"The truth about my experience is not an easy story of fun in the sun and tourist attractions. It is a story that juxtaposes struggle, sadness, injustice, power, privilege, hope, beauty, and humanity, which I believe is the best learning experience I could have ever asked for." — Jaimee Marsh, MIRT 2008 ETHIOPIA

“Now, I have found my hero and role model. Dr. Cynthia taught me that everything is possible. Even being a refugee with limited rights and no financial abilities cannot stop one from creating a place to save the lives of millions of innocent people.” — Elmera Peyman, MIRT 2008 THAILAND
“Reflecting Back”

My philosophy for traveling is to have no expectations – roll with the punches, accept what comes your way, and be open minded about everything. That being said, it is hard to go somewhere without some expectation of what it may be like. I read guidebooks, talked to friends, and looked on the Internet for anecdotes and visions of what Ethiopia would be like, but nothing could prepare me for what I actually saw, what I felt.

Ethiopia, the birthplace of humanity, has a raw and genuine quality about it. Nothing is really hidden; everything is open for everyone to see. The markets, the restaurants, the street corners – everything and everyone shares itself with others. This, I did not expect. Growing up in a country governed by more selfish notions, it is refreshing to be in a place where people welcome your differences, your interests, and your compassion.

This program focused on research, and I got much out of being able to go through the entire process of writing a scientific paper. For me, however, the greatest and perhaps most enlightening part of this trip were my cultural experiences, with Ethiopians and foreigners alike.

I struggled a lot with figuring out my intentions for wanting to serve abroad, and how those aligned with other peoples’ intentions. Every foreigner I passed on the street, in my mind, was disingenuous. Subconsciously I thought of myself as there for all the right reasons, ready and willing to help advance humanity single-handedly or with the help of only a few. Those I met from other countries just couldn’t cut it like I could – I was going to make a difference; they probably wouldn’t be able to. I struggled with the concept of “charitable racism” a lot as well.

I hate these thoughts, but perhaps on some level I have always had them. In some ways, I think everyone has. As soon as I realized these sentiments, however, I eagerly wanted to get rid of them. It has taken a lot of retrospection to be able to confront these feelings and though they have still not faded, they have diminished significantly. I owe Ethiopia for that. These days, much focus is on Africa and helping to bring the entire continent into the twenty-first century. It is only appropriate that it was in Africa that I realized what service meant to me.

To me, service is more than donating money or being a volunteer. It is more than holding charity benefits and running canned food drives. There is no doubt that all of these things fall under the umbrella of service, but they are part of a bigger mission. **The mission of service is to give to others something which they would not have had before; service is to do for others something they would not have been able to do for themselves; service is to equip others with the ability to break free of the need for service in the first place.** Service comes in all shapes, colors, and sizes. It comes in dollars and donated equipment, research and roadways, time and trials and tribulations alike. It comes from people from every corner of the Earth, of every skin color, every income level, every culture and every background – and that is okay. No one service provider is better than the next; no true, thoughtful service act can be deemed less worthy of another. This realization is my greatest reward from this experience. **The research I produced was not futile, it was not busy work – it will prompt further research that will lead to policy and institutional changes that will improve the quality of life. It is a small step to a long term goal with true benefits, and for this reason, I am proud to have been a part of it.**

My first voyage to Africa has reminded me that the world is vast but that its people are not all that different. There are so many people that really want to make a difference, both locally and globally. Foreigners pour into the country to offer their services, but Ethiopians too take the initiative to help their own. Public health institutes are created, children’s homes are established – everyone works together to bring about solutions. They do it because they are human – they care. It is human nature to want to live equally and in peace, but it is the nature of the world that such things are difficult and take time to attain.
I wanted this trip to further introduce me to the work of public health and so I sought to learn as much as possible about it while I was there. From library books, I learned a bit about older Ethiopian health systems and traditional medicine. I also discovered a great book published by the World Health Organization dealing with the concept of preventative medicine; something I have a great interest in but never knew was a real focus of an organization such as WHO. From things such as this, my whole world of possible careers and concentrations has been opened up and I was able to reaffirm that a consideration of public health will be in my future career goals.

Getting an introduction into the world of epidemiological research was also really amazing because I realize it’s the perfect field of research to bring change in the health field and in people’s living habits. I now know that epidemiological techniques can be applied to what I’d like to do within the field of medicine and that I truly enjoy it.

I think the most rewarding part of this experience for me was being able to work at the AHOPE orphanage. While we were only there a week, I believe we were able to make a positive impact on many of those children’s lives through simple ways such as coloring and playing with them. It’s often the small things that can make a huge impression on children. I know from my own life experiences that people can have an effect on your life even if they are in it only for the briefest of moments. I also believe that this experience working with the children was profound because it showed the power of medicine and medical research. The ARV’s that these children take save them from succumbing to things like the common cold. It gives them the chance to live and the chance to find a family that loves and cares for them. It’s amazing what modern medicine can accomplish and it makes me even more excited to get involved with it.

Overall, this MIRT experience was full of much more then I ever could have imagined. Getting the chance to live in a foreign country for two months has given me this whole new outlook on my life and the people around me. I’m now in love with public health research and even more so with traveling the world; I can’t wait to incorporate these experiences into my future.
Traveling to Ethiopia was a tremendously valuable learning experience for me, both academically and personally, perhaps more than words can describe at this point when I am still trying to re-adjust to my privileged life in America. Academically speaking, following the research process step by step while receiving constructive feedback from MIRT and ACIPH staff was an excellent overview of the research process. From evaluating previous studies in the same field to statistically analyzing and reporting data, I learned fundamental research skills that I am also able to apply to my ongoing research project for the McNair Program. Producing the final copy of my paper on sexual harassment and workplace abuse in the university setting and presenting to the staff at Addis Continental not only helped me refine my writing and public speaking skills, but also bolstered my confidence and enthusiasm to pursue research endeavors in the future. I am especially grateful for the opportunity to receive mentorship from staff at a premier public health institution in Africa—an experience which fortify my longstanding desire to pursue a career in global health.

Unlike the organized, step by step process of my research project, my personal experience was more dynamic. I was challenged outside my range of comfort more in Ethiopia than I had ever been in any other country, or had ever anticipated being on this trip. Luckily, I had traveled before and been challenged to think about who I am and what impact I want to have in the world before I arrived in Ethiopia, so life lessons I learned this time were reaffirmed rather than needing to cultivate my global and spiritual consciousness anew.

Before I left, I knew going to Ethiopia would be a challenge, but I was stunned by all the emotions that overwhelmed me as I saw men, women, and children struggling while I felt helpless and responsible at the same time. The poverty and the health issues seemed even more impossible to solve than any other developing country I ever visited. Ethiopians and Americans alike kept telling me that I can’t fix everything, as if somehow it wasn’t worth trying. “That’s just the way it is.” Many days my frustration kept me on the verge of tears. Other days, the tears flowed uncontrollably. As much as I tried to act as though I was tough and could handle everything around me, I am proud to say that I was angry, heartbroken, guilty, ashamed, and many more emotions beyond uncomfortable. I am not the kind of person who sees injustice and suffering and doesn’t say anything and doesn’t feel heartbroken. THE WAY THINGS ARE IS NOT GOOD ENOUGH! I knew my tears wouldn’t fix anything, and I realized that even the ability to complain is a privilege. Even now that I am home, I try to act as though everything is fine, and the situations I witnessed are not affecting me as deeply as they actually do. I fear that if I don’t act this way, I will burst into tears every time someone asked me about my trip.

One thing I did not expect to feel upon arriving was the disconnection I often felt with local Ethiopians. I befriend several Ethiopians who lived for some period of time in the United States, but I found that more often than not local Ethiopians were skeptical of our group and were not interested in building a friendship. On the other hand, I cannot blame locals for being skeptical of us because even I distrusted the foreigners from western countries I met in Ethiopia. The endless flow of missionaries and white families picking out children from AHOPE like puppies at a pet store and taking them to places with practically non-existent diversity (like Moscow, ID) engaged me to think critically about the complexities of helping/volunteerism and international adoption. I will never forget the feeling when the tour buses pulled up at the orphanage causing the atmosphere and the moods of the children to become solemn. Plus, after meeting an American who essentially told the staff at AHOPE how their work and traditions in the country were flawed, it seemed that “help” often felt more like cultural imperialism.
However, the relationships I formed with the host family, Bizu’s friends and family, and the Addis Continental staff replenished my spirit so that no matter how much I was angered by western privilege and struggled to break free of stereotypes, I know I can’t go the rest of my life without visiting the people who taught me so much about their country and about myself.

The best things I did for myself to make the most of this trip was keep an open mind and never assume that I had nothing to learn. I also reminded myself that no matter how upset I felt, my situation was temporary which meant I could never truly relate to the real problems faced by the people in Ethiopia. I engaged myself in learning about the history and the culture so that I was not merely experiencing Ethiopia from the outside looking in. As much as I loved the rich culture, food, and music, at times I became depressed about the seemingly hopeless social inequalities and economic disparities. But if I wasn’t able to keep my eyes and mind open, I never would have noticed that the people are full of strength and hope for change, and therefore I should be too. Although there were times when I broke down, I am armed with the truth and the privileges of a voice and resources, and my sense of personal responsibility is as strong as my sense of interconnectedness of humanity. So, in the end I realized areas in which I want to continue personal and spiritual growth so that I may become a well-rounded person able to make a meaningful contribution to international public health all while my values and ideas about the world in which I live were tested.

The truth about my experience is not an easy story of fun in the sun and tourist attractions. It is a story that juxtaposes struggle, sadness, injustice, power, privilege, hope, beauty, and humanity, which I believe is the best learning experience I could have ever asked for.

As a 2008 MIRT fellow, I encountered experiences that exceeded my expectations and gained skills and perspectives that will boost my effectiveness as a health worker abroad. On an academic level at Addis Continental Public Health Institute (ACPHI), I learned the tools to conduct a meaningful study and discovered the collaborative nature of research. On a personal level, I found an unexpected commonality to Ethiopia and gained personal connections that will undoubtedly impact my future.

My academic aim was to carry out all the tasks involved in writing a publishable research manuscript; given the time constraints of our fellowship, my expectations were far exceeded. We were able to master our analysis with SPSS and our understanding of the study design, draft a manuscript, find a solid footing within the literature regarding trachoma in Ethiopia and present our findings. Among the biggest challenges for me was presenting our study design and then our findings and considerations to the faculty at ACPHI. As a science major, I did not have much experience presenting my work throughout college, so I was surprised to enjoy the experience of sharing and defending our work. Although we were not able to participate in data collection, it was particularly gratifying to visit a latrine installation project at an elementary school in Angolela, Debere Birhan. This stressed the bridge between our observational research and an intervention based on research similar to ours to instigate a positive change in the community!

I appreciated the close mentoring by Bizu and the faculty at ACPHI who, from day one, were patient and receptive. By projecting openness and jumping at every opportunity, I was able to become particularly close with the staff and learned about both the challenges and beauty of life in Addis. In addition to my co fellows, these new friends made ACPHI a fun and exciting place to come to everyday!

I to r: Jaimee, Larissa, Sonya and Ilya in Felasha Village outside a synagogue, Gondar, Ethiopia
On a personal level, I was surprised to find the connections to my own Russian Jewish heritage in Ethiopia. In Axum, we visited Queen Sheba’s palace and the site of the Solomonic dynasty, said to be direct descendants from King Solomon. In Gondar, we visited a Falasha village where Ethiopian Jews who did not convert during the emergence of orthodox Christianity in Ethiopia settled before their recent mass emigration to Israel. Ironically the next day, I found out for the first time, Israel would prohibit further emigration for the remaining 8,000 Ethiopians. I gained a far greater understanding of the difficulties for the Ethiopian Jews I had met a year earlier when I was in Israel, given the historical circumstances both in Ethiopia and Israel alike. Furthermore, after visiting the spiritual monasteries in Lalibella and observing the traditions in Harar, I am inspired by the level of religious coexistence in Ethiopia and its integral part of national pride. There was also a lot of evidence of the cultural and historical ties between Russia and Ethiopia. I never expected that I would talk about the music and pop culture my parents grew up on so much in Ethiopia!

The most important element I can take away from these past two months is that I now have real vivid imagery and a personal connection with the public health issues I had only read about in class before. At AHOPE, we befriended children with limitless energy that you would never know were dependent on pediatric ARVs, funding and adoption policies (and religious “generosity”). We joined the child survival evaluation to find extremely hospitable families in relatively wealthy homes surrounded by lush green fields amidst concerns of intense child malnutrition. At the fistula hospital, they have found a way to treat a deeply social debilitating injury efficiently to cover the tens of thousands of rural women, a doubly neglected demographic. And Black Lion hospital, the main city hospital, we remember the number of children’s faces overcrowded in the pediatric in-patient ward that dominate over the deafening silence of the large, new endocrine ward, reflecting the disproportionate allocation of funds and the dominance of infectious disease in the country. Perhaps it is also because of the shortage of doctors, as we were told by the dean of the Gondar Medical School Dr. Assefa Getachew, where the graduates are leaving because of the rapid rise in cost of living relative to their salary and poor practice conditions to move abroad (to be the most generous gift as trained doctors at Ethiopia’s expense to the west?).

I’m sure that throughout my life I will continuously refer directly back to these experiences as references in my work internationally. Furthermore, this has created a deeper interaction between my academic ambitions and identity that will no doubt bring me back to Ethiopia after my studies and to the vast Ethiopian communities living abroad.

A particularly meaningful moment for me happened our last week in Addis. While I was walking from work for the last time to Meskel Square, I found myself surrounded by half a dozen children and elderly begging. Though this was a frequent encounter, something that did change while I was there was my initial reaction: indifference. After spending two months in Addis, I started to feel intimidated by the enormity and complexities of the roots of the intense poverty and inequalities particularly evident in the city and so my reaction became more passive. During my research, one of the papers on trachoma quoted “Of all the forms of inequality, injustice in health is the most shocking and the most inhumane” by Martin Luther King Jr. I continue to grapple with these complex issues as a “world citizen”, but I was reassured through the MIRT fellowship that by having the research tools and international experience, we can illuminate these “most shocking” inequalities and follow with a meaningful response, rather than being lost in passivity!
Many issues have been tackled and much progress has been made. Yet there are still unmet needs.

We visited a school for migrant children for sons and daughters of refugees. Outside the principal’s office, a group of high school students sat in white plastic chairs reviewing their English tests. We said “hi” and talked to them. They were very bright and studious, yet they were not sure if they would be attending college. They did not have enough money, nor did they have legal residence status in Thailand. Their hearts were in the right place, however, without support in the forms of scholarship and changes in immigration laws their hopes and dreams for higher education are dimmed.

I was disheartened. I strongly believe that young people are the key to a future of peace and social justice. The senseless agenda of the Burmese government to purge its own people has disrupted enough lives already. The violence has robbed people of their arms and legs. Children are robbed of their innocence and future. Families are robbed of their happiness and security. There is no semblance of what we would consider normalcy. Fear, distrust, and hardship have become an unfortunate reality that they are constantly battling.

The Mae Tao clinic is committed to addressing the needs of this displaced community. In 1989, Dr. Cynthia Maung and other Karen students opened the Mae Tao clinic in Mae Sot. Since its humble beginnings in a single building, the clinic now has many medical departments to provide diversified care.

We had the opportunity to volunteer in the clinic, and meet Dr. Cynthia, which were both great honors for us. The conflict in Burma is still ongoing, disrupting the livelihood of many generations of people. Like many who escaped, Dr. Cynthia did not expect to still be here. Despite the challenges, she remains unfazed and optimistic, yet realistic about the situation and ready to confront upcoming challenges the community faces. The clinic and other NGOs have proactively dealt with these issues head on, reaching out to one another and the community –both in Thailand and Burma. I admire the strength and courage of Dr. Cynthia and other humanitarians who are working hard to save lives and better others’ futures.
My experience in Thailand has been one of the most memorable and most enjoyable journeys of my life. Thailand is the first country I have ever visited outside of the United States and I am truly glad to say that I am happy this experience was through the MIRT Program.

Tears filled my eyes as I walked away from one of the best experiences of my life. There I was in Mae Sot, Thailand and it would be the last time I would ever see the faces of such gentle spirits as I walked away from the orphanage. The joy and happiness I felt during the days that we spent with the kids will always hold a special place in my heart. I was touched by the happiness we brought to the kids with our gifts and most of all, our time. Being in Mae Sot and spending time at the orphanage was the best week of my life!

Another one of my most memorable experiences while in Thailand has been visiting the Mae Tao Clinic in Mae Sot, Thailand. This wonderful clinic was started in the late 80s by a woman named Dr. Cynthia Maung. In a conversation with Dr. Cynthia, I remember asking her questions about her motivations for starting the clinic. As she answered my questions, I would sit there in amazement at all the wonderful things she has done to offer healthcare to everyone who travels to the clinic. Because she saw a need for healthcare, she created the Mae Tao Clinic, which is a place where service is refused to none and shelter is provided to all for as long as needed. What an amazing place! Through her amazing efforts and perseverance, thousands of people are able to gain access to healthcare at little or no cost.

After talking to Dr. Cynthia, we all volunteered in different departments of the clinic. I was fortunate to volunteer in the reproductive in-patient department for a few days where I was guided by the department chair.

I learned how to make records of women expecting to give birth that day and I also got to observe an actual birth! I never imagined that my first time seeing a birth would be in Thailand. I was so overjoyed and amazed by this experience. I can remember just standing there observing the head of the baby as it breeched into this world for the first time. Volunteers in the clinic had an opportunity to witness this miracle three to seven times a day. It is truly electrifying to get a chance to see something as wonderful as a live birth. Nothing will ever compare to the excitement and rush I felt from being in the presence of such greatness.

Overall, my experience this summer in Thailand has been filled with excitement, adventure, and self-discovery. This program has taught me to be more tolerant and flexible in the presence of new environments where I have to adapt to things that are different. I have learned how to be respectful of other culture’s food and lifestyles. Most of all, I have learned how to live and interact with a people that is unique and wonderful in so many ways.

“Our MIRT Program Hero”

Dr. Cynthia Maung

Dr. Cynthia Maung is a Karen refugee from Burma. She arrived on the Thai Burma border in 1988 together with thousands of Burmese students fleeing the crackdown of the Burmese military against demonstrations calling for democracy in Burma. Since that time she has established the Mae Sot clinic for migrants and internally displaced people from Burma. Her makeshift clinic had few supplies and less money. She improvised by sterilizing her few precious instruments in a rice cooker and solicited medicine and food from Catholic relief workers working in the area. Currently 200 - 400 people on average come to the clinic each day. The clinic has 5 physicians, and about 120 health workers and 40 support staff providing comprehensive health services. Dr. Cynthia often referred to as the Mother Theresa of Burma, has received many honors for her humanitarian work including the Jonathan Mann Award for Global Health and Human Rights, the John Humphrey Freedom Award, and the American Women’s Medical Association President’s Award.
The most rewarding aspect of my experience was visiting Mae Tao Clinic, a clinic that provides free health care to thousands of displaced Burmese refugees. This clinic is in one of the most beautiful cities (Mae Sot) of Northern Thailand. Its nature scenery is simply breathtaking. The Mae Tao clinic was founded and is directed by Dr. Cynthia Maung, who has won several awards including the Jonathan Mann Award for Global Health and Human Rights. It was during this visit that I had the honor to meet Dr. Cynthia and I had the opportunity to ask her the one question that I had in my mind for a while “How did this lady who herself was forced to flee her native country, Burma in 1988, started treating patients in a single building?”. She had no sterilized instruments, and thus was forced to boil them in a rice cooker. Her unbelievable work ethic and her positive attitude have saved millions of lives and inspired others to do the same thing. I could not imagine sitting in the same room with someone like her who has dedicated her life for the sake of humanity. From that little single building, Dr. Cynthia created a multi-facility clinic, now offering different services including outpatients treatment and minor surgical operations. Dr. Cynthia has created a clinic that not only treats patients, but also accommodates their families to stay with them. Dr. Cynthia also has expanded her clinic to train medics and backpack doctors so they can treat those who cannot cross the border into Thailand. Before my visit to Mea Tao, I also had a dream to start a free clinic for those less fortunate, but something in the back of my mind was telling me that, it was impossible. Now I have found my hero and role model, Dr. Cynthia Maung, I am more than ever committed to pursuing my goal of creating a free clinic. Dr. Cynthia taught me that everything is possible. Even being a refugee with limited rights and having no financial abilities can’t stop one from creating a place to save the lives of millions of innocent people.

―Maya Angelou

―Ralph Waldo Emerson
It has been a few weeks since I returned from Thailand, and as I reflect back on the experience I am impressed by the many things I was able to see and do and grateful for everything I learned. The single most experience that stands out in my mind from our time in Thailand is the week we spent in Mae Sot at the Mae Tao clinic and the orphanage. At the clinic I worked in the child outpatient department. This was a very busy and fast-paced department. My first day was a vaccination day and thirty children were vaccinated in a matter of about two hours. However, before we started our volunteering we were able to spend a number of hours speaking with Dr. Cynthia Maung who started the Mae Tao clinic. Dr. Cynthia is an unbelievably strong and amazing woman and it was such an honor that she took time out of her incredibly busy schedule to meet with us. Before coming to Mae Sot I knew some regarding the state of affairs in Burma from what I read in the newspaper and saw on TV, but being able to be at the clinic and talk Dr. Cynthia and the workers and other volunteers made the situation so much more real to me.

In addition to volunteering at the Mae Tao clinic we spent each afternoon in Mae Sot going over to the orphanage and playing with the children there. One of the highlights of this experience was when Mom had an ice-cream cart follow us to the orphanage and all the kids were able to have an ice-cream bar. The looks on their faces when they first saw the ice-cream cart were so ecstatic that I couldn’t help but smile with them. The generosity of Mom and the rest of our Thai family during the duration of our trip was so extraordinary. They definitely showed the five of us the true meaning of Thai hospitality. I cannot imagine our stay in Thailand without them, and I miss all of them greatly.

I am preparing to start my graduate studies in Epidemiology at the University of Washington in a little over a week and I know the MIRT program has helped prepare me for this experience. I now know the basics of SPSS, a program I’m sure I will encounter again in graduate school, and I am acquainted with the process of drafting a manuscript.

Drafting the manuscript (especially the conclusion) was a lot more difficult than I thought it would be, but Dr. Williams and Dr. Vitool helped me every step of the way and by the end of the summer I had a finished product that I am very proud of.

I would like to thank the MIRT program for this wonderful opportunity to not only learn the basics of Epidemiology, but learn about the Thai people and culture. This is an experience I could never have gotten through most summer research programs and I look forward to the time when I can return to Thailand.
I ate at a Thai restaurant on the University Avenue this past week, and as my check rang up, I started a conversation with the guy behind the counter... in Thai!

Now, perhaps needless to say, the conversation was rather short (my Thai is very basic!). But the thought of speaking Thai in Seattle puts a smile on my face. It reminds me of what I’ve seen this summer and who I’ve met. And it reminds me that I’ve taken a piece of it back with me. The UW MIRT program is unique in so many respects. It amazes me how one program can bring together such a diverse group of people to create this rich academic and cultural experience. I’ve met the most incredible people, and for that I’m very much indebted.

Some of my most memorable moments were spent in Bangkok with our Thai friends and family. I still remember watching Dr. Vitool perform at karaoke, meeting Khruu’s family and being reminded of my brothers back home, and translating American music for Pong and Lom in the car. I remember late nights in Dr. Williams’ hotel room and exploring daytime markets and side streets, learning how to bargain with the other fellows, my friends.

I spent two mornings at the child in-patient department of the Mae Tao Clinic, but in this short period of time I wanted to be able to connect with the people, and figure out what I could offer. The department itself was very well run, and the Karen Medics really impressed me with how much English they understood. The patients and their families spoke no English at all, and the only words I knew in Karen were chezu timade, thank you. Despite the obvious language barrier, we were still able to communicate and have a good time. Some of the kids and I used a marble to play soccer on the tiled floor. I was worried we might distract some of the other families, until I noticed that many of them were actually turning their rugs towards us. One of the mothers had taught her daughter to say hello in Thai, and the way she beamed as her child put her hands together to say sa-watdee kha was a sentiment of a proud mother that needed no translation.

In Cambodia I remember how surprised I was to see some of the children. When they were trying to sell souvenirs to tourists, they were working: serious, and sometimes very detached. The situation was uncomfortable, and it’d be hard to look any of these children in the eye. Yet perhaps what surprised me more was how positively some of them responded when I did make eye contact, and let them know I just wanted to talk. Even older vendors opened up after a little encouragement. Some of my favorite experiences came out of these unlikely situations, and I’m grateful for every chance I had to have a genuine conversation.

There were times I wished we could slow down and let everything soak in. The amount of diversity in this world is amazing, and to wrap my mind around it was physically exhausting at times. But despite the differences, I feel like this trip has reinforced our commonalities more than anything. After visiting a high school for Burmese refugees in Mae Sot, I was immediately reminded of the students that I work with back in Rainier Valley. When I heard about the various support services that the Mae Tao Clinic provides, several Clinics came to mind that have taken similar approaches in working with Seattle’s minority and underserved communities. On many occasions, it frustrated me to know how little I had to offer. But in the end, I suppose you can only really give of yourself. If nothing else, my experiences this summer helped reassure me of the power of a smile. And these are also the sorts of experiences that have challenged and will continue to challenge me to understand new situations and to find creative ways to
Traffic gets heavier upon approaching the Thai-Cambodian border, but not with the usual suspects. As foreigners line up and wait to get their passports checked, locals pull shoulder-high wooden carts freely back and forth across the border. The road is unpaved on the Cambodian side, and for the first few miles, shacks and old buildings line this semblance of a road. Occasionally, glass soda bottles are displayed on makeshift shelves by the street. The yellow-brown liquid inside: gasoline.

We first saw Cambodia through the windows of our van. The rhythm of our vehicle on the bumpy dirt road put us into a lull as rice paddies, green fields and pick-up truck taxis full of people sped by on the moving landscape. Our guide told us that the area was still being checked for landmines, that at this time next year, the road into Siem Reap would be paved all the way to the border. And one would be hard-pressed to say otherwise, as construction was already underway.

It’s hard to imagine Cambodia just a few decades ago. The Khmer Rouge was the ruling political party of Cambodia from 1975 to 1979, and it is estimated that 1.5 million people, or one-fifth of the country’s total population, died under this regime through execution, starvation, and forced labor. Our group visited a memorial that honored the victims of this massive self-genocide on the last day of our stay in Siem Reap. Although the Khmer Rouge was removed from power in 1979, it is evident that even 30 years later, the Cambodian people are still recovering from this tragic event in their history.

Cambodia is one of the poorest countries in Southeast Asia, and the tourism industry is the country’s second-largest source of revenue. Every time our van stopped at a heritage site, children (and on occasion, adults) would come to our door, postcards and trinkets in hand. When we stepped out, they’d follow us on foot. *Do you want to buy? Only one dollar...* Some children spoke detachedly, while others pleaded, tugging hard at our heartstrings. Ironic how well they spoke English, as this skill was borne first and foremost out of necessity.

Perhaps most curious was that some of them carried handwritten notes and drawings in their bags, presumably made to hand to tourists that they liked. Despite the forced maturity that many of these children outwardly displayed, they were invariably still kids – eager to please, hopeful and imaginative.

While touring the miniature red temple Banteay Srei, the sound of live music reached us from the edge of the bordering forest. Our guide explained to us how landmine victims learn to play music as an alternative means of generating income. In the last leg of our return trip to Thailand he noted that, because of what’s happened in Cambodia’s recent history, the country has had to grow up fast. But, he continued, its people know the value of life.
Annette Fitzpatrick, Ph.D., is a Research Associate Professor of Epidemiology and Global Health at the University of Washington (UW). Dr. Fitzpatrick has been a core faculty member of the MIRT Program for several years and offers a seminar to MIRT fellows each year introducing them to epidemiological concepts and data analyses. Dr. Fitzpatrick has worked in the field of epidemiologic research for over 17 years at the UW, initially as a Research Scientist for the Department of Biostatistics, and then as Research Faculty in the Department of Epidemiology. Her research interest includes studies of aging and chronic diseases; physical and cognitive functioning in the elderly, dementia including Alzheimer's disease and vascular dementia, health aging, and alternative and complementary approaches to health. Dr. Fitzpatrick is also the Project Director of Collaborative Health Studies Coordinating Center, a multi-site observational cohort study designed to assess risk factors for heart disease and stroke in the elderly.

What is Epidemiology for you?
Epidemiology is the field of study involving a set of tools and methods for conducting research. I like our field so much because we can apply these methods for designing and analyzing data to a number of different diseases and exposures. We have so much flexibility in what we choose to study.

Who is your role model?
There are so many strong women that I admire, especially those that dare to break-through into fields not traditionally open to women previously. Jane Goodall (who studies low-land gorillas in Africa) and Christine McAuliffe (teacher-astronaut who died on the Challenger) come to mind. But there are also local women here at UW that are great role models.

What job would you have chosen if you were not an Epidemiologist?
When I was young, I always envisioned myself as a physician working on the Good Ship Hope, which traveled to countries to provide healthcare. However, I also have wanted to be an artist/painter – but I think you need some talent to be successful in that field. Maybe I would write.

What in your life are you most proud of, and why?
That’s an easy one, I have two wonderful kids that continue to amaze me with all they are and do. I’m so happy to be their mom!

If it was possible, with whom would you like to change for one month?
Bill Gates.

What is your favorite music?
I’ve got pretty eclectic musical tastes but right now really like a duo called the Swell Season who were featured in the movie “Once” and a modern Celtic group out of Boston called the Drop Kick Murphys.

What is your favorite movie?
I like independent films a lot. Two of my favorite of all time films are “Monsoon Wedding” and a British one called “Truly Madly Deeply”.

What is your favorite Quote?
“If at first you don’t succeed, try try again”

What is something most people would be surprised to learn about you?
My husband is an Elvis impersonator.

What is your preferred menu?
I love all types of seafood. Plus lots and lots of garlic.

What are your hobbies?
I travel as much as possible, plus like to quilt, sew (especially Halloween costumes), and paint (although not particularly well).

Are you a 'morning' or 'night' person?
Definitely night, but find I write best early in the morning (after catching a few hours of sleep).

Where is your favorite place to travel to?
South and Southeast Asia, and South and Central America.

Which kind of sport do you mostly perform?
I prefer self-directed activities to team sports. I try to exercise every day. My husband and I do a fitness “boot camp” before work three days a week. And I like to hike and have done the Danskin triathlon for 6 years.

What would you change if you were a dictator for a day?
Try to help nations get along with each other. We are one world, all of us inter-connecting at many levels. The concept of independent self-interests at a national level no longer works.
Faculty Profile Continued

Which publication are you most proud of?
It hasn’t been published yet! I used a method called Photo-voice in which Asian immigrants (Chinese, Vietnamese and Korean) in Seattle used photography to communicate their perceptions of cardiovascular health to facilitate discussion on the topic. The resulting photographs were enlightening! I like projects where arts and sciences are used for a common purpose.

What is your favorite word?
YES

What is your least favorite word?
NO

What do you like most about Seattle?
The proximity of sea and mountains.

What do you like least about Seattle?
Lack of a good public transportation system.

What’s your best advice to students who want to succeed?
Be persistent. There are many paths to getting to where you want to be. Don’t give up and remember to “try try again”.

Spotlight on Faculty Visits

The MIRT Program hosted visits of faculty members from Chulalongkorn University, Thailand. Our faculty guests (pictured below) met with faculty and students across the UW campus including Dean Pat Wahl, former Ambassador Darryl Johnson, Dr. Scott Davis, and others to discuss opportunities for collaborative research and teaching.

Dr. Wiroj Jiamjarasrangsi is a Professor of Epidemiology and Assistant Dean for Health Promotion Affairs in the Faculty of Medicine, Chulalongkorn University.

The visitors have also attended a seminar organized by Dr. Annette Fitzpatrick at the Collaborative Health Studies Coordinating Center (CHSCC) in the department of Biostatistics. The seminar provided an opportunity to share expertise in Chronic Disease Epidemiology.

In July, Dr. Scott Davis, Chair and Professor of Epidemiology visited faculty members at the Chulalongkorn University to further discuss future collaborative research and training objectives.

Dr. Davis gave an invited lecture entitled “Shift Work as a Probable Carcinogen: Does Shift Work Really Increase Cancer?” to graduate students and faculty at the College of Public Health Sciences. Dr. Davis also reviewed the evidence and progression of shift work studies conducted in Seattle.

“We are expanding our collaborative programs aimed towards improving disease prevention and health promotion efforts in Thailand,” Dr. Michelle Williams said. “We are doing this while providing training opportunities for US and Thai students.”

On a related note, after successfully completing his doctoral studies at the UW, our own Dr. Vitool Lohsoonthorn, has returned to Chulalongkorn University where he is Assistant Professor of Preventive and Social Medicine, Faculty of Medicine. Congratulations and Best Wishes!!
MIRT Presentations

The MIRT Program director Dr. Michelle Williams, foreign faculty member Dr. Nona Dolidze, and program manager Mr. Bizu Gelaye presented four abstracts reporting results of collaborative cardiovascular research work in the 7th International Symposium on Multiple Risk Factors in Cardiovascular Diseases held in Venice (Lido) Italy in October 2008. These research projects are part of the field cardiovascular assessment conducted in Batumi, Republic of Georgia in August 2006. Abstracts reporting the findings are also published in the Journal of Clinical Lipidology.

Dr. Dolidze presenting at the meeting

Titles of presentations:

“Measures of Adiposity, Plasma Lipids and Biomarkers among Hypertensives in Georgia.”

“Association of Nitric Oxide with Components of Metabolic Syndrome among Outpatient Cardiovascular Patients in Georgia”

“Thyroid Stimulating Hormone and Components of Metabolic Syndrome among Outpatient Cardiovascular Patients”

“Prevalence of Metabolic Syndrome among Cardiology Patients in Batumi, Georgia”

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/ and click on 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.

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Fall Favorites

Wishing you and yours all the joys during this Holiday Season!