“And when it rains on your parade, look up rather than down. Without the rain, there would be no rainbow.” Jerry Chin

MAE TAO CLINIC—HEALTH CARE AND HUMAN RIGHTS FOR DISPLACED BURMESE POPULATION

“These resilient Karen clinicians resorted to looking at black and white photos in out-dated English-language text books as a guide when treating patients...” (Page 2)

SUMMER 2006: MIRT FELLOWS REFLECT

“All the things I learned with the MIRT program prepared me well for a future in public health and medicine from the hard skills to the less obvious skills.” Stephanie Lin (Page 6)

“My summer with MIRT allowed me to begin living out my dream of global participation in public health. “ Alisa Byquist (Page 8)
Burma has been facing civil war for most of the latter part of the twentieth century. The political climate has deteriorated following the 1988 democratic election when popularly-elected officials were prohibited from taking office by the military junta. In addition, a large demonstration for a democratic government occurred, which lead to much bloodshed and the incarceration of many Burmese citizens. The current Burmese government and the State Peace and Development Council (SPDC) target ethnic minorities including the Karen population. Around the clock, Burmese citizens are forced to endure abuse, enslavement, rape, plentiful landmines, and witness their villages being burned to the ground. These raids force families to migrate more than twice per year, thereby limiting the ability of refugees to obtain consistent primary health care. Even once they flee, refugees are forced to live in a limbo state where it is illegal to stay or work in their new country (e.g. Thailand), and it is dangerous to travel back into Burma. When family members flee, the rest of the family must outwardly express abandonment for their own protection. Because of this populations constant movement, the United Nations has labeled this internally displaced population (IDP) to be one of the most vulnerable populations in the world.

After being chased away from her home in Burma and living in a refugee camp in Thailand, Dr. Cynthia Maung established a make-shift clinic in Mae Sot. Her primary objective was to assist individuals who had been affected by this government situation. The building that initially started as the clinic now houses more than 160 staff members; this clinic is more like a community than a health care facility. Dr. Cynthia’s work has inspired the development of a number of organizations such as Social Action for Women (SAW), Burmese Women’s Union (BWU), and Backpack Medics. This organization is the Backpack Medics, an organization that aims to address the unique demands of populations forced to migrate many times a year. While previously it was impossible for people to obtain primary health care on a consistent basis, with no possibility for follow-up care, the Backpack Medic program has enabled this at-risk population to obtain necessary health care. Trekking through malaria-infested jungles, these Backpack Medics endure immense physical and mental stress, as well as possibility of arrest by the SPDC. These Medics are chosen by each migrant population, which allows for the greatest effectiveness and sustainability. Medics are required to attend biannual training workshops to discuss and evaluate progress made, distribute handbooks with updated medical procedures, and set goals for the coming term. The operation is entirely covert.

Aung San Suu Kyi, a Noble Peace Laureate of 1991, was cited by the Nobel Committee as “one of the most extraordinary examples of civil courage in Asia in recent decades.” She spent almost ten years in prison for peacefully calling for democratic reform in Burma.

For more information, check out the following link:
http://www.dassk.com/
In addition to providing medical and social care, Mae Tao clinic has expanded its services into the legal realm. As one of its newest initiatives, the Committee for Protection and Promotion of Child Rights (Burma) (CPPCR) issues birth documents for children of migrant Burmese workers. A primary objective of the CPPCR is to protect these children from “stateless” status in Thailand and Burma. This program issues two types of birth documents; children born at the Mae Tao Clinic are given birth records while children born outside the clinic are issued child record certificates. The CPPCR-issued birth documents function to give children a Burmese nationality after their return to Burma. As of 2005, the committee had provided over 4,500 birth documents.

The programs and facilities provided by the Mae Tao clinic are united in the belief that “regardless of race/ethnicity, gender, or creed, everyone is entitled to primary health care.” The growth and success of these projects largely depend on availability of resources and funding.

If you would like to support the clinic, You can send donations to:
Mae Tao Clinic
PO Box 67
Mae Sot, Tak 63110
Thailand

Or send an email to mirt@u.washington.edu and we will direct you to Mae Tao Clinic staff.

Dr. Cynthia Maung (in purple) with Ms. Lisa Houston
At the beginning of the Summer, MIRT Program faculty and staff had the pleasure of hosting faculty members from the Republic of Georgia. Professor Gulnara Chapidze and Dr. Nona Dolidze, faculty members from Republic of Georgia, visited the University of Washington (UW) and met with faculty, staff and students across the UW campus.

Professor Chapidze is Director of the Emergency Cardiology Center (ECC) in Tbilisi, Georgia; and Professor of Medicine, Cardiology at Tbilisi State Medical University. Dr. Chapidze is President of the Georgian Academy of Medical and Social Sciences; and author of more than 252 manuscripts and monographs. Dr. Chapidze holds the rights to 12 inventions and 5 surgical procedures.

Dr. Dolidze is Chief of the Secondary Prevention of Coronary Heart Disease and Rehabilitation Medicine, Emergency Cardiology Center. Dr. Dolidze has over 52 scientific publications. She has collaborated with clinical researchers around the world including, US, Japan and Germany. Her research interest include, secondary prevention of coronary disease, myocardial revascularization, comparative studies of different treatment protocols (Statins, ß-blockers, calcium antagonists, antioxidants and other dietary supplements in clinical practice), non-traditional CHD risk factors.

During their visit Drs Chapidze and Dolidze presented two research seminars entitled: “History and Overview of Emergency Cardiology Center’s Role in Cardiovascular Disease Research and Health Care Delivery” and “Recent Findings from Georgian-American Cardiovascular Disease Collaborative Research”.

During their presentation Drs Chapidze and Dolidze highlighted that the high prevalence of thyroid dysfunction and diabetes in emergency cardiology patients needs more research.

The prevalence of undiagnosed thyroid disorders and diabetes were higher than those previously diagnosed (reflecting poor access and utilization of health care services). And in order to reveal thyroid dysfunction in emergency cardiology patients measurements of TSH and thyroid hormones have to be routine tests.

In their final remarks Drs. Chapidze and Dolidze stressed “Manifestation of hidden cases of hypothyroidism, hyperthyroidism and diabetes should be indeed very important in all patients with CHD, particularly before and after myocardial revascularization to prevent further development of atherosclerosis in native coronary arteries as well as in bypass grafts. Consequences of undiagnosed cases of these diseases may result in complicated outcome in such a category of patients.”

Their presentations were informative and stimulating as reflected by discussions among participants.

On a related news, during this past summer MIRT Program students, Thomas McHale (MIRT 2006) and Daniel Enquobharie (MIRT 2005), joined Drs Chapidze and Dolidze in a study of Cardiovascular Risk Assessment in the Batumi, Republic of Georgia. Results from this study will help to determine the prevalence and interrelationship between arterial hypertension, metabolic syndrome, diabetes mellitus and thyroid disorders as risk factors for cardiovascular disorders.

“Health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity.” (World Health Organization)
My overall MIRT experience in Lima, Peru was incredible both personal and academically speaking. It was a challenging experience in ways that I did not expect and yet, found that I learned the most from those challenges. I feel privileged to have been a part of the study that was being conducted and always felt welcome by the investigators of the project and by my mentor, Dr. Sixto Sanchez.

This program allowed me to learn a lot about my abilities to learn and live on my own in a different and new place, of all the times I had traveled before I was always accompanied by someone else and lived with host families. Living on my own in Peru, I was forced outside my comfort zone and had to learn to handle problems by myself that I normally wouldn’t living at home. For me it was a very important part of my experience because it has given me renewed confidence in my ability to go to a new place and survive just fine. One of the things that I really took advantage of was that I had to make an effort to seek people out to develop close relationships with them for the short time I was there. I found this to be easier than I thought and incredibly rewarding. They helped me make sense of the project we were working on and also explained to me a lot about the culture of Peruvians. They were the greatest most willing teachers when it came to educating me about their country.

I think that the most rewarding aspect of this summer was the fact that I was present for the beginning of the study and got to be part of starting this study. I participated in almost every aspect of the study and only wish I could have been there for the final stages to see how it turned out.

While I worked long days and sometimes even on the weekends I found time to travel. I was able to see some of the most amazing places I have ever been to. I went on a boat ride on the Lake Titikaka where the Uros people live on the floating islands. I climbed up to the lost city of the Incas, Machu Picchu, which was so incredible that I can hardly find the words to describe it. I nursed my traveling companion back to health because she was affected by altitude sickness when we were at the lake which was about 3,850 meters above sea level. We visited a state owned emergency room, but it didn’t instill much confidence so we then decided that we would rather pay for a visit to the private clinic. When we arrived there and the doctor prescribed the best course of action I was sent to the pharmacy down the block to buy the medicine and the syringe to be able to treat her. Even my vacation was an incredible insight to the situation that developing countries have to deal with when it comes to health and research. While my summer experience is now over, I hardly feel as if the impact Peru and MIRT have made on my life is far from over. I plan to apply for a grant to be able to return to Peru and do more research there; Dr. Sixto will have to continue his educational Sunday hikes with me next summer!

I feel that, educationally, I had to learn about the logistics of doing research in a developing country with limited resources.

“Even my vacation was an incredible insight to the situation that developing countries have to deal with when it comes to health and research.”
During the MIRT program I grew in many ways from the challenges we faced academically and personally. Professor Williams and Dr. Lohsont-hoorn were excellent mentors in public health research. I learned the qualities of good research beyond statistics, how to think more critically and be concise. Our mentors’ high expectations pushed us to do better than we thought our best could be. At the completion of my MIRT experience I came to realize that it was not just a public health research training program, but a cultural boot camp for personal growth. And though the professional and academic side of our program was extremely rewarding, especially upon the submission of our research papers, I found that the cultural experience with Professor Williams was the most rewarding aspect of this experience. Our mentors were excellent role models. They taught me so much even when they were not purposely instructing or talking to me.

This is a sample of what I learned. When you are somewhere, be present with your complete mental, physical and emotional faculties. Act with intent and in view of the future. I learned ways to be amidst cultures unlike my own. Respect can be shown in many ways. It is better to be an attentive observer and not impose our cultural values on others. I learned to be comfortable being uncomfortable, having no control over my situation. Language is a huge basis for building relationships with people, though I have also been impressed by how much one can share without a common verbal language. Life is all about building personal relationships with others. That is how we survive and move forward.

Meeting the Burmese refugees, learning about the hardships they deal with everyday and hearing their stories of how and why they came to Mae Sot, I was also suddenly compelled with an overwhelming gratitude for my parents and the sacrifices they made to come to the U.S. Regarding the situation in Burma and on the Thai-Burma border, I was overcome with frustration, anger and disbelief at the injustice and lack of action by various governments and “world-representing” entities. It made me further recognize and question the privilege and responsibility I have as a comfortable U.S. citizen.

One of the biggest challenges I faced was grappling with my identity. As a light-skinned Asian-American who more or less blended in, my experience was different from my teammates’. Thais often looked at me expecting me to understand or be able to translate, even though all of us had limited Thai. Even on the Thai-Burma border my teammates expressed that they felt I was more “accepted” because of my race, though I had little to relate to linguistically or culturally. It was not a privilege I asked for, neither was it a privilege I could cast away. I felt guilty and unjust for this limited feeling of inclusion.

I have come to realize that who you think you are is only one part of the story. Our identities are largely determined by how others in society perceive us. I have learned that regardless of our intentions we cannot avoid and often must assume the identity others mandate on us. Part of that is assuming responsibilities that come with that identity. Though Thailand felt like another world to us, it is the same world we left. Their realities must be our realities.

All the things I learned with the MIRT program prepared me well for a future in public health and medicine from the hard skills to the less obvious skills. It reinforced my dedication to this field. It added perspective on the world and me. It gave me hope that every little bit counts. The individuals around me and the work they devoted their lives to inspired us all. I know my experiences will follow me wherever I go.

“At the completion of my MIRT experience I came to realize that it was not just a public health research training program, but a cultural boot camp for personal growth.”
In my academic career I have studied the methods and theories of research and participated in several small-scale projects. MIRT offered me an opportunity to participate in this process on a much larger level.

In many ways I feel amazed that I was able to immerse in a research project and actually be in the day-to-day challenges and rewards. The general timeline started out slow with 2 weeks at a computer and accelerated into a frenzy of 12 hours a day work the last week. The fieldwork was the most rewarding portion of my participation. Living in the town where so many of the problems associated with pesticide use manifest and talking to my host family there, workers in the flower fields and local activists gave me a rich and fully human understanding of the situation. At the same time we carried a lot of responsibilities that we weren’t always sure how to carry out.

Outside of the research process I had a fulfilling time as well. My host family was a delight to be with on outings or chatting over coffee in the evenings. Participation in community events and just getting to know the different parts of the area was one of my favorite parts.

I feel I have benefited from this experience on multiple levels. Individually I have gained a different perspective on the research process, and a widened worldview of how health, social problems and inequality are constantly linked and intersecting with each other. Academically I have been able to apply some of what I have learned in a real life project and gain pertinent experience for my future studies and endeavors.

My Spanish has improved greatly, especially familiarity with research and health related language. While the experience undoubtedly will contribute to furthering my academic career I hope to also make local connections and applications of what I’ve learned and the pesticide use of the cut-flower industry in the town where I am living.

“\textbf{I have gained a different perspective on the research process, and a widened worldview of how health, social problems and inequality are constantly linked and intersecting with each other.}”
Punta Arenas was only the beginning, and the knowledge that I will continue to glean from daily interactions will make me better able to serve the healthcare needs within any community. My path in Punta Arenas exemplifies that which I will continue to embrace to ensure my future success and happiness as a medical student and physician. MIRT has allowed me to experience firsthand the importance of awareness, connections, and advances in human understanding to improving community health, and I look forward to using the knowledge that I have gained in my future personal and professional life.
Dr. Tamajah Gibson participated in the MIRT program in 2000 and went to Ecuador to work on a project entitled "Historical Analysis of Social and Economic Indicators in Ecuador".

Since completing her MIRT fellowship Tamajah completed her medical degree at Emory University, School of Medicine in 2004. Currently Dr. Gibson is working as a Family Medicine Resident at the Ventura Medical Center in California.

Reflecting back on her MIRT experience Dr. Gibson says “My MIRT experience in Ecuador was a great opportunity. MIRT opened the doors for me to pursue international health. Since 2000, I have traveled to Ghana, Cuba and India.”

We wish you all the best, Dr. Gibson!

MIRT’05 Alumni and faculty participated and presented results of their research works in the 2006 annual conference at the Society for Epidemiologic Research (SER) which was held in Seattle, June 21-24, 2006.

The SER meeting is a highly regarded international meeting in the field of epidemiology where experts share the latest findings in epidemiologic research. It is very rare for undergraduates (not for MIRT students!) to present research works in this meeting.

Alvin Garcia and Denny Le presented

Correlates and Risk Factors of Lipids, Lipoproteins and Hypercholesterolemia among Thai Men and Women

Marshala Lee presented

Risk Factors of Hypertension and Correlates of Blood Pressure and Mean Arterial Pressure among Patients Receiving Health Exams at the Preventive Medicine Clinic, King Chulalongkorn Memorial Hospital, Thailand.

Jason Soh & Daniel Enquobharie presented

Risk factors and severity of coronary artery disease among emergency cardiology patients in the Republic of Georgia
Congratulations to MIRT 2005 fellows and Dr. Lohsoonthorn (Epidemiology Doctoral Candidate) for getting their MIRT papers published in international journals. The papers can be accessed using the links provided below.

**ORIGINAL ARTICLE**

Prevalence of Hyperuricemia and its Relationship with Metabolic Syndrome in Thai Adults Receiving Annual Health Exams

Vitool Lohsoonthorn, Bodi Dhanamun, and Michelle A. Williams

*Department of Preventive and Social Medicine, Faculty of Medicine, Chulalongkorn University, Bangkok, Thailand
*Department of Epidemiology, Multidisciplinary International Research Training Program, University of Washington School of Public Health and Community Medicine, Seattle, Washington

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Risk Factors of Hypertension and Correlates of Blood Pressure and Mean Arterial Pressure among Patients Receiving Health Exams at the Preventive Medicine Clinic, King Chulalongkorn Memorial Hospital, Thailand

Marikita Lee, Luksa Eisman, Vitool Lohsoonthorn MD, MSc, MS, Michelle A. Williams ScD

* Department of Preventive and Social Medicine, Faculty of Medicine, King Chulalongkorn University, Bangkok, Thailand
** Department of Epidemiology, Multidisciplinary International Research Training Program, University of Washington School of Public Health and Community Medicine, Seattle, Washington, USA

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Full text. e-Journal: [http://www.medassocthai.org/journal](http://www.medassocthai.org/journal)

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PREVALENCE AND RISK FACTORS OF HYPERCHOLESTEROLEMIA AMONG THAI MEN AND WOMEN RECEIVING HEALTH EXAMS

Denny Le, Alvin Garcia, Vitool Lohsoonthorn and Michelle A Williams

1Department of Epidemiology, Multidisciplinary International Research Training Program, University of Washington School of Public Health and Community Medicine, Seattle, Washington, USA; 2Department of Preventive and Social Medicine, Faculty of Medicine, Chulalongkorn University, Bangkok, Thailand

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**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!

**NAME:**_______________________________________________________________

**UPDATE:**_____________________________________________________________

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**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/](http://www.depts.washington.edu/mirt/) and click on the Alumni Update.

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**Response to Previous Photo Quiz**

Thank you for your participation in the photo quiz, MIRT Alumni, Marshala Lee, Miriam Castro, Sergio Tovar, Dodie Arnold and Christine Graving, Epidemiology, got the correct answers. Marshala won the special prize of HER CHOICE by responding first.

**Answer:**
The name of the person: Octavia Butler
The titles of the first two books are from Patternist series: “Patternmaster” (1976) and “Mind of my Mind” (1977) followed by a novel “Kindred” (1979).

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**Photo Contest Winners 2006**

We are happy to announce the winners of the MIRT 2006 photo contest and to present you a sample of their outstanding photos. The winners are.....**MIRT 2006 THAILAND group**. Congratulations! Please contact Mr. Bizu Gelaye to collect your SPECIAL prize.
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 Center on Minority Health and Health Disparities (NCMHD) 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.