Fall 2007
MIRT News

Multidisciplinary International Research Training (MIRT) Program
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"Off all the forms of inequality, injustice in health care is the most shocking and inhumane." — Martin Luther King, Jr.

MIRT 2007 FELLOWS POST-TRIP REFLECTIONS

“What makes the MIRT program one of the best experiences of my life is because it allowed me to meet the most wonderful people in my mentors, roommates, and especially my host family who embraced us with such warmth, kindness, and love.”—Saji Perera (MIRT 2007 Thailand)

“Thanks to the MIRT Program, I will always take this rich and diverse experience with me, through my career and personal journeys.” — Natividad Chavez (MIRT 2007 Peru)

“The MIRT Program has given me an experience that I will continue to nurture in my future career as a doctor, especially in health awareness and the importance of research.” — Krissett Loya (MIRT 2007 Chile)

The University of Washington enters a new partnership with Chulalongkorn University

A scene from Pataya, Thailand

A scene from Punta Arenas, Chile

MIRT 2007 Fellows in Ethiopia

L to R: Drs. Williams, Pirom, Narin and Lohsoonthorn during the MOU signing ceremony
Reflections – MIRT’s 13th Year
By Professor Michelle A. Williams

“Action speaks louder than words,” My mother would utter, almost sing, this simple 5-word sentence to my siblings and I when we started to get carried away with talk (not action) about work we had to do. That simple sentence has been my mantra for the MIRT Program.

We’re on the verge of completing our 13th MIRT Program year, and what a year it has been! This year, like all the previous ones, is characterized by the outstanding efforts of program faculty, staff and students. MIRT fellows continue to meet and exceed our expectations. Put simply, fellows continue to achieve at high academic levels. Moreover, their stories reflect great personal growth and their commitment to addressing disparities of all types. Over the years, you have read fellows’ mid-summer and post-summer reflections. With each issue of our MIRT News, you’ve kept up with progress (academic and personal) as they completed MIRT assignments, earned academic and professional degrees, joined professional ranks, and even started their own families. It has been, and continues to be, an amazing, even awesome privilege to be part of this wonderful MIRT Program.

Maya Angelou is credited with saying, “When you learn, teach; when you receive, give.” MIRT fellows should stand proud and claim the honor of this noble sentiment. I invite you to read Dr. Joseph Dumba’s essay in this issue of our MIRT News. Dr. Dumba, a native of southern Sudan, MIRT ’1995 alumnus, and father of three, returned to his birthplace with a team of physicians and some $500,000 worth of medical supplies to help serve populations in villages devastated by

This year, the actions of members of our MIRT Program were recognized. In June, we received the prestigious Brotman Award for Instructional Excellence. I, more than anyone, know that this award serves to honor the sustained, generous contributions of our many outstanding partners around the globe. The Brotman award honors our partners who have worked tirelessly to address health disparities while also training the next generation of experts. Our partners’ collective actions clearly speak more loudly than words!

This year is also marked by two important new partnerships for MIRT. In February, we initiated a new and innovative ‘Saving Lives Partnership’ with Rotary (MIRT 2007 Spring News: www.depts.washington.edu/mirt/Archives.html). This exciting partnership aims to address water, sanitation and health service delivery problems affecting populations in the rural Ethiopia. The partnership will also greatly enhance and expand opportunities for undergraduate, graduate, and professional degree students to participate in quality, well-supervised rural health projects in Ethiopia and elsewhere around the globe.

In July, we formalized our collaborative research and teaching relationship with the Faculty of Medicine, Chulalongkorn University, the premier academic institution in Thailand. This exciting partnership developed, in part, as a result of excellent research achievements of Dr. Vitool Lohsoonthorn, UW Epidemiology PhD Candidate, and the accomplishments of scores of MIRT-Thailand alumni.
In coming years, Chulalongkorn and UW faculty and students will work to enhance and expand collaborative programs aimed towards improving chronic disease prevention and health promotion efforts in rural and urban regions of Thailand. In keeping with our past, we expect that this endeavor will provide many new research and research training opportunities for US and Thai students alike.

This summer 10 truly outstanding students participated in the MIRT Program. If you have been following our progress over the previous 12 years, you’ll recognize, in their reflections (in this issue) themes touched on by previous MIRT fellows. You’ll notice that our fellows continue to question whether “they are leaving behind more than they have taken.” You’ll recognize familiar themes consistent with fellows recognizing their own resiliency and capacity to overcome obstacles; and you’ll recognize the fellows’ appreciation of learning from others, whether they are professors, refugees or orphans. Most importantly, you will recognize that MIRT fellows, through their actions, are indeed working to change the world for the better.

Please join me in celebrating our collective achievements in the pursuit of excellence. Please also share our stories and continue to hold all members of our MIRT Family accountable for maintaining, and even elevating, our high standards. I know, (because I have seen it happen for 13 years!) that each cohort of MIRT fellow inspires the next cohort to make the most of the opportunities. Joseph’s Dumba’s story [page 4], as well as those of Dale Terasaki (page 12) and Saji Perara (page 13) should inspire us all to do more,.....to keep striving to “leave behind more than we have taken.”

Finally, I would like to wish all of our faculty, students, and friends of the program around the globe a very happy holiday season!

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Reflections (cont’d)

“When you learn, teach; when you receive, give.” —Maya Angelou

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Bizu Gelaye, MIRT Program Manager

Congratulations to Mr. Bizu Gelaye, recipient of this year’s Outstanding Staff Award from the Department of Epidemiology and the Kenneth J. Anderson Outstanding Staff Award from the School of Public Health and Community Medicine. According to the selection committee, awardees are chosen on a number of administrative skills including creativity, flexibility, exceptional interpersonal skills, and demonstration of grace under pressure and being willing to go beyond the limits of their job descriptions, bringing a positive attitude to their work.

In addition to his administrative duties, Mr. Gelaye has been involved in a number of research projects over the past four years. He has contributed to the analyses and writing of four recently accepted manuscripts in international peer-review journals. He has also presented findings from a study entitled "Depressive Symptoms Among Female College Students Experiencing Gender-Based Violence in Awassa, Ethiopia" at the 2007 Society for Epidemiologic Research (SER) meeting in Boston, MA.

This past week Mr. Gelaye completed a peer-review article entitled “Correlates of Violent Response among Peruvian Women Abused by an Intimate Partner” and presented his findings at the 39th International Congress on Pathophysiology of Pregnancy held in Singapore.

Congratulations!
Dr. Joseph Dumba (MIRT '95)
Alegent Health Clinic Benson
Family Practice Physician

This summer, we received an e-mail from MIRT 1995 alumnus, Dr. Joseph Dumba. Dr. Dumba wrote: “I lead a group to Kajo Keji, Sudan ---my home district where people are just beginning to return after 23 years of exile. The conditions in Kajo Keji were worse than I had expected. People are sick, and have nothing but the worn clothes on their backs. It really breaks my heart.”

Dr. Dumba organized a trip to help meet the medical needs of Sudanese refugees, who after decades of exile, are returning to their homes in southern villages of the country. The villagers are the fortunate survivors of a civil war that has taken the lives of many, and have resulted in the displacement of many more. Kajo Keji, one of the areas in southern Sudan that borders Uganda, was significantly affected by the civil war. Residents fled to neighboring countries that were already struggling to meet the needs of displaced populations, as well as those fleeing fighting in other parts of Sudan. “The war has contributed to the destruction of the social and economic infrastructures of Kajo Keji. The health care system is almost nonexistent. A single hospital with fewer than 50 beds is all that is available to serve the needs of more than 250,000 residents.”

After years of hard work and study, Dr. Dumba seized the opportunity to help address the tremendous needs of residents of Kajo Keji. Dr. Dumba, his wife, Sabina, and their three children traveled to Kajo Keji this summer along with a team of physicians and missionary volunteers. The journey, presented many challenges, “The roads were impassible, it would take us an average 3 hours to travel the 20 mile distance from our camp to a village clinic. The roads were marked with specifically colored stones. White stones signaled that the road was safe for travel, red stones signaled roads made unsafe because of unexploded landmines. The roads were heavily mined by government and rebel forces during the war.”

“After the long hazardous drive, we arrived at our first clinic only to find hundreds of villagers patiently waiting in line. Men, women and children, stood patiently in line, for hours, waiting to see one of our physicians. Some reported to us that they had traveled many miles, rising very early in the morning, in hopes of receiving health care from our team. Our patients were tired, hungry and quite sick, though they waited patiently for their turn to be seen by a physician. For most, we were pretty sure that this was the first time in their life to be seen by a physician.”

“Our pick up truck was stuck in the mud...it took 30 minutes to get it out of the muddy holes!”
Dr. Dumba and colleagues, despite considerable pre-travel research, could not have anticipated the massive numbers of villagers who would seek assistance during the mission clinic days. “We started seeing patients almost as soon as we arrived. As soon as we finished treating one patient, it seemed like an additional 5 would join the line. Patients kept arriving all day long. Hundreds were still awaiting care, at sundown on our first day. With no electricity, we could not carry-on with our work. We had to make our way back to our camp ground to eat and rest before setting out again in the morning. During our stay, we went to six different villages in six different directions.”

In addition to delivering health care, Dr. Dumba and his team members were also able to assess the state of the health services infrastructure in Kajo Keji. Dr. Dumba reported that “the small village clinics were staffed by locally trained medical assistants and nurse aides. Clinic medicine cabinet were almost empty, but for a few packets of Tylenol and aspirin.” Make no mistake, Dr. Dumba and colleagues are well aware of the strengths and weaknesses of medical missions. Dr. Dumba and colleagues realize that multi-faceted health services delivery and public health programs are needed to yield sustained improvements in population health. “We did as much as we could. Local resources are scarce and the needs are enormous. There is a great deal of trauma among survivors of the war. Fertility rates in affected villages are high, as are infant mortality rates. We estimate that about 150 of every 1,000 newborns die during the first year of life. Surely more needs to be done. However, we cannot expect this highly traumatized population to change their way of living overnight. Certainly a medical mission is not going to address all social, medical and behavioral problems. But we managed to have an immediate impact on some medical problems. By treating children for intestinal parasites, giving them 6 months of freedom from nutrition robbing infections, we give them an opportunity to have a much needed growth spurt.”

Dr. Dumba, a busy clinician, husband, father of three, and supportive eldest brother, is an inspiration to us all. “In his quite way, Joseph, managed to pull the best out of all those around him,” said Dr. Williams as she recalled Joseph’s performance in the MIRT program during the summer of 1995. “I’ve never missed an opportunity to tell Joseph-Dumba stories”. 

“There has never been a medical mission to this part of southern Sudan and our mission was graciously welcomed by both the citizens and the government officials in the area. My wife and I have been to other parts of the world for medical missions. This mission was different because I was returning home to treat the people that I grew up with, -the teachers who taught me in primary and high school,-and above all, my relatives who know me as the first son of our village to have graduated from college and medical school.”

Dr. Dumba plans to return to Kajo Keji with more help and supplies next year. “I plan to take even a larger group next year but I will need some help. Please share this news with our MIRT family and friends. Please see if there are others who are willing to travel with us, or to assist in any way that they can.”

If you would like to learn more, or contribute to Dr. Dumba’s next mission, please contact the MIRT Program office and we’ll connect you with Dr. Dumba.

““This child was severely malnourished and was waiting to been seen by our team.””

“There are a lot of people near and far away from you that need help. Take a moment out of your busy daily schedule to help someone in need. The experience is truly rewarding.”—Dr. Joseph Dumba (MIRT ’95)
What I take away from this experience is much more than the ability to say that I’ve done research in epidemiology. True, the process of writing the manuscript taught me a lot about how to structure a research paper, as well as the basics of epidemiology. This will surely help in my future in medical school. But what makes the MIRT program one of the best experiences of my life is because it allowed me to meet the most wonderful people in my mentors, roommates, and especially my host family who embraced us with such warmth, kindness, and love. Their willingness to share the culture and beauty of their homeland gave me the best cultural experience that I could have asked for. It’s difficult to know that such good friends live so many miles away, but the wonderful times we had and the bonds we have made will surely last a lifetime. How curious is it that strangers with different life circumstances, living half-way across the world can find so many reasons to be friends?! How wonderful is it that where verbal communication falls short, the strength of the human spirit can bring people together?! This was evident not just with my host family but also in my experience in Mae Tao where my interactions with the healthcare workers, who were so welcoming and friendly towards us. My experience at the clinic was a true learning experience. There’s nothing like actually being in a place to understand the realities that people face. Everything that I learned about Burma is so much more meaningful to me because I actually saw the faces of the people who are affected by the health disparities that I learned about. Because of all these reasons, I wish there were more programs like the MIRT Program- it really bridges gaps by facilitating cross-cultural understanding and communication.

Before I traveled my academic expectations were to get a better feel for how research is conducted in a global context. The MIRT Program allowed me to meet and exceed those expectations. My personal expectations were to become more culturally aware of other places and my surroundings. The most rewarding aspect of this experience was being able to visit the Mae Tao Clinic. It was so rewarding to visit and be able to help in some small but meaningful way. Despite the fact that we probably received more from them than we were able to give back in return, it was a life changing experience. One of the cultural challenges that I faced was learning a new language. I found this to be the most difficult portion of the trip. Now, I realize how important it was for the full effective summer abroad. Now, it is funny how Thai words come out before English words. My MIRT experience has confirmed and reinforced my desire to do research once I receive my Doctorate of Pharmacy. I think that we underestimate how important research is not only to our country but also to many developing countries.
The MIRT program has granted me the opportunity to grow at both a personal and intellectual level. At the start of the program I expected to become more knowledgeable about the Thai culture and their public health issues. I also expected to improve my knowledge in epidemiology through the writing of a health related article. The statistics classes and the writing of my project manuscript allowed me to further develop my critical thinking and writing skills, improved my understanding of epidemiology and increased my awareness of the seriousness of obesity in the world. In addition, I gained invaluable cultural exposure and historical insights through Thai language classes, a trip to Kanchanaburi, and visits to temples and palaces. This experience fulfilled all the goals I made out for myself and beyond.

I would recommend this experience to other students. MIRT gives students an opportunity to travel while educating them about current issues and other medical and public health related topics. The Mae Tao experience was one of the most impacting experiences while in Thailand since it has increased my awareness of health and service disparities that exist as a result of civil wars. It is unfortunate that adequate attention is not given to the millions of man, women and children displaced by this cause. All the knowledge I have gained with the MIRT program has prepared me for the challenges that a career in public health and medicine will present me.

Linda’s Post Trip Reflection

Linda Paniagua
Undergraduate, Brown U
MIRT site: THAILAND

L to R: Linda, Dr. Cynthia, clinic staff member, Cherell, Saji and Dr. Lohsoonthorn
I have worked on a variety of research projects in the past five years but taking part in MIRT was an experience unlike any other. I did not arrive in Peru with any expectations for me to grow personally, only academically. I knew I would be doing research so I thought of only preparing myself for that aspect of my trip. During my stay in Peru, however, I soon realized that I was undergoing some personal changes I did not expect. It was through the people I met while there that I really learned a lot and made my experience what it was.

The locals seemed confused when they met me, a Mexican born in the United States, they would ask me, “Then what are you?” I simply replied “A Mexican-American.” They were sometimes surprised that I spoke Spanish given my US nationality. Often I could “pass” as a Peruvian, but when they asked me where I was from I would often tell them (the cab drivers, tour guides) that I was from Mexico, since I was afraid of telling them I was American. They would then go on and ask me about Mexico, it’s history, politics, geography, demographics, and other questions I could not answer since I have only been there to study abroad and visit my grandparents. I had known of my lack of knowledge about my parents’ history but I thought I would be fine “passing” as a Mexican born in Mexico, since I have retained the Spanish language, customs, traditions, and values among other things. When I was faced with those simple questions I knew that I couldn’t, I am too American!

While in Peru I got to meet more of the locals, and I wanted to know more of Peru. Most Peruvians do not make enough money to travel within their own country and it is usually tourist from other parts of the world that go to places like Machu Picchu and Iquitos (in the Amazon). I was fortunate to travel during most of my weekends there and share my experiences with the people I worked with.

I toured most parts of Lima, the capital of Peru, Piura a city in the north of Peru where my mentor Sixto was born and raised. We went camping in Marcahuasi, a place with a lots of rock formations and located at about 12,000 feet above sea level. I visited Cusco and Machu Picchu, then went off to Puno to see Lake Titicaca and the man-made Uros Islands. We also made it to Iquitos, near the Amazon just before I left. I was also able to go to Ica, Las Islas Ballestas, and Paracas two weeks before the earthquake. It was devastating learning that all the places that we had visited in Ica were destroyed during the earthquake. My roommate and I wondered about our tour guides and the people we met on our tours. We prayed that they were all fine.

Our last two weeks there were the most difficult for me. I was getting really homesick and being in an earthquake of such a magnitude (7.9) for almost two minutes did not help. It was that moment from my entire trip that I realize how much I truly missed and value my family and friends. I couldn’t imagine how the people affected by the earthquake coped. They lost everything they owned, as well as family members, friends and neighbors. I’m thankful to Elena who took as in to live with her after the earth quake. Living with Elena and her children really helped us to cope with the stress of the aftermath.

I learned more about myself, something I thought I had already done during my study abroad in Mexico. But I now realize that I will never stop learning about myself, being in different situations and going through new experiences in unknown places changes a person. I will always take this rich and diverse experience with me, through my career and personal journeys. Thank you MIRT for the opportunity to conduct research in a foreign country and my mentor Dr. Sixto Sanchez, as well as Helfer Molina, for your guidance, and the valuable knowledge you shared with me!
My experience in Ethiopia was marked with several rich images, sounds, smells, and conversations. Take AHOPE Orphanage for example: I squint my eyes at the bright blue paint that coats every wall, I am enchanted by the melodies of two girls singing to my video camera, I lead the group of kids designated as my football ‘team’ through warm-up stretches.

As I reflect on my expectations prior to the trip, I was a bit nervous at the thought of learning a new language, never fully understanding what is happening around you, and trying to navigate the city streets. Regarding the language barrier, I realized as soon as I stepped out of Bole International Airport that learning a new language would be a useful means to get to know local Ethiopians. What better way to strike up a conversation with a complete stranger than to blurt out a terribly pronounced, but earnest greeting? In fact, language was a very useful tool in building relationships with our host family. One of the girls wrote to me on my last day: “You are gobez learning in Amharic. You want to know new things” (gobez: roughly “good job”). Another girl mentioned in a similar letter how she appreciated playing frisbee and cards. Reading these notes on my departure flight was truly rewarding.

Admittedly, by the sixth or seventh week, I began to feel the effects of being culturally stretched for so long. Fairly small inconveniences like not being able to send a package, or subtle miscommunications in conversation started to annoy me. Also, being an introvert, I exceedingly value time to myself. However, I began to understand in Africa (Ethiopia and Uganda) that this might be seen as cold or detached. To deal with these struggles, I had to think back to the beginning of the trip and remember how I was more flexible and eager to learn.

Looking to the future, I am eager to travel to Africa again; perhaps Ethiopia (to see the host family, coworkers, and friends again), perhaps Uganda or Tanzania or Kenya.

As I wrote in my mid-trip reflection, I would be excited to funnel my skills gained over this trip to reveal the truth about health disparities in the world and hopefully work toward effective, culturally appropriate solutions. As a matter of fact, I was able to use SPSS again during my trip to Uganda (right after Ethiopia).

Most students do not receive the privilege of traveling abroad with a program like MIRT, thus I believe I have a responsibility to act upon what I saw and learned throughout my future career. Some ideas of what this may look like include funding specific projects with the sites we visited (e.g., getting a constant supply of Tylenol or latex gloves to AHOPE), volunteering at a clinic as a medical student, and perhaps even involving myself in further public health research (e.g. MPH program at Addis Continental Institute of Public Health).

Since I traveled to Uganda immediately after the MIRT program in Ethiopia, I had an interesting basis of comparison. Besides the readily apparent differences in appearance, food (posho in Uganda, injera in Ethiopia), and landscapes (the dirt in Uganda is very red), one less obvious cultural distinction was in the sense of national pride. Ethiopians seemed to have this rich, personal connection with their history, both ancient and modern, but Ugandans seldom injected historical references into their dialogues.

King Fasil’s Castle (Gondar, Ethiopia) is one of the six built between 1632 and 1642. Notice the unique mixture of Axumite, Portuguese, and Indian architecture.
My MIRT experience was an eye-opening and tremendously important experience for me. I learned a great deal in how research is performed and the processes involved in preparing a good manuscript. This was the first opportunity that I have had to perform research and it was every bit as challenging as I thought it would be. In the end, though, it was extremely fulfilling for me to be able to accomplish something like this.

The cultural experiences that I had was something I could have only hoped for. Being completely immersed in the Ethiopian culture helped me understand more of the research I was doing, and also helped me learn so much about a way of life I never thought I would've had the opportunity to see. But this did pose a few problems for me. Being so immersed in this country’s lifestyle didn’t always allow me unlimited access to water and electricity, things we take for granted in the US. Often I would wake up in the morning and find that I had no water. On other occasions the electricity would go out during the middle of the day. These “minor problems”, in retrospect, turned out to be some of the most rewarding aspects of my experiences, because it forced me to be resourceful. It’s very humbling to not be constantly guaranteed the amenities that we are so used, and that we take for granted in our everyday lives. I believe that because of these experiences, I’m a better person, more understanding and aware of all that goes on in this world.

My experience of the 2007 MIRT Program was wonderful. I have gained so much knowledge about the major health disparities that are affecting millions in developing countries like Ethiopia. It also gave me the opportunity to conduct research and write a publishable manuscript while working with experienced public health experts.

Although I spent most of my childhood in Ethiopia, this experience opened my eyes to the health care system and infrastructure of the country. I now have an increased understanding of the positive contributions that I can make to help Ethiopia. Thanks to the MIRT Program which helped me solidify my interest, now I’m excited and enthusiastic to study medicine and public health.

Traveling to the northern part of Ethiopia, seeing the historic sites and learning the rich history are some examples of the most rewarding non-research aspects of my travel.

“\text{It’s very humbling to not be constantly guaranteed the amenities that we are so used, and that we take for granted in our everyday lives.}”

Nathan with his ‘new friends’ in Lalibela, Ethiopia
My experience in Chile was rewarding in so many ways. I made some great new lifelong friends and connections, and I gained valuable research training that will undoubtedly help me in my future. I felt that staying with a host family was a great way to interact with the local culture. I learned so much about what is also considered Latino culture; Chilean culture, I found was VERY different from my own (Mexican and Salvadoran). The most rewarding part of this experience was the training I received and the connections I made. With this training and with the help of a mentor, I feel as though I am able to proceed with my own research projects. Thank you MIRT!

Living in Chile is a once in a lifetime experience! My expectations for this program were high, both academically and personally. Having the guidance of my mentors from the University of Washington was a great opportunity for me to get a crash course on epidemiology and biostatistics and moreover, to write an academic paper! I loved listening to the Chilean language; there were constant comparisons between my accent and the Chilean accent which we all found to be beautiful. I truly took advantage of the time I had with my host family and Mary. All are part of memories that will last a lifetime. I know that I will continue to keep in touch with my family and my new close friends. I felt that the biggest challenge was met in El Centro.

The analysis and data entry was accomplished, but it would have been preferred to have had more access to mentor to guide and explain to me more aspects of the research. Starting my research was a tedious and long process, but it provided a really unique and insightful exposure that I am grateful to have had. This has given me experience that I will continue to nurture in my future career as a doctor, especially in health awareness and the importance of research.

“The MIRT Program has given me an experience that I will continue to nurture in my future career as a doctor, especially in health awareness and the importance of research.”
I spent last week at an orphanage. AHOPE, which stands for “Africa HIV Orphans: Project Embrace”, is a wonderful refuge for the many children who embrace it as home. These are great kids – honest, adorable, fun-loving boys and girls who love to play football (soccer, that is). One morning, Nathan and I coached rival football teams, which the kids passionately labeled as “Mexico!” and “Japan!”, though both Nathan and I have never been to our respective ancestors’ countries. It was quite an epic clash of the two “nations”, with players and fans vigorously chanting in support of their favorite team.

I had the chance to connect with a few of the kids through the universal medium of song. At first I was eager to teach them a few American tunes, although it ended up being more challenging than expected. What really seemed to earn their attention and interest was when I asked them to teach me songs in their native tongue. As a girl, who I’ll call Megan, gracefully chanted such Sunday-School classics as, “This is the Day that the Lord has made” and “I Love You, Love You, Jesus” in Amharic, I frantically transcribed my awful pronunciations in English (fortunately, music seems to have a glossing-over effect on bad accents) and mapped out how to accompany with guitar. In any case, the kids were empowered to be music teachers and I was the student. But we eventually entered each others’ worlds a bit and had some fun.

In a welcome lull in between football lobbing, arm wrestling, and ping pong-ing, I found myself sitting by the fence with a few boys. I asked one of the boys, who I’ll call Tesfa, what he thought of AHOPE, and he responded that he liked it. I probed further, cautious of how it might sound: “Is there anything that could make AHOPE even better, like… more clothes, more food, more footballs, more toys?” Again, he said that everything was good and that they have enough.

Later in the day, however, I found myself in another conversation with Tesfa. “Earlier you ask me what could be better in AHOPE,” he began, “and I tell you nothing, but then I ask some of the others, and boys they say ‘cars’ and girls they say ‘barbies’.” I was impressed that he took my question so seriously and took initiative to poll his colleagues for answers. After I nodded about the news, he continued, “But, if you do not have cars or barbies with you, do not worry, we are thankful you have come.” I was touched by such a mature response from one who has definite reasons to harbor bitterness – his two siblings were adopted to America, leaving him behind.
The baby sat regally on my lap as she played with her new plastic toys. All around me, a grabbing frenzy ensued as children were scrambling for their share of plastic legos and nicknacks. A little boy came to show me his new jump rope that lights up. A girl with a shy smile sat down next to me like we were best friends and started flipping through a coloring book. A few minutes later, the joyful shrieks of children bellowed across the small room as my friends and I threw the children up into the air. They couldn’t get enough of it, and neither could we. Playing with the bright-eyed orphans that afternoon was one of the best times I had ever had, the culmination of a week of eye opening experiences.

The orphanage in the northern Thai town of Mae Sot, was home to thirty-two Burmese children, all aged under five, orphaned because of the dire economic and political situation in Burma under its current military dictatorship. Earlier in the week, I had had the opportunity to learn about and observe the lives of Burmese refugees and migrant workers at the Mae Tao Health Clinic, run by Dr. Cynthia Maung. I learned about how the clinic expanded from a single building to provide emergency relief to illegal migrant workers and refugees to an entire facility that now includes teaching rooms, a reproductive health department, a surgery department, and a pediatrics department, among other things, to provide much needed services to the surrounding community. In addition to the clinic, Dr. Cynthia has started several other programs. Chief among them is the Backpack Health Workers Team (BPHWT), which provides primary health care in the armed conflict areas and rural areas of Burma. Without the BPHWT, the hundreds of thousands of displaced Burmese living in fear in Burma’s jungles and the hill tribes people, such as Karen, would have little access to even the most basic health care.

When Dr. Cynthia started her work in 1989, she never expected it to be needed nearly 20 years later. She explained that the numbers of illegal Burmese workers have been increasing in recent years, creating an entire generation of stateless Burmese children. Providing basic health care to these vulnerable people has been a heartfelt mission for Dr. Cynthia and everyone at the clinic. The immense service provided by the clinic was evident to me, from the hundreds of Burmese health workers that the clinic trains to the many babies safely delivered to the prosthetic legs provided for landmine victims.

The unfortunate circumstances that many Burmese face became a tangible reality to me when I was observing the in-patient reproductive health department. There, I met two babies who were both abandoned by their parents at only 10 days of age. Now two months old, they lie in their identical white cots relying solely on the health workers for their physical and emotional nourishment. While the compassion of the young health workers meet the basic needs of the newborns, it cannot compare with the love and security of a family and a home. If the babies are lucky, a kind family will adopt them. If not, they will be another sad addition to an area orphanage. How miserable the prospects of a child have to be for a parent to abandon them in such a manner? It’s a painful act of love that is hard to fathom.

When I asked Dr. Cynthia what we can do to help the clinic, her reply was to inform others about the clinic and the situation in Burma. If I have piqued your interest or concern at all, I encourage you to learn more about the clinic and the political situation in Burma. A great starting place is the clinic’s website: www.maetoaclinic.org. There are ample opportunities for everyone to help, whether it is through monetary donations, spreading the word, or even by volunteering at the clinic. A positive force such as the Mae Tao Clinic that is fighting to reduce the health disparities faced by thousands deserves the attention and help of everyone against such injustices.

“A positive force such as the Mae Tao Clinic that is fighting to reduce the health disparities faced by thousands deserves the attention and help of everyone against such injustices.”
Kudos!

The MIRT Program Director Dr. Michelle Williams, received the Abraham Lilienfeld Award for 2007 from American Public Health Association (APHA).

Dr. Williams was honored with this prestigious award for her outstanding contributions to epidemiology research, education and service. Congratulations!!!

Please visit the MIRT web site to learn more about the Lilienfeld Award: [http://depts.washington.edu/mirt/award.html](http://depts.washington.edu/mirt/award.html)

Response to Previous Photo Quiz

Thank you for your participation in the MIRT Newsletter photo quiz. Christine Graving has won the special prize by responding first.

Jonathan Mann was the global health and human rights hero.

2007 Photo Contest Winners

Selecting this year’s photo contest winner was not an easy task. MIRT fellows submitted wonderful photos of Chile’s natural environment, artistic photos from Thailand’s grand palaces, excellent photos of the Amazon and highlands of Peru, and exquisite photos from rural and urban Ethiopia. Congratulations to our multi-talented MIRT fellows. Below we present two photos from the winning team—Peru MIRT ‘07 (Nati and Yasmin).

Let US Know How You’re Doing

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.
This piece is from one of America’s most beloved artists. And this is one of his most powerful and iconic paintings in American History. It shows a young public school student flanked by federal marshals walking to school past a “defaced wall”. It depicts a pivotal moment in American History.

Who is the artist? What is the title of the photo? and What is the story behind this painting?

A special prize will be awarded to the first person providing the correct responses. Send your response to mirt@u.washington.edu. **** Cheers!