MID-TRIP REFLECTIONS OF MIRT 2007 FELLOWS

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“Now I am beginning to understand that epidemiology in neglected communities can reveal the TRUTH about health/social/economic disparities and their effects. Doctors who treat illnesses and publish their answers to the “why” questions can provide global awareness, influence policy, and guide efforts to eliminate disease.” — Dale Terasaki, MIRT 2007 ETHIOPIA

“I realize that this MIRT experience has brought me opportunities of intense research and unique socio-cultural encounters.” — Krissett Loya, MIRT 2007 CHILE

“I am really enjoying learning about Peru’s culture, most of my time here has been spent studying reproductive health issues of relevance to Peruvian women.” — Natividad Chavez, MIRT 2007 PERU
I can hardly believe that it was a month ago that we started our summer here in Thailand. The days seem to have vanished into thin air, but we have all come a long way since that first rush of sights and sounds. Many wonderful things consumed our time here: visiting many places, eating tons, learning many things, and meeting the most amazing people.

Our first weeks here were intense, especially adjusting to Thai language classes. In the mornings, we would catch the “Sky train” to Union Language School, where we have been learning the basics of Thai language for the past three weeks. Our teacher, who we call “khru”, started off by teaching us the various Thai tones, consonants, and vowels. Since then we have tackled everything from numbers (which I love because they are so distinguishable from other words!) to time (which is more complicated than I would like). We have met a lot of interesting people at the language school as well. It’s such a diverse place, where people from all over the world come to learn: missionaries from US, Korea, Japan, and the Philippines just to name a few. During our breaks between sessions, we have been drinking the school’s 12-baht (about 34 cents) coffee and chatting with our new friends. It was also during breaks that Cherell and I discovered that we love the Bangkok Post! I never knew a newspaper could be so interesting. Its stories from around the world are a true reflection of how diverse Bangkok really is. There are people here from everywhere, vacationing, going to school, and working.

One thing that we quickly realized was that Thai people love their Royal family. King Bhumibol is the longest serving monarch in the world, and he and the Queen have developed many social and economic projects to help Thais all over the country. Portraits of the King and Queen can be found everywhere, and every Monday, people wear yellow shirts as a sign of respect for the King. It was a beautiful site to see the flood of yellow on the Sky train station on our first Monday here.

We have also visited some of the Royal family’s palaces. Our first visit was to Dusit Palace, which is still used occasionally for special events. First, we visited Vimanmek mansion, the beautiful teak wood mansion built by Kind Rama V. It was the first of many buildings where we had to take our shoes off to enter. As I stepped inside, the carpet felt thick and luxurious under my bare feet. The opulent furniture, floral drapes, and pieces of art were intricate and unique. As we walked through the halls, it was impressive to see part of the rich cultural heritage of Thailand.

King Rama the V also built Ananda Samakhom Throne Hall in the early 20th century. After studying in England, the King brought back western ideas and influence to Thailand. In the middle of Palace gardens, it was so strange to see a building that could easily have been built during the Renaissance in Italy. What makes the Hall unique, however, is the fact that while western influence is obvious in the white marble and Renaissance architect, details like a beautiful Buddha mural give tribute to the east. I was stunned by the regal feeling and attention to detail and wondered why such magnificent works of art don’t end up in our Art History books!

Another memorable trip was our visit to Kanchanaburi, where POWs were forced to build the now famous “Death Railway” under Japanese command during WWII. The bridge meant to link Thailand and Burma took thousands of soldiers’ and locals’ lives during its construction. A museum built to resemble a prisoners’ hut now tells the story. Old artifacts, newspaper clippings and artwork by surviving prisoners, conveyed the situation better than any words could have. A particular piece, named “Six Ways to Die” was especially memorable as it depicted the common painful ways of how many Dutch, American, and British soldiers died, such as starvation and disease.

Finally, my experience here would not amount to much without the people that I am spending it with. My roommates, Cherell and Linda, are crazy (in a great way!). They have made talking with strangers in the middle of the street, getting drenched in the rain – Thai style, and riding around in a taxi for two hours with a driver who didn’t know where he was going more fun than you can imagine. And our host family, well it would take an entire book to give them the credit and thanks that they deserve for giving us the best cultural experience I can imagine. The entire family has showered us with love, laughs, and FOOD! And we have learned two irrefutable things. One, “Mom”, with her wonderful spirit, is the best-connected lady in Thailand! Wherever we go, she knows someone! And two, if Mom wants to feed you, there is no force on earth that can stop the food from coming!
Hey everyone!!!!
I am reporting from Bangkok, Thailand. The city is amazing. For the most part we haven’t had any major problems. The weather isn’t being very nice to my hair, but other than that I won’t complain. The last three weeks have been a crash course in biostatistics and journal writing, but we all made it. With the help of Dr. Vitool and Dr. Williams we have completed our analyses and are in final stages of drafting our manuscripts.

This summer has been amazing. The trip has been great and filled with so many surprises and weekend adventures. On Saturday, July 28, I turned 21. When I first found out that I was going to spend my 21st birthday abroad, I was fairly sad, because a birthday in Thailand, away from my friends and family was not how I had imagined my birthday celebration. Between my roommates, Linda and Saji, and our host family, I felt right at home. My most memorable experience thus far in the trip was my birthday celebration. On Saturday we spent the whole day with our host family. It started at 7am with a 2 hour drive to the floating market. It was pretty neat to sit in a canoe style boat and travel up and down the river from canoe to canoe purchasing fresh fruits and souvenirs for our families back home. Once we left the floating market, we returned home and changed our clothes and headed for dinner. There I was surprised with a birthday cake, and many other embarrassing moments on the dance floor with Linda, Saji and our host mom “Mae”.

One weekend, we left Bangkok and spent the weekend resting in Kanchanaburi. Of course our host family had a full weekend planned for us. We had the opportunity to explore a cave, ride elephants and have lunch at a park that had a waterfall with seven levels. Saji, Linda, Pong (Pui’s brother), Matt (Dr. Vitool’s brother), and I climbed through rivers, over wooden bridges, and scaled rocks up the side of a mountain to reach the top level to this waterfall. After about 45 minutes, of climbing we reached the top. It was breathtaking, until it started pouring down raining after only 20 minutes. After taking several pictures and swimming with the fish we hiked back down to the bottom. After several falls, trips, slips, scraps, bruises and 1 and ½ hours we reached the bottom, alive and still breathing.

Thus far Thailand has been more than I could have ever imagined. The beautiful sights, wonderful rooms and the million and one dishes with rice and noodles, have been nothing short of amazing!!!!

Dr. Cynthia (right) with MIRT 2007 Thailand fellows
My MIRT experience in Thailand has been enriching both scholastically and personally. Dr. Williams and Dr. Lohsoonthorn have been exceptional mentors who have taught me skills that I will value for the rest of my career. My adoptive family has allowed me to experience Thai culture to the fullest in my first four weeks here.

I have gained appreciation of the beauty of epidemiology and public health through the intensive, one on one, statistics class. I have been analyzing and interpreting clinical data about measure of obesity in the Thai population. In addition to my increase knowledge of epidemiology and issues about obesity, the challenges of this project has allowed me to become a better writer and a more critical reader. Now I can proudly claim that I am able to read an article from the “American Journal of Epidemiology” and be able to understand 80% of it. This is a 50% increase of what I could understand prior to this MIRT experience! I hope that this experience of writing a manuscript will open many doors of opportunities for me to reach my lifelong aspiration of opening my own clinic to aid underserved people. This, my first, international experience has also promoted my personal interest to travel outside of the US.

I have been granted invaluable cultural and personal enrichments on this journey. The Thai language course that I am taking has allowed me to explore the Thai culture in depth and allowed me to cultivate stronger personal bonds. For instance, thanks to my language teacher, Khru Wantanee, I can now hold conversations in Thaiglish (Thai and English) with taxi drivers, waitresses, elephant trainers (I will come back to this), fruit vendors, international students and most importantly, with my adoptive Thai family. I have grown especially fond of Mae and Pui who have showed me the definition of a close family. My adoptive family has taken excellent care of us and made what could have been a great experience, to the greatest experience of my life! They have taken us around Thailand to explore and learn about the history, food and natural beauty that this country holds with pride.

One of the most memorable moments has been when we rode elephants in Kanchanaburi through the dense jungle and brown rivers. If this does not sound adventurous enough, I must add that we were allowed to “steer” the elephant under the elephant trainer’s supervision! I kept shouting “yut” (stop) as the elephant accelerated through the uneven trail, but clearly the elephant could not recognize my command due to my English accent. Yet another memorable adventure was when we climbed old wooden steps, jumped over boulders and plants, and walked through puddles of mud to reach the zenith of a beautiful, crystalline waterfall that invited us to swim alongside the sliver fish. The price to pay to reach this hidden paradise? A 45 minute climb wearing one dollar sandals!

I must not forget to mention the great friendships that I am cultivating with my two roommates, Saji and Cherell, who have shared days of frustration, sleepless nights, and joy with me. My experience would have not been as enjoyable as it has been if it weren’t for these two bright women.

Floating market at ancient village, Bangkok, Thailand
“Tenastalign” from Addis Ababa! Translated from Amharic: “May health be granted to you!” Ever since the day I arrived in Ethiopia, I have been struck by its vivid contrasts. The people, the sights, and the food are incredible; however I am surprised as I see modern, flashy shopping malls erected right next to dirt roads and lamb vendors. I try to take postcard-worthy photographs of historic churches and then look a little to my left to capture a shot of a tin shack on the sidewalk – artistic appeal of a different sort. And although Addis Ababa is much closer to the equator than Seattle, we’ve had chilly, rainy weather almost everyday!

Our “field-trips” have included the breath-taking historic ex-capital, Ankober, to observe field-data collection on trachoma and intestinal worms; the beautiful Fistula Hospital, a comprehensive beacon of hope for women with a terrible childbirth complication; and AHOPE Orphanage, where my group will return to volunteer in the coming weeks. These visits have been amazing. To highlight, the hospital we visited serves women who have suffered from a fistula, a childbirth-related tear in the tissue between the vagina and urethra, causing urine to leak out. Those bearing this physical burden are often stigmatized by their communities as well, forcing them to spend much of their time isolated and immobile. At the Fistula Hospital, these women and girls are not only surgically treated for their medical ailment, but are empowered through therapy and classes (literacy, agriculture, business, etc.) to live full and productive lives – and possibly even return to their homes to spread awareness about fistula prevention! Though I witnessed these tangible, wonderful examples the human spirit, I have also been faced with the reality that alleviating health/social problems requires a smart plan and great amounts of compassion, sacrifice, and resources.

An uncomfortable but unavoidable issue in Addis Ababa has been the presence of widespread homelessness/begging. I’ve heard a few opinions from locals. One acquaintance told me it is inherently separate from Ethiopian culture; it is just a byproduct of Western influence. A passerby on the street asserted his opinion: “[beggars] only want to steal from you… so do not to ‘hurt’ for them.” On one occasion Nathan and I (the “ferenj” - foreigners) invited a begging child to have lunch with us. As we ate, we were acutely aware of the looks we received, both from other customers and other beggars peering in. It was difficult to fully comprehend the cultural implications of that dynamic situation, not to mention the personal questions it raised for me. Were we being offensive? Did we have a real impact on the child? In any case, we left a big tip.

On a different note, a couple weeks ago my team met at Kaldi’s (Ethiopia’s version of Starbucks) with the district governor of Rotary International in East Africa, Dr. Tadesse Alemu. A man with remarkable professional titles (M.D., clinical epidemiologist, former head of Addis Ababa University Dept. of Community Medicine), Dr. Tadesse initially came across as a little intimidating. However, after a few sips of macchiato and some slow conversation about how Rotary’s polio efforts began in 1979 – not 1985 as some claim! – the atmosphere was much lighter. He told us directly, “Please let me know if there is anything at all that I can do to help you in your research.” I admire the refreshing sense of modesty in the Ethiopian academic environment. Our team has been told about how it is rooted in the culture to seldom mention one’s personal accomplishments and strengths. This is similar, I believe, to many cultures around the world but here in Ethiopia there is a rich friendliness that accompanies the down-to-earth attitude of important people. Professor Yemane and Dr. Tadesse have shared openly about their own lives and have seemed interested in ours as well.

I to r: Mr. Gelaye, Semret, Dr. Tadesse, Nathan, and Dale in front of Kaldi’s
Both the beginnings of my manuscript and the meeting with Dr. Tadesse gathered and aligned some of my perceptions of research and aspirations in a career. Until earlier this year, my idea of medical research was narrow. I would picture a white lab coat glued to a microscope, surrounded by petri dishes and pictures of sick people. Not that this image of research is uninteresting or unimportant, but there exists an entire world of investigation that seems to answer a completely different set of questions. Dr. Tadesse mentioned that in clinical epidemiology, curiosity is key. One of his examples was roughly: “Imagine you’re a doctor, and for some reason your patients have disease X only on Thursdays. Some may just treat them, but others would find out why Thursdays.” I had read in books like *Mountains Beyond Mountains* that physicians have significant voices for the poor and diseased, but this had seemed trite and ambiguous to me. Now I am beginning to understand that epidemiology in neglected communities can reveal the TRUTH about health/social/economic disparities and their effects. Doctors who treat illnesses and publish their answers to the “why” questions can provide global awareness, influence policy, and guide efforts to eliminate disease. I think I want a work like that to be a part of my life.

Our team has spent some quality time hanging out with various host family members. Whether we’re outside tossing the frisbee or inside playing their local kids game, “injera board”, it’s been an excellent forum for us to repeat, repeat, repeat some haphazard (terribly pronounced) Amharic phrases like “Autobizu metfono!” Translated: “The bus is bad!” Nathan and I decided to return the favor a bit. The host-family youths know English fairly well from school, so we shared a few phrases in Spanish. “Ho-lah! Adios! Sowey-day Itiopia.” Just imagine, a Japanese American and a Mexican American are teaching broken Spanish to Ethiopian girls, translating between English and Amharic! Amharic has definitely been a struggle, but it is worth it to share those brief moments of commonality with those we meet at work, at restaurants, and on the street corners.

Overall, the landscapes, the injera (primary carbohydrate), the choppy but welcoming conversations with locals, the struggle with how to respond to swarms of beggars, and the research at Addis Continental have all been meaningful. I am so thankful and fortunate to be here!
Selam Tenastilege! I've had the wonderful privilege of traveling to Ethiopia, a country where I've spent 10 years of my childhood. You see, I was born in California; and when I was 2, I moved back to Ethiopia and lived there with my grandparents until I returned to Seattle at the age of 14. Addis Ababa, Ethiopia's capital city, has changed so much. There are more roads, buildings, shopping malls and so many more city residents! Despite these impressive changes, poverty is still very much a problem; and the country's social and health infrastructure has yet developed adequately. Citizens of Ethiopia still lack access to clean water sources, waste disposal, schools and adequate city planning. Speaking of change, I've also noticed that the city now is home to many expatriates. “Ferenj”, the name given to foreigners, from Europe and Asia now populate Addis in large numbers. A Chinese road construction company which won an 8-year freeway construction contract is very visible in Ethiopia. Due to this more and more Chinese have made Addis Ababa their home.

My experience with the MIRT program has been incredible so far. Prior to this trip, I had only experienced Ethiopia as a child. As a child, all I knew to do was play with friends and go to school. This summer, however, I am able to return to Ethiopia as an adult tasked with learning about epidemiology and public health. I've also returned to Ethiopia as a member of a team of students and professionals dedicated to addressing global health disparities.

Our team had the opportunity to travel to Ankober, the old capital city of Ethiopia. You see, Ankober used to be the capital of King Menelik’s administration. Ankober is located about four hours drive north of Addis Ababa. The city has many cultural and historical values.

While visiting Ankober, we stayed in an old palace. The palace, which was renovated and fitted to be a guest lodge, is located on top of a mountain. We literally had to hike (a vertical hike!) for about 15-minute to get to our rooms. Once there, we could all understand the military/strategic considerations King Menelik and his team made in selecting the site. Ankober is a beautiful city. From the palace looking down, we saw small towns with lush green farmland, small huts and mountain ranges in every direction. We also saw cattle roaming around freely on grassy plains. At dusk the town is completely covered in the darkness. With no electricity, residents depend on lamp and candles for lighting. With no electricity in the community, however, all are able to see the stars clearly, covering every inch of the night’s sky.

While in Ankober, we joined a team of public health officers and investigators on their journey through the town. Visiting one hut at a time, the team examined children ranging from ages 1-9 years for trachoma and intestinal worm infections. The people of Ankober were extremely generous and incredibly hospitable. At each stop, we were invited into homes. All were either farmers or cattle owners. We were invited to visit a family’s compound which included a modest house and many fruit trees in their backyard. Fruit trees like avocado, papaya, mango, coffee, khat, onions, peach, apple, you name it! They gave us some avocado and when we got back to Addis, we made mixed fruit drinks that were fresh, tasty and 100% organic.
On the plane, we were able to fly over the Philadelphia and New York skyline at night, see the sun rising across the Atlantic Ocean, and had a chance to see the amazing size of the Sahara Desert. All along the way though I was distracted, I was coming to the realization that I was going to be away from home for almost 2 months. It’s not as if I was just going to be in another town, I was going to be in another country, half way around the world!

When I arrived, I was timid to say the least about having to try and live in this foreign place and adapt to their ways of life. I realized that I had been given a chance to live, learn, work and play in an entirely different country, Ethiopia, for two months. How lucky am I to have such an experience?

We were welcomed with open arms, not only by our host family, but also the people who we’re working with, and almost everyone we met. One thing I’ve grown to admire about Ethiopia is the kindness of the people and how, even in the most unpleasant situations, the peacefulness they’ll have. It is quit a contrast to the hectic, short tempered, rush of life back in the states.

During our first weekend, we traveled to Debre Birhan and Ankober to observe field research being done on the prevalence of intestinal worms and trachoma. Walking around with the researchers and doctors, we were able to witness the actual diagnosis of trachoma on the children and view under microscopes the intestinal worms affecting the population. It was pretty awesome seeing some of the knowledge that we gained in our Biology classes coming into practical use.

In addition, some of the places we’ve gotten the chance to visit have left a lasting impression on all of us.

The Fistula Hospital here in Addis brings to the table many stories of women whose lives have been completely changed for the better by the hard work and dedication of many supportive individuals. Women come here after having undergone a childbirth without the aid of healthcare professionals, and have developed a fistula because of their long and strenuous labor. This hospital provides not only the surgery to help the women, but also the physical therapy and job training skills needed to help turn their life around in their recovery process. Being able to witness this 180 degree transformation process first-hand was inspiring to say the least.

But the hospital was just the beginning. We were also lucky enough to visit and complete a service learning internship with AHOPE center: an orphanage developed to help the lives of orphaned, HIV+ children. With children from 2 months to 14 years of age, this sanctuary provides medical and social support that these children need to live full and productive lives.

We’ve had the chance to do great things on the first part of our trip, and it has allowed me to grow both academically and socially. I can only hope to get as much out of the rest of my stay here that I did in the first part. Ciao!
As I embraced myself to leave El Paso, Texas, “Sun City”, and enter into a life of cold days and even colder nights, I realized that my experience in Punta Arenas “bottom of the earth” would be one to remember. After being delayed in El Paso, and barely making my flight out of Santiago, I eagerly prepared to enter our designated destination of Punta Arenas, Chile. Unfortunately, Punta Arenas wasn’t ready for me, as we were visited by a snow storm and had to make a U-Turn into Argentina. We stayed there for a few hours, took pictures of the airport, and hopped back on to the plane. Finally: Punta Arenas, Chile! There was no better welcoming than the winter wonderland I had just walked into. What a beautiful sight! The excitement and curiosity built up inside of me, but nothing could have prepared me more for the days ahead.

My host mom, Sandra, lives two blocks away from the Straight of Magellan, a most magnificent body of water! Not only have I enjoyed her company, and that of her daughter Luna and her 6 month old puppy, but also I have had the opportunity to be immersed in different cultures. My host mom is Colombian and we are sharing a Chilean experience. We have spent many hours at night discussing her culture, the differences of her country and that of Chile’s, as well as her experiences as a Colombian in Punta Arenas. Unfortunately, her mother’s illness called her back to her country and I was welcomed ever so kindly by Sandra’s best friend and her family. For the past two weeks, I have spent every lunch and dinner with my Chilean family, studying their lifestyles, sharing stories, and interacting with their culture. It has been a beautiful experience. Their generous hearts have left me forever grateful.

In, “El Centro de Rehabilitacion”, we have completely engaged ourselves in our work. I have quickly learned to enter and analyze research data. My research project involves studying depression among caregivers of disabled children. I am currently completing my analysis and preparing to write my research paper. After putting in long hours of work, we have been able to present our findings at a local University, “Universidad Del Mar”.

Each day, as I work on my project, enjoy new experiences with my host family, and travel the roads of a city at the “bottom of the earth”, I realize that this MIRT experience has brought me opportunities of intense research and unique socio-cultural encounters. I look forward to the rest of my month, as I know that I still have much to learn of the beautiful Chilean culture and of myself.

“When it comes to global health, there is no ‘them’... only ‘us.’” — Global Health Council
In my project, Dr. Juan Carols and his team are trying to see if there is any correlation between breast feeding and bottle feeding with speech problems in children ages 3 to 5 years old. First they ask the parents to fill out a questionnaire about the child’s development and sucking habits. Then they ask the teacher to fill out a small questionnaire to see whether or not they think that child has a problem. Lastly, they evaluate the speech of the child with a test called TEPROSIF. One day while we were evaluating children, I ran across a little girl of 5 years old. This really was a precious little girl, long dark brown hair, gorgeous dark brown eyes, and nice golden colored skin. However, for many people this little girl was far from precious because of her disability. She was missing the lower part of her right arm. I have seen children in the past with amputated limbs, but this little girl was different. Unlike other children in her situation she carried herself with a certain confidence that I truly admired.

This little girl took control, she very subtly took the test booklet from me and insisted she could do it herself, so I let her. When it came time to turn the page, I tried to help and she said “No, I got it” and she did. She used her left hand to turn the page, and the stub of her right hand to lift the booklet to turn it over. Question after question, this little girl continued to amaze me. At the end of the evaluation, we gave her some stamps and sent her back to her class. I am glad I was able to meet this little girl. It made me think of the little things in life that other people, including myself do not appreciate. This experience also made me realize how much of an effect her parents and doctors can make by sharing lots of love and support. While working in a center of rehabilitation for disabled people, I am starting to see life in a whole new way. It is for this main reason that I grateful for this trip.

Peru is such a diverse country from its people to its landscapes. It is rich in history, culture, and traditions- as any Peruvian would be glad to tell you! The people here are very proud to belong to this country. I thought that it might be because their independence day has just passed or because Machu Picchu was just recently named one of the new world wonders. However, in my short time in Peru, I have learned that the national pride is apparent in all things, large and small, and in everyday events. I had the opportunity to travel to Piura, the home town of my mentor, Dr. Sixto Sanchez. I joined his sister Elena on a 13-hour bus ride. At the time I did not know I was so close to Ecuador. It was my first weekend here and I was introduced to the true culture of Peru; from traditional foods, the music which is just as diverse as the people, and traditional dances. I have tried the pisco, as well as chi cha morada, and algorribina, anticuchos, chifa, and am looking forward to trying many more local foods and beverages.

Although I am really enjoying learning about Peru’s culture, most of my time here has been spent studying reproductive health issues of relevance to Peruvian women. I am evaluating the relationship between vaginal washing and other risk factors associated with bacterial vaginosis. I have been working at the Centro de Salud in La Victoria, which is one of the oldest neighborhoods of Lima. I have also visited La Maternidad Hospital, an amazing hospital that primarily serves with low-income, pregnant women and their newborns. On average, the hospital delivers some 50-60 newborns daily! I have been really impressed by how smoothly the hospital functions with such a high volume of deliveries.

Before I leave Peru I hope to explore a few more places, if time permits. Cusco, Puno, and Iquitos are just a few sites on my list. I know I can’t leave Peru with out visiting the world famous Machu Picchu. I have really enjoyed my experience thus far. I am eagerly looking forward to the rest of my trip even though I have no idea what is in store for me.
A special thank you to all those who participated and helped us in making the 2007 UW MIRT orientation a great success!

**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: ______________________________________________________

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.
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.