These have been exciting times in the MIRT Program office. MIRT program faculty, staff, and students have worked to develop and sustain wonderful collaborative relationships with outstanding global partners. I am thrilled to announce a unique and innovative Rotary-University of Washington Partnership (UW) through which Rotary and UW will together accelerate dissemination of disease-preventing, health-promoting interventions and technologies to those in greatest need.

(Please see page 2)

The MIRT Program has been selected to receive a Brotman Award for Instructional Excellence from the University of Washington. This is the first time the prestigious award has gone to a program in the Health Sciences.

“MIRT has been nominated with highest praise for a groundbreaking global health program to meet the demands of the 21st century and offering students depth in terms of its impact on future professionals in the fields of public health and medicine.” —UW President, Mark Emmert

(Please see page 5)
**Rotary–University of Washington Partnership**

**A Roadmap for a Better Future**

“*For more than 100 years, Rotary has been at the forefront of efforts to improve the lives of people around the world.*”

—Former UN Secretary-General, Kofi Annan, 2006

These have been exciting times in the MIRT Program office. MIRT program faculty, staff, and students have worked to develop and sustain wonderful collaborative relationships with outstanding global partners. I am thrilled to announce a unique and innovative Rotary–University of Washington Partnership (UW) through which Rotary and UW will together accelerate dissemination of disease-preventing, health-promoting interventions and technologies to those in greatest need. And we will do this in a manner that allows students, from multiple disciplines, to gain valuable applied field research and service-learning experiences while working with Rotarians, health professionals, engineers, diplomats, and many other collaborators to address pressing global health problems.

The Rotary–UW Partnership will effectively address rural poverty—and all the health and economic burdens that come with it—by developing an integrative, community-based approach to water and sanitation conditions, health education, school and community-based nutrition, disease surveillance and prevention activities (e.g., micro-nutrient deficiencies, parasitic infections), and program evaluation. The Partnership will provide outstanding service outreach, education, and research opportunities for undergraduate, graduate, and professional degree students in Washington state and elsewhere.

The Partnership’s inaugural project, “Sanitation and Water Projects in Ethiopia: Quality Action, Education, and Research,” will serve as a model for a new paradigm of integrative, high quality education with equally high quality local and global service. This Partnership promises to be just the beginning of a UW service outreach-education-research model that can be applied around the world.

Let me provide a little background that will help to put this Partnership in context...

**Rotary a Catalyst for Global Polio Eradication**

In the early 1980s, Rotary began planning for the most ambitious program in its history—to immunize all of the world’s children against polio. The plan required collaboration with international, national, and local health agencies. Rotary’s initial pledge of US$120 million to fund The Global Polio Eradication Initiative (now commonly referred to as the PolioPlus program), announced in October 1985 at the 40th anniversary of the United Nations, electrified the global public health community. Within three years, Rotarians had more than doubled their fundraising goal, donating US$247 million. By the time the world is certified polio-free, Rotary’s contributions to the global polio eradication effort will exceed US$600 million. Rotary’s role in global polio eradication continues to evolve with time and with operational needs in specific country settings. Initially its role was that of a catalyst, providing money for vaccine and volunteer support to overcome problems associated with distribution. In more recent years, PolioPlus funds have covered transportation and other operational costs associated with vaccine delivery, surveillance efforts (including laboratory needs) to identify areas where the virus circulates, and training for healthcare workers and volunteers involved in the immunization process.
In October of 2006, I had the honor and privilege of joining Ezra Teshome, Ralph Munro, Dave Weaver, Susan Morgensztern, Janice Nutting, Penny LeGate, Molly Williams, Denny Wilford, and some 50 other US and Canadian Rotarians and “friends of Rotarians” on a PolioPlus campaign trip to Ethiopia. Working with staff from the Ethiopian Ministry of Health and the World Health Organization, and with local Ethiopian Rotarians, we participated in outreach efforts designed to provide polio vaccine to children who might otherwise have been missed. In a word, the trip was fantastic! While in the field with partners committed to the goal of “service above self,” I was able to see why Rotary’s Global Polio Eradication Initiative is now recognized as a model of public and private cooperation in pursuit of a humanitarian goal. In the words of Former United Nations General Secretary Kofi Annan, “Rotary’s PolioPlus program is a shining example of the achievements made possible by cooperation between the United Nations and non-governmental organizations.” I could not agree more! Thanks to Rotary, a polio-free world may be just 2-3 years away.

Not ones to rest on their laurels, Rotarians continue to lead other global health efforts. In 2004, Ezra Teshome, Dave Spicer, and Dave Weaver launched a comprehensive effort to raise awareness and significant funds for safe water in the most critical areas of Ethiopia. Through their efforts, over US$500,000 has been raised for clean water projects that are being implemented in some 37 villages benefiting over 150,000 people in rural Ethiopia. Rotary is poised to again electrify the global health community and motivate innovative responses to the global water crisis (see page 4). Inspired by Rotary’s reputation and current achievements in global health, I have worked to develop this exciting Rotary–UW Partnership—a partnership that harnesses the considerable strengths of our two august institutions while creating opportunities for students to participate in creating a better future for us all. In the coming years, I expect that Rotarians, in partnership with a UW campus-wide coalition of faculty and students, will work together to develop, implement and evaluate integrative health and community development programs to improve the lives of people in Ethiopia and eventually around the globe (see page 4).

These are exciting times indeed. Imagine this: a diverse team of global citizens—some trainees, some retirees; some born in Olympia, Washington, USA and some born in Awassa, Ethiopia—working together to reduce global health disparities.

Michelle Williams

Rotary is poised to again electrify the global health community and motivate innovative responses to the global water crisis.

Ezra Teshome, has been very active with Rotary, traveling to Mexico, Guatemala, Ethiopia, and Tonga to participate in numerous Rotary projects. He has also coordinated several trips to Ethiopia over the last 10 years for Polio National Immunization Days. Because of his remarkable efforts and achievements, in 2004 Ezra was recognized as Rotarian of the Year by Rotary District 5030. TIME Magazine has recognized him as a Global Health Hero.
Global Water Crises

More than 1.1 billion people worldwide lack access to clean water; 2.4 billion lack access to basic sanitation. Lack of clean water and basic sanitation results in two million deaths per year. According to the United Nations, 6,000 children die every day from diseases associated with unsafe drinking water, inadequate sanitation, and poor hygiene. Lack of clean water and basic sanitation contribute to other diseases, like malaria, schistosomiasis, and Guinea worm. Over 2 billion people are infected with schistosomiasis, and 300 million suffer serious illness. Well-designed water and sanitation investments can reduce these infections by 75%.

Sub-Saharan Africa is home to some 360 million individuals who have no access to clean, potable water. With modest or no economic growth in many of the hardest hit countries, including Ethiopia, non-governmental organizations (NGOs) including Rotary may be the only hope for millions of children and families around the globe.

Students’ Role in Global Health

This summer, three MIRT fellows (Dale Terasaki, Semret Nicodimos, and Nathan Bernal) and Bizu Gelaye will travel to Ethiopia to work with Professor Yemane and colleagues at Addis Continental Institute of Public Health Institute and Addis Ababa University. The team will work on a variety of on-going projects, including a school and community-based survey of schistosomiasis and trachoma among children in Debre Berhan, Ethiopia. Students will have ample opportunities to develop their statistical, analytical, and writing skills through their work with faculty conducting studies of the prevalence and consequences of gender-based violence among college students in Ethiopia. Please see page 6 to learn more about the MIRT Ethiopia-2007 fellows.
The University of Washington MIRT Program and its Director Dr. Michelle Williams have been selected to receive a Brotman Award for Instructional Excellence from the University of Washington. This is the first time the prestigious award has gone to a program in the Health Sciences. The award comes with a monetary prize of $17,500, to be invested in further fostering the academic strengths of the winning program.

According to President Emmert “MIRT has been nominated with highest praise for a groundbreaking global health program to meet the demands of the 21st century and offering students depths in terms of its impact on future professionals in the fields of public health and medicine.” The Brotman Award for Instructional Excellence was established in 1998. This award recognizes the accomplishments of programs and departments in advancing excellence in teaching and learning among undergraduates. It is given to academic units or groups of people who have achieved excellence in teaching and fostered innovative learning throughout a program of study. Recognizing the significant benefits students receive from positive academic experiences, the Brotman Award for Instructional Excellence highlights outstanding educational successes.

While on maternity leave in 1993, Dr. Michelle Williams developed the UW MIRT program which helps to encourage underrepresented students in biomedical and behavioral sciences to pursue public health research careers. The UW-MIRT Program has never been the traditional “study abroad, course-based” program, but one with the major objectives of placing students in research-rich environments. By first introducing student to existing literature and policies on global health and then partnering them with health care professionals in developing nations, the program has provided undergraduates the framework to help them begin to comprehend the issues surrounding global health disparities.

Dr. Williams and colleagues work tirelessly to foster collaborative relationships, consolidate research efforts, and increase the quality and quantity of meritorious research training opportunities for students in some of the most under-resourced institutions in the world.

This prestigious award will be formally given at the UW annual Recognition Ceremony on Thursday, June 7, 2007, in Meany Hall for the Performing Arts. The ceremony will begin at 3:30 p.m. and will be followed by a reception at 4:30 p.m. The Program will also be recognized during the Annual Commencement on Saturday, June, 9. These events are complimentary and open to the public.
Natividad Chavez
Undergraduate, UW
MIRT site: PERU

My name is Natividad Chavez. I was born and raised in the Yakima Valley in Central Washington. As a student graduating from Wapato High School I never imagined being part of a program such as MIRT. Ever since I heard about MIRT, my freshman year at the University of Washington, I knew it would be one of my goals. I am now a junior pursuing a bachelor’s degree in psychology and will be working on a research project in Peru for the summer of 2007. After graduating from UW I will earn a masters in nursing through the masters entry program here at UW or out-of-state and eventually I will work to earn my PhD in nursing. I want to be a nurse educator.

I enjoy spending time with my family and friends; that is one thing I will miss during my several weeks abroad. However, I am extremely excited to go to Peru and immerse myself in the culture. I feel that I have so much to learn and this is an ideal place and opportunity to do it.

Cherell Dancy
Undergraduate, Xavier U
MIRT site: THAILAND

My name is Cherell Dancy. I am a sophomore chemistry and pre-pharmacy major at Xavier University of Louisiana. At a very young age I learned that my education was what was going to put me in a position to make a difference. I’m excited to participate in the MIRT Program. I haven’t had the opportunity to participate in research or to travel abroad.

I regularly volunteer at a local elementary-middle school here in New Orleans, helping the students improve their reading and mathematics skills. This summer, my plans are to travel to Thailand with the University of Washington MIRT Program to participate in research. My expectations from this fellowship are to be able to improve my research skills and see first-hand the health disparities affecting developing countries.

Dale Terasaki
Undergraduate, UW
MIRT site: ETHIOPIA

My name is Dale Terasaki, I am a junior at the University of Washington pursuing a degree in bioengineering. My career goal is to become a physician involved in international public health.

By training with MIRT in Ethiopia, I hope to enhance my cultural awareness and gain insight into global health disparities. This will be a great experience because I am considering a career that utilizes healthcare to combat global injustices. I enjoy traveling and look forward to meeting people with similar interests and goals.
Semret’s Personal Statement

My name is Semret Nicodimos. I’m a fourth year senior at University of Washington majoring in biochemistry. After completing my undergraduate degree I would like to attend medical school and receive my medical degree.

I want to participate in the MIRT program because it is a valuable opportunity to conduct research that will assist me in understanding the health disparities of developing countries. I expect to learn the types of health disparities that exist in developing countries and how it can be prevented. I hope to learn and understand what the root cause is for the suffering and deaths of many people by diseases that no longer exist in developed countries. Since becoming a biochemistry major, I have had little opportunity to learn about these issues, outside of my own life experiences. In the future, I hope to conduct research, teach, and also work in a hospital that serves an impoverished community. My ultimate dream in life is to open a number of hospitals in rural parts of Ethiopia and other parts of Africa, and provide free medical assistance to the people. Through my efforts, I hope to eliminate some of the health disparities that are prevalent in developing countries.

Saji’s Personal Statement

My name is Saji Perera. I am a junior at the College of William & Mary in Williamsburg, VA, where I am studying biology and environmental science. After graduation, I plan to attend medical school.

My interest in public health was sparked because of a water quality monitoring project that I worked on last summer. I realized that public health would be a very interesting field to work in since it incorporates a variety of disciplines, such as health and environmental science. One of my main goals for the MIRT program, therefore, is to gain practical experience in and a solid understanding of public health issues. I hope that gaining such experience will help me decide more definitively whether I want to pursue a MPH in medical school. I know that this experience will be a challenging one, but I look forward to a productive and rewarding summer.

Krissett’s Personal Statement

My name is Krissett Alexis Loya. I am currently wrapping up my sophomore year at the University of Texas at El Paso, bordering the country of México. I am a chemistry major with a minor in mathematics and biology. I am honored to be part of the 2007 UW MIRT fellowship program and hope that I can utilize to its fullest my bilingual ability and experience a unique opportunity to conduct public health research in my newly assigned country of Chile. I am truly looking forward to this experience!
Mary’s Personal Statement

My name is Mary Parada. I am a third year undergraduate student at the University of Washington. I am majoring in American ethnic studies while concentrating in chicano studies. I plan on becoming a primary care physician for underserved populations. In my free time I like to spend time with my family and watch movies.

In the future, I want to be able to fully understand where my patients are coming from including what their country has to offer them, and I am sure that the MIRT program will help me get one step closer to this goal.

Nathan’s Personal Statement

My name is Nathan Bernal and I am a junior majoring in forensic science, minor in chemistry, at Baylor University. I am originally from San Antonio, Texas where I have lived my entire life. I enjoy playing and watching all sports and have participated in the intramural sports and the Baylor Club Baseball team here at Baylor University since my freshman year.

My past medical experience includes a program I was accepted into last summer in Houston, Texas, based out of Rice University and Baylor College of Medicine. I was also able to do an internship at the San Antonio Medical Examiners Office after my freshman year. Both of these experiences have given me a fairly solid foundation, thus far, for any sort of scientific-based field I hope to endeavor, which I will certainly build upon this coming summer through the MIRT program and everything it has to offer.

Linda’s Personal Statement

My name is Linda Paniagua and I am a senior at Brown University majoring in Community Health. In the fall of 2007 I will begin my first year at Brown Medical School. I grew up in Brownsville, in southern Texas. In my city, poverty is widespread and therefore there is substantial need for subsidized medical care. Growing up in these surroundings allowed me to develop a passion for helping people who struggle to obtain basic medical care. My ultimate goal is to work in an underserved area to help alleviate health care disparities. To do that, I intend to use both my knowledge of the workings of the public health system and my medical knowledge.

I am thankful I was given the opportunity to be part of the UW MIRT family and travel to Thailand to embark on this enriching journey. As a MIRT student I look forward to learning more about the social and cultural aspects of Thailand. After all, it is these factors that influence health by affecting exposure and vulnerability to disease, risk-taking behaviors, the effectiveness of health promotion efforts, and access to health care. In addition, I am looking forward to becoming close to the MIRT Thailand team in order to help contribute to the research that is being conducted with the ultimate goal of aiding this population.
I enjoyed sharing the results from our research in Punta Arenas, Chile with participants of the AAAS meeting. People were impressed with the findings of our study and agreed there was a need for understanding of the levels of depression in the parents of children with disabilities. A poster contest judge listened intently to my presentation, and later he shared that as a grandfather he could identify with our findings. Another participant, herself a parent of a child with disabilities, encouraged continued studies in understanding the prevalence and correlates of depression and depressive symptoms among family members and primary care providers for children with disabilities.

Overall I enjoyed sharing my research findings and stories of our work in Chile with others in the meeting. I am thankful for the opportunity to visit the beautiful city of San Francisco and words could not describe the amazing Westin St. Francis Hotel that we stayed in. MIRT was incredible for making this opportunity possible and guiding us in making it full circle from participating in designing an epidemiology project to presenting the findings with beautiful posters at such an interesting, well organized, and prestigious research meeting. Thank you so much!
From the view you’d never guess this was a hospital. Perched on a cliff overlooking a gorge with a vibrant river below, the setting seems better fit for a villa or mansion than a hospital. Somehow though, the serenity and tranquility that accompany the river seem almost medicinal, working in perfect harmony with the doctors and nurses within. I’m sure the patients like it too. Many of them come from rural areas where this type of scenic beauty is commonplace and sorely missed by the time they reach the busy capital city of Addis Ababa.

The women who come to this hospital migrate from all over the country. They are as diverse as the nation itself and bound together only by their poverty and acute medical condition. This hospital is no ordinary health center.Turning no one away, it solely serves the poorest of the poor, usually rural women who have been abandoned, abused, and shunned by friends, family, and strangers alike. Charging nothing, this hospital welcomes and treats women who have often become social outcasts in their own villages.

The women who come here suffer from child-birth related injuries called fistula. A fistula occurs from obstructed labor. Women who develop obstructions in the West generally have their baby removed with forceps or through a caesarian section, but if medical assistance is unattainable, as is the case in parts of Ethiopia, a woman may lie in terrible pain for days before the baby inside her dies and is finally expelled. As if the stillborn baby was not enough suffering, the pressure of the baby often cuts off the blood supply to the bladder. Soon the tissue between the bladder and vagina dies and a hole, or fistula, develops (in some cases there is also a hole in the rectum). Women who develop fistula are unable to hold urine (or feces if a hole is located in the rectum) and leak continuously through their vagina.

Fistulas are a result of a number of complicated factors relating to the scarcity of health centers, accessible roads, hospital equipment, and health professionals. Compound those factors with the treacherous terrain that exists throughout much of the country poverty-induced malnutrition followed by stunting and frequent child marriages and you have the milieu that fosters many thousands of fistulas (1200 operations per year; 200,000 cases diagnosed per year) in a country of 70 million people and climbing.

At the Fistula Hospital, women receive first-rate care provided by former fistula patients, doctors, midwives, and nurses. While the surgery to repair these injuries only takes a few moments, the gentle care and love patients are showered with lasts a lifetime. Women are given clean clothes so they can shed the urine-soaked garb that they probably arrived in; they receive regular meals (most also suffer from malnutrition); and most importantly, they find solace in a community that not only understands their pain but also helps guide them through it.

Here, it seemed as if women who were in misery could finally smile again.

The Fistula Foundation honored Oprah Winfrey for her role in raising awareness of the obstetric fistula issue with this new training and clinic building, “The Oprah Winfrey Center for the Women of Ethiopia.”
During our visit at the hospital, we were told several stories of women who had begged their way across the country to reach the hospital, sometimes taking years before they managed to muster enough bus fare to reach Addis Ababa. We saw young women who developed fistula at ages as young as 12 and saw older women who had been living with them most of their lives, before seeking care. We heard stories of abuse and neglect as well as those of hope and triumph.

At the end of the day, I too was hopeful. The effort put forth by the hospital, which works closely with the Federal Ministry of Health along with a host of NGOs and private institutions throughout the country, is encouraging. However, more must be done. The expansion of services cannot currently match the demand.

This public health problem, like most, can be prevented. And it is incumbent upon those of us with the wherewithal to assist in this endeavor. These women are mothers, sisters, grandmothers, and aunts who, prior to injuries, served as the backbone of their families. Assisting them impacts much more than one individual’s life; often times it can mean the difference for other family members who depend on them for their survival.

If you are interested in donating, please contact:
The Fistula Foundation
Ms. Kate Grant
1171 Homestead Road, #265
Santa Clara, CA 95050 USA
(408) 249-9596
kate@fistulafoundation.org
MEET SOME OF OUR PARTNERS

Bill McCarty, Ralph Munro, and Ezra Teshome

Denny Wilford in Uganda

Dr. Tadesse, Ezra Teshome, and Dave Weaver

Dr. Tadesse, Susan Morgensztern, and Friends
I participated in the MIRT program in 2001 and was placed in Harare, Zimbabwe. I conducted research at Southern Africa AIDS Information Dissemination Service (SAfAIDS) and examined and analyzed HIV/AIDS coverage by major Zimbabwean newspapers. The title of my research was "Analysis of Newspaper Coverage of the HIV/AIDS Epidemic in Zimbabwe". Being a part of MIRT was a wonderful and insightful experience. I am currently pursuing a Doctor of Public Health degree in Community Health and Prevention at Drexel University School of Public Health. The program is very rigorous but nonetheless very rewarding.

Being in the MIRT program helped me in my career goals in many ways. My participation in MIRT was my first exposure to research in an international setting. I was always interested in global health issues and sought an opportunity to further explore this. MIRT provided me an invaluable opportunity to be immersed in another culture and to gain valuable research skills.

Anuli, we are proud of you and we wish you all the best!

Let Us Know How You’re Doing

Do you have an update or new photo to share with us?

We would love to hear from you!

NAME:_______________________________________________________________

UPDATE:_____________________________________________________________

_______________________________________________________________________

E-mail Address:______________________________________________________

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

Visit Our Website

www.depts/washington.edu/mirt

He is considered by many to be one of the most important figures in the 20th century. He fought against global poverty, illness, and social injustice. As the first Director of WHO’s Special Program on AIDS (1986-1990), he pioneered an approach to AIDS that continues to shape public health policy today. Throughout his career, he focused public attention on the fact that prejudice and discrimination help drive the AIDS epidemic, and that discrimination against those at risk of infection fuels the epidemic further. History will especially remember him for bringing to the world’s attention the basic notion that improved health cannot be achieved without basic human rights, and that these rights are meaningless without adequate health.

(source: Global Health Council)

Who is this global health and human rights hero?
A special prize will be awarded to the first person providing the correct response. Send your response to mirt@u.washington.edu. **** Cheers!