on population-based health research in developing countries and builds on established linkages with academic institutions in Zimbabwe, Ethiopia, Vietnam, Thailand, Republic of Georgia, Australia, Peru, Mexico, Ecuador, Chile, Brazil, and Argentina.