“If you are planning for a year, sow rice; if you are planning for a decade, plant trees; if you are planning for a lifetime, educate people.”— Chinese Proverb

**UW MIRT 2008 FELLOWS MID-TRIP REFECTIONS**

“Little by little, I hope to add to the endless list of those who try to make a difference. I am willing to break down my own barriers and those placed around me in order to give all that I possibly can – as a citizen of the world, I must.”__ Sonya Patel, MIRT 2008 ETHIOPIA

“I cannot possibly overstate the tremendous hospitality of our entire Thai family. They have so warmly brought us into their lives, defining again and again what it means to be family.”__ Rozanna Fang, MIRT 2008 THAILAND

“The work we are doing gives poverty a voice where otherwise it would exist in relative silence and invisibility.”__ Larissa Jones, MIRT 2008 ETHIOPIA

“Now I am more than ever committed to become a physician so that I can be part of the workforce that works to eliminate health and social disparities within my community locally and elsewhere globally.”__ Elmera Peyman, MIRT 2008 THAILAND

**Inside this SUMMER issue:**

- MIRT 2008 in THAILAND
- MIRT 2008 in ETHIOPIA
- FACULTY PROFILE
Thailand never ceases to amaze even though I have been here many times before with my parents who are Thai. Bangkok is a fast-paced city with modern conveniences yet at the same time rich with tradition. A mix of modern skyscrapers adorn Sathorn Road, which is located near the place where we are staying. Yet at the same time, you can find traditional Thai houses.

We take the BTS every morning to Rachathewi. From this stop, it is a short walk to the Union Language School. At the Union Language School, we have been immersed in Thai language course. I have been learning how to read and write in Thai with Khruu Banchop and Khruu Jarun. These lessons have helped me improve my ability to read, write, and speak in Thai. My family tells me that I do not sound completely like a Thai person when I speak. They will be surprised when I get back home because my ability to speak Thai has improved a lot. I pay more attention to the tones of words now than I did before, and that has helped me tremendously with my pronunciation.

We have epidemiology classes in the afternoon with Dr. Williams and Dr. Lohsoonthorn. We have had intensive epidemiology and biostatistics lessons that have taught us how to analyze and interpret data with critical eyes. They have helped us each step of the way. Without them, I would be lost.

Lastly, I would like to thank our host family for making us feel so welcome in Thailand. The cultural sites we have visited together have been wonderful experiences. During my stay in Bangkok, I have visited historical sites, such as the Grand Palace, Wat Arun, and Vimanmek palace. The Grand palace is very stunning. Inside the palace grounds is Wat Phra Kaew, a temple, which houses the Emerald Buddha. The Emerald Buddha is green just like its namesake, but it is not made from emerald. It is carved out of jade. The Emerald Buddha is very revered by Buddhists in Thailand. I, too, wear an amulet of the Emerald Buddha around my neck. We also visited Wat Arun. It was my first time there. To get to the top of the terrace, I overcame my fear of heights, and climbed the tower’s very steep stairs. The view from the top, however, was amazing and I felt I was on top of a giant mountain and was touching the sky. It was an amazing feeling to be able to look down at the city from that vantage point. No wonder Wat Arun means ‘Temple of the Dawn’ in Thai.

It is hard to believe that just four short weeks ago, I touched down in Bangkok, Thailand with seven weeks of adventure and discovery ahead of me. I am just a small-town girl from the South with limited experiences in traveling around the world. I can remember sitting in the MIRT Program orientation with everyone in the room and Prof. Jim Litch asked a question, “Which countries have you visited before?” I have never been outside of the country. For me, these past four weeks have been a blessing and a privilege.

It was here in Thailand that I was introduced to a new form of transportation. I had never been on a SkyTrain and the excitement I felt at trying something new was amazing. I took tons of pictures and I stared out the window in amazement as the SkyTrain drove us over the wonderful city of Bangkok. From that day forward, we would take the SkyTrain to Thai language class every weekday where we learned about the language of Thailand. I have never known anyone like our teacher, Khruu Nareboon. She is truly a unique character and the excitement she brings to learning a new language helps us enjoy not only the Thai language, but the Thai culture. Everyday after language class, we immerse ourselves in the world of Epidemiology and our projects.

On the weekends, we explore many new and different places around the city with our Thai family. When I first met the host family, I had no idea how great they would be to us. During our stay, they have truly made me feel at home and they have welcomed us with open arms to their culture and city. We had the opportunity to visit the Ancient City where we explored several different historical sites on bikes. While at Ancient City, we also visited several temples and buildings that displayed wonderful architecture. The buildings, the temples, and the sculptures were magnificent.
We were also fortunate to take a road trip to Cambodia. I was so excited because I would get a chance to go to two countries in one summer! Cambodia brought sadness to me when we first arrived because of the disparity of the people in the country. However, I allowed my sadness to be a motivation for the type of work I want to do in the future. While in Cambodia, we visited Angkor Wat and Angkor Thom. Today, these temples still hold the true beauty they possessed when they were constructed. The architecture and detail of the carvings on these temples are simply wonderful.

Over the past four weeks, my knowledge of a different culture and people has expanded. Never did I imagine that I would be going to a country so different from the United States. Since I have been here, I have enjoyed learning and studying a new language and culture. These past four weeks have been a great experience and I am eager and ready to see what the next three weeks have in store for me. I am excited and thankful for this experience!

“At times our own light goes out and is rekindled by a spark from another person. Each of us has cause to think with deep gratitude of those who have lighted the flame within us. To educate yourself for the feeling of gratitude means to take nothing for granted, but to always seek out and value the kind that will stand behind the action. Nothing that is done for you is a matter of course. Everything originates in a will for the good, which is directed at you. Train yourself never to put off the word or action for the expression of gratitude.” —Albert Schweitzer
Our trip to Cambodia was an enlightening experience for me. Cambodia was destroyed by a civil war during 1970s, and is now rebuilding. One image seared into my mind was of a little boy pulling a heavy, wooden cart from the Thai border into Cambodia. He was doing back-breaking manual labor to help his family survive. The children who sold souvenirs to tourists were very bright and speak English fluently, although they had only picked up the language from visitors. Some of these children do not have an opportunity to attend school, and I was deeply distressed by this. The more I think about those children the more aware I become of the disparity that exists around the world. Now, I am more than ever committed to become a physician so that I can be part of the work force that works to eliminate health and social disparities within my community locally and elsewhere globally.

Working on our projects, taking rigorous epidemiology classes taught by Dr. Williams and Dr. Vitool and writing our papers were challenging, but at the same time rewarding experiences.

Our MIRT Program in Thailand. In addition to our research project works, we were able to visit many amazing places in Thailand including: Ancient City, Grand Palace, Floating Market and Safari World. Ancient City is a park that is a microcosm of Thailand. Many historical buildings are reconstructed in a smaller scale inside the park. The Floating Village was my favorite exhibit. It represented how people lived in the past.

“Now, I am more than ever committed to become a physician so that I can be part of the work force that works to eliminate health and social disparities within my community locally and elsewhere globally.”

Elmera Peyman
Undergraduate, Eastern Washington U
MIRT site: THAILAND

In the past four weeks, I have had the privilege to be part of the MIRT Program in Thailand. In addition to our research project works, we were able to visit many amazing places in Thailand including: Ancient City, Grand Palace, Floating Market and Safari World. Ancient City is a park that is a microcosm of Thailand. Many historical buildings are reconstructed in a smaller scale inside the park. The Floating Village was my favorite exhibit. It represented how people lived in the past.

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Elmera, the birthday girl, sharing an ice-cream with her new friends in Mae Sot Orphanage

Reflecting pond at Angkor Wat, Cambodia
I’m finding it difficult to begin writing about my experiences here in Bangkok, but while I sit here speculating as to why this might be the case, hours slip by without so much as a backward glance. My brain’s kicked into high gear; for the past month, Thai language class, epidemiology and scientific paper-writing have been vying for my attention. When I allow my mind to wander, picturesque images of historic sites, bumbling conversations with street vendors, and fond memories of late-night dinners with our Thai family immediately fill the space, leaving me little room to process much else.

Bangkok is a sprawling city, and I’ll admit that after weeks here, it still seems like I’ve only just scratched the surface. I know how it feels to ride a **tuk tuk** from the local grocery store, to eat freshly cut pineapple on a muggy day, to open the door to the sound of the country’s national anthem over loudspeaker. I’ve been to local markets, and visited many of the city’s tourist hotspots. Though harder to come by, I’ve even been privileged enough to hear what some locals have to say about their country, their politics, their families. As an outsider looking in, I’ve come to treasure even the minutest connections that I’ve been able to make with people since my arrival.

Our trip to Siem Reap, Cambodia was without a doubt one of the most stirring experiences of my life. The historical sites in and around Siem Reap are nothing short of incredible. Each wat we visited made its singular character known. As we walked the long straight path into the entrance of Angkor Wat, it became readily apparent that we were in the wake of something truly majestic. Left to the whims of Nature Herself, exposed tree roots have weaved their way into the stone fabric of Ta Prohm. Kept in an unrestored state, this ruined temple is a testament to the persistence of time.

I’ve never been a morning person, but there are few people more motivating than Khruu Nareboon. With persistent energy and patience, she has led us steadily through the basics of Thai conversation. Likewise, Dr. Williams and Dr. Vitool have been instrumental in introducing us to a culture of epidemiology (which is itself almost another language in and of itself!). Finally, I cannot possibly overstate the tremendous hospitality of our entire Thai family. **They have so warmly brought us into their lives, defining again and again what it means to be family.**

The four weeks our group has spent in Thailand have been a whirlwind of activity. Our weekdays are filled with Thai language class in the morning and Epi class in the afternoon. Both of these classes have taught me a great deal and I feel very privileged that I have the opportunity to learn so much while I am here. Our Thai language teacher, Khruu Nareboon, has taught us many of the fundamentals of the Thai language and thanks to her we can now speak in Thai to taxi drivers, at restaurants, and when we are trying to bargain at the weekend market. Epidemiology class, lead by Dr. Williams and Dr. Lohsoonthorn, has been fast-paced introduction to the principles and methodologies of this science. Throughout this experience it is very exciting to watch all the hard work we are putting into our research pay off as our manuscripts steadily flesh out. I am entering the Epidemiology Department at the University of Washington this fall, and I know that everything I am learning here will be extremely useful in the future.

Our time in Thailand has not been all work, however. We have made many memorable trips and spent time with our host family, who are the most hospitable and generous people I have ever met. We have gotten to visit the very picturesque Ancient City, the Royal Palace, taken a boat tour on the river, done plenty of shopping, and so much more that I can’t possibly list everything. One of my favorite things that we have done thus far is spent one weekend in Cambodia. Cambodia is a very beautiful country, but poor and underdeveloped. It contrasted greatly with fast-paced, urban Bangkok. While in Cambodia we saw many ancient Hindu and Buddhist temples, the giant Tonle Sap Lake, and visited a memorial for the people who were killed under the Khmer Rouge regime from 1975-1979.

The month we have spent in Thailand has been an incomparable cultural experience. I am looking forward to our last few weeks in this country, particularly visiting the Mae Tao Clinic and orphanage. **I have taken so much away from this amazing country and its people, and I hope I will be able to give something back as well.**
While shadowing the interviewers, I gained tremendous respect for their diligence in following research procedures even when we had to drive miles over rough terrain to conduct the interviews according to protocol. At the same time we were seeing first-hand the health conditions in each Kebele, we also had rich cultural experiences thanks to the families who invited us into their homes and into their lives. My partner and I were taught how to make the traditional staple Injera, invited to sit among the men of the village, and took pictures with children who were eager to learn how to work a digital camera. Even families who did not have much food for themselves were willing to share their last bit of Buna with us. Although I am of mixed Black-American, Native-American, and German heritages, several people commented that I looked Habesha and that I should check my bloodlines! However, the most memorable comment of the day was from a woman who blessed us and our work, and shared her wish that our research would one day have a visible, positive impact on the people of Ethiopia.

I also learned about how health services are administered in addition to witnessing the drastic differences between the health care systems in Ethiopia and the US during our tour of the Hiwot Fana Hospital in Harar. When the doctor showed us the cabinet containing all the medicines for the hospitals patients, I quickly noticed that I brought more medications in my backpack for my personal use on the trip! The “24-hour reception” desk was abandoned due to limited staffing. The emergency, surgery, and maternal wards were all single rooms, which dramatically contrasts the medical centers in the US where these wards might be as big as some of the hospitals in Ethiopia! After the tour, I was amazed by what medical workers in Ethiopia can do with relatively limited resources. I had the same feeling about visiting the Fistula Hospital which provides high-quality care to some of the most disenfranchised women in the community while maintaining their dignity and providing them with hope and opportunities for the future.

In addition to refining my statistical analysis and research writing skills, I learned a great deal about public health field work during our trip to Harar where we observed researchers from ACIPH in their Enhanced Outreach Strategy effort. With a team of interviewers from a variety of backgrounds, the team set out to evaluate recent programs to combat vitamin A deficiency and intestinal worms, and to determine the level of caregivers’ knowledge about these health problems.
Lastly, it is hard for me to imagine how much I will grow or the range of emotions I will feel after spending the upcoming week at AHOPE (Africa HIV Orphans: Project Embrace). After one day, I already feel attached to so many of the children who almost instantly warmed up to us while playing soccer and jumping rope. The orphanage is another site in Ethiopia where great things happen with limited resources, and I am especially happy to see the love and attention that caretakers provide to the children as they strive to improve their quality of life and integration into the community.

The joyful spirits and the humbling living conditions without running water and electricity are just a few of the things I have witnessed that I will go forth and share in hopes of building stronger relationships and promoting work that will help improve people’s quality of life in the future. These experiences will always be with me, and so will the responsibility to use my privilege to give back to people who have shared their life stories, culture, and history with me. I have already seen the niches were I can make a difference, even among a few families, which is equally as important as the large-scale changes. Social problems seem less daunting when I can see the path to change one step at a time.

With an open heart and mind.

Living in Addis Ababa, Ethiopia has been the most fantastic experience of my life thus far. I would have never imagined that one could see and learn so much in such a short amount of time. We’ve only been here for about a month and I feel as if I’ve been here for nearly twice as long. The experience has been so multifaceted that it’s almost impossible to put into words. Addis is very much a place you must see and live in to truly know.

Our stay has also been filled with rich cultural experiences. Most of the people we’ve met have really reached out and tried to make Addis feel like home. They’ve received our questions and our often broken Amharic phrases with patience and a willingness to teach. Ethiopia has a diverse ethnic make-up and we’ve been lucky enough to experience this through a variety of avenues, especially travel and dance. Many national style restaurants have dance performances that showcase Ethiopian culture through a variety of traditional dances from different ethnicities. My favorite is by far the dance called the Tigrinya which involves the somewhat intricate and subtle movement of the shoulders and neck. It’s a bit difficult but always fun because it’s a group dance. We all end up looking a bit silly together. We’re getting better and better, by the time we leave we’ll be pros. Ethiopian food has also broadened my palette and raised my standards for a cup of coffee. It will be hard for me to return to Starbucks after this trip.

One of the best experiences thus far was receiving the honor of accompanying a team of public health surveyors to Harar, a city about 10 hours outside of the capital. It was amazing to see public health research in action. The team was conducting a survey to assess the UNICEF EOS program whose aim is to educate parents about their children’s health as well as to provide vaccinations and nutritional supplements. For two days we were able to shadow the teams as they went from house to house in a designated area. It was great to see how smoothly the process went; everyone was surprisingly cooperative. I felt that, had something like this been conducted in the United States, people would not have been so helpful. The people of Harar seemed to place a significant amount of trust in the public health workers to help their children which was wonderful to see. Through the weekend trip to Harar I felt like I was able to see this other, almost untouched, part of Ethiopia. Outside the city limits there’s gorgeous landscape and unexpected wildlife such as herds of camels and families of baboons. The lifestyle is completely different and many of the sights are so beautiful and surprising you feel as if you’re in a movie. Our trip to Harar was a great introduction to the many diverse areas that make up Ethiopia and I’m looking forward to seeing Axum and Lalibela some of the most holy places in Africa.

“In the process of our project, I’ve not only learned more about the details of trachoma but also about the state of public health and the healthcare system in Ethiopia.”
This is my first time in Africa and I am surprised by the differences as well as the similarities to my other overseas destinations. While this is not my first time in a developing country, I find the dichotomy within the city astounding. I’ve seen poverty before but never like this. The city is a juxtaposition of the riches of the West in the poverty of a developing country that prods you towards the realization of the realities of the world. There is no escape from the sight of poverty. When mothers with crying babies at their breast are tapping at your window, how could you forget? It seems to be something that the people here have learned to live with; it has melted into the landscape of the bustling city among the bright blue mini buses, coffee shops, and muddy streets. I don’t think it will ever become just another fixture of Addis for me, it’s too profound, it’s too real.

However, the sight of poverty and its seeming absorption into daily life is a constant reminder of why I’m here and why the work that we’re doing matters. The work we are doing gives poverty a voice where otherwise it would exist in relative silence and invisibility. Our research project focuses on the eye infection trachoma one of the leading infectious causes of blindness in the world. While it’s been nearly 100 years since developed countries have battled this disease, developing countries where poverty, insufficient access to clean water, sanitation facilities and health resources are continuing problems are still largely burdened with it. We work at Addis Continental Institute of Public Health which is one of the best places to be when learning about the public health research process. I get to sit next to some of the brightest minds in public health research in Addis and likely the whole of Ethiopia. The Institute is central to much of the public health training and research being conducted in Ethiopia and works in affiliation with a number of organizations and universities.

In the process of our project, I’ve not only learned more about the details of trachoma but also about the state of public health and the healthcare system in Ethiopia. It’s been extremely interesting to learn about the role of traditional medicine and the struggle of the current health system from the available literature and co-workers at the institute. This is my summer break but I honestly can’t wait to attend some of the classes that begin in August. I want to absorb as much knowledge as possible during my stay. In working at the Institute, I’ve also found it amazing how doctors and public health workers are able to overcome obstacles such as a severe lack of resources to continue to make change. It gives me hope that in my career I will be able to persevere no matter what roadblocks I find myself facing.

The greatest examples of how obstacles are overcome daily in Ethiopia are the Fistula Hospital and the AHOPE orphanage that we have had the opportunity to visit. The Fistula Hospital was founded in 1974 in response to the immense need in Ethiopia. The hospital runs exclusively on donations and treats all of its patients free of charge. It also provides support other than medical care such as supporting a woman for life who will never be well enough to return to her village. It was a beautiful hospital with a beautiful purpose.

Our week at AHOPE was amazing and fun. AHOPE is an orphanage for HIV positive children from days old to 15 years of age. Spending time with the kids was a welcome change from sitting at a desk all day. The orphanage gives a great temporary home to these children and for many, a permanent one in America or Spain. We got a chance to see children coming and leaving the orphanage. It is an interesting process that comes with difficult considerations. While all the children are positive, they are all bright and full of life.

This trip has been absolutely amazing thus far and I can’t wait to get to know Addis that much more. Everyday brings new discoveries and new lessons (such as new Amharic words!).

A scene in Lalibela
“In my mind”

To me, there is something strangely familiar about Ethiopia. The rain, the smells, the people, the food – all of it is reminiscent of a country I am oddly patriotic towards yet have only been to a few times: India. There is so much here that I love because I am reminded of my own heritage, but there is so much that reminds me of the inequalities faced by millions in the developing (and developed) world. It is the latter that brings me to the MIRT program, a chance to explore and research the issues that plague certain societies in hopes of contributing to a solution.

The disparities between the rich and poor here echo those that I have seen in previous travels and also at home. Next to a village that experiences power outages and low water pressure stands a fortress-like embassy, walled and isolated from the rest of society. Outside the touristy Limetree café, with its wireless internet and frappucinos, stand dozens of street beggars pleading for just one birr in change. There are places where the wealthy can escape the poor, cooped inside the four walls of a private compound or a swanky eatery, even in their cars, where the windows bar the voices of the needy from entering the ears of those who might ignore their cries anyway. It is hard to know what to do about situations like these. Do you give the man food or teach him to farm? Do you change one life or fix a broken system to change many more? How much can one person do to change societal inequalities that are deep-rooted and normalized?

In our stay here, we have come into contact with many foreigners, mainly Americans, who have come with similar intentions as we have: a desire to do something to change the inequalities we see. We have met missionaries, families who are looking to adopt children, and military personnel, all who have come with some objective higher than themselves. I have developed an odd God-complex, however, that I am struggling to get past. Part of me wishes to be the “better Good Samaritan” – I find myself judging the intentions of others who come for reasons that are beyond my comprehension. I have come for public health research – does that make me better than those who come for religious purposes? Those who come for security reasons? Those who come just to travel?

My complex has heightened in the past few days as we volunteer at AHOPE Children’s Home, a home for orphaned children who are living with HIV. The children are wonderful and bonding with them has been both rewarding and inspiring. Playing soccer and singing Indian songs has been one of the simplest but greatest pleasures of this entire trip. I tense up, however, when a white American couple comes to AHOPE with the prospects of adopting a child with HIV. My gut reaction is one of disdain; I cannot stand the window-shopping nature of picking a child to adopt. This sentiment is furthered by the Jolie-ignited adoption tourism that has become so rampant in recent years, making it a fad, almost a fashion statement, to adopt African children. Then, however, I remember that the lives of these children are bettered by their adoptions; they are moving into homes with adoring families that want and can provide for them and their special needs with love and attention. Even if some of them are adopting because of recent trends, does that negate the good they are doing by helping out a child in need? How do I even know their intentions? All my opinions are formed prematurely by having just seen the couples that come to AHOPE, with no real basis. After parading around as the best Good Samaritan around, am I not just perpetuating the stereotype I have imposed on others? Service and volunteerism as a fashion statement?

I hope that my intentions are more pure than that. I know that in my heart my desire is to make a significant change for the betterment of everyone, but I have realized that my internal struggle must first be overcome before I can give all that I have to offer.

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. Little by little, I hope to add to the endless list of those who try to make a difference. I am willing to break down my own barriers and those placed around me in order to give all that I possibly can – as a citizen of the world, I must.”
Selam! Aside from a few familiarities (shared Jewish history and Soviet influences scattered throughout the city), living in Addis has been unlike anywhere I have been before!

The first few weeks were spent adjusting to the distinct contrasts in the city: rapid, towering construction projects mirrored by homelessness and poverty, power cut street lights stand over the dark, bustling streets (something I am still getting used to!), warm, sunny weather quickly overtaken by thunderous clouds and massive hail.

After just a week working at the Addis Continental Institute of Public Health (ACIPH), the director and our program mentor Prof. Yeman Berhane invited us to join the institute’s evaluation of the UNICEF’s and Ministry of Health’s Enhanced Outreach Strategy (EOS) for child survival interventions in the Harar region. Since Ethiopia has the world’s sixth highest under 5 mortality rate and a history of food insecurity, we had the unique opportunity of observing highly coordinated efforts to take on one of the country’s biggest burdens. In accordance to the Millennium Development Goals, the EOS is mainly composed of nutrition surveillance, vitamin A supplementation, de-worming, measles vaccination and treating acute malnutrition. The trip also gave us the chance to visit one of the country’s most historically significant sites; the region where Haile Selassie began his political career to become the country’s most respected leader.

Despite sharing the front seat for ten hours (sorry Bizu I!), the road trip to Harar flew by. I was mesmerized by the diverse and breathtaking landscape that reflects Ethiopia’s agricultural foundation. This was best illustrated the main highway’s function as a public square, a market, a path for farmers to transport their equipment and produce, including goats, donkeys, camels, coal and khat, a playground and even an open space for hyenas and baboons! We had to blow the car horn for the majority of the way just to guide our way through this dense traffic.

When we arrived to gated city of Harar, the narrow, cobblestone streets reminding me of towns in Israel. We had chance to shadow the survey team one day in the city and the next in a rural kebele(villages); I was impressed by the close collaboration with community on the village (kebele), community (wereda) and regional ministry of health level, using pre existing channels to ensure sustainability and efficiency. Having participated in home visit interventions in Seattle, I was surprised by the very high participation rate and the receptiveness of the community. I was also surprised that the rural kebele seemed much wealthier, both in resources and in family and community relations, than its urban counterpart.

Is this rooted from the recent history of urbanization disrupting the agricultural tradition? Or is it because Khat leaves (a natural stimulant with amphetamine-like effects), are profitable cash crops locally grown in Harar? Khat was also a popular topic of conversation during the first few weeks. As a community that relies on the cash crop both economically and socially (the city literally slows down between Khat time in the early afternoon!), it poses a challenge to public health workers to serve the community in education and analysis of the adverse effects of this drug.

We also started volunteering at the AHOPE orphanage for HIV positive children. From a public health standpoint, it has been fascinating to see the results of the WHO three by five initiative that encouraged universal pediatric ARV treatment (largely funded by the Clinton Foundation and PEPFAR through the MOH) and the processes involved in adoption (only the US and Spain currently allow HIV+ adoption) all to ensure a productive quality of life. After only two days, I have been fueled by the children’s limitless energy and the compassion at the orphanage, although I need more practice playing football and marbles!

We’ve visited most of the major city landmarks soon after finding the major mini-bus stops and learning to say “we rage ale” (Stop!). Among the most memorable has been St. George’s cathedral, signifying many of the important elements of Ethiopian identity. Next to “the Piazza”, it was erected to commemorate the Battle of Adwa, where King Menelik believed St. George helped preserve the country’s independence from colonial rule. Inside the beautiful church, we saw a painting of the Virgin Mary holding the map of Ethiopia, collecting her tears. During the occupation of Italy from 1938-1941, Ethiopians prayed to the Virgin Mary for protection from the tyrannical, brutal rule of Mussolini (revenge from the defeat 40 years earlier). The painting also has Geez text, the linguistic roots of Amharic written over 1300 years ago in Northern Ethiopia and the language of Ethiopian Orthodox Church.
To the left of the painting was the coronation site of the national icon Haile Selassie, signifying the pride of his rule that was highlighted by African unity, building foreign relations and instilling royal pride dating from the Axumite blood line. This was powerful since all throughout the city, you can find reminders of Italian (pizza/macchiato/café culture/Italian pastries/Lados/the Mussolini built Piazza) and Soviet (academic training, Pushkin memorial!) influences yet every Ethiopian we’ve talked to is extremely proud of their common independent history reflected in the Church. I hope we have a chance to learn more about the Islamic history in Ethiopia, which makes up close to half the country’s faith.

I have enjoyed our time spent with the host family. With the older sons, we’ve talked late into the night about topics ranging from politics, the economic system of the minibuses, to which English Premiership football team is the best (Chelsea!). We’ve continued the 2007 MIRT fellows’ tradition of teaching Amharic for Spanish with the girls and weekly Kaldi’s ice cream runs (“yitafital” = tasty!) I’ve also had a great time learning dances from the Tigray region (frequent neck bobbing); I’m excited to continue practicing Amharic dancing, mostly isolated shoulder shaking, which has provided the other fellows a good laugh (alongside my Amharic mispronunciations!).

Participating in the MIRT program thus far has sparked questions and intense curiosity over the ethics and oversight of some of the systems in place, such as adoption policies and focused vertical programs over general infrastructural changes. Close work with our mentors at the institute and seeing the wide array of luxurious embassies and NGO offices shows the strong presence and amount of coloration, or lack thereof, in the donor community here. The continuous number of brand new Land Rover and Hummers also has me questioning whether money has been allocated to improve community health or to benefit their personal comfort of living.

The accessibility at the institute is amazing: having been able to observe a large scale intervention that works with multilateral organizations (UNICEF) to the local kebele leaders, returning to find all the related readings in the library and then being able to look up and ask the doctor across the room his research perspective and history (as authors cited in the readings themselves!) fuels further investigation and personal ties to the issue. For this I feel extremely grateful!

I’m excited to learn more about Ethiopian history when we travel to Axum and Lalibella in the coming weeks after we finish our manuscript on Trachoma in Northern Ethiopia...chaw!

Lalibela, one of 11 amazing churches carved from solid stone
Juan Carlos Velez Gonzalez, M.D., M.S. is the Medical Director of El Centro de Rehabilitacion Club de Leones “Cruz del Sur” in Punta Arenas. He received his MD from Pontificia Universidad Javeriana and a Master’s Degree in Hospital Mangement at La Escuela de Administracion de Negocios, both in Bogota, Columbia. After serving as attending physician at a Rehabilitation Clinic and Military Hospital in Bogota, he moved to Punta Arenas to become Medical Director of El Centro. A physiatrist by training, Dr. Velez is responsible for the oversight of all patients in terms of physical medicine and rehabilitation. He currently is an assistant professor at two local institutions of higher learning, Universidad de Magallanes and Universidad Del Mar, where he teaches courses in anatomy and physical therapy.

What is your preferred menu?
Empanadas (Latin-American rolls stuffed with meet, seafood, cheese or vegetables) they can be served with wine, natural juice or soda.

What are your hobbies?
Gardening and internet searches for the latest findings on technology and science.

Are you a ‘morning’ or ‘night’ person?
I can be both but I really need to sleep at least eight hours otherwise I have a low productivity.

Where is your favorite place to travel to?
I recommend Cartagena, Colombia. You’ll have good weather, music and a lot of history.

Which kind of sport do you mostly perform?
Trekking and cycling are my favorites.

What would you change if you were a dictator for a day?
I would prohibit plastic bags use, more than 500 billion of them are used every year across the world.

Which publication are you most proud of?
A paper I published when I was a Medical Student, it was published in the Medical Students Journal at our University and it was about an experiment of the effect of exercise on the immune system of mice.

What is your favorite/least favorite word?
Every word in every language has a very interesting origin (etymology) so I can’t think in favorite word and last favorite word but I don’t like the word “hate”.

What do you like most about Punta Arenas?
Peaceful life

What do you like least about Punta Arenas?
Wind

What’s your best advice to students who want to succeed?
You must seek for meaningful research and fellowship opportunities. You will never forget what you learn from a practical project you involved in. You will be very happy of contributing to world’s knowledge and you will get invaluable experiences like team work and self discipline that will make a difference in your work as well as personal life.
The selection committee are happy to announce the winners of the MIRT 2008 photo contest and to present you samples of their outstanding photos. Congratulations to the MIRT 2008 ETHIOPIA group. Please contact Mr. Bizu Gelaye to collect your prize.

**2008 Photo Contest Winners**

**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.

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Response to Spring Photo

Thank you for all who participated in the Spring Photo quiz. Those who provided the correct responses are: Swee May Cripe, Genevieve Hamilton, Steve Schwartz, Angie Buck and Fran Frazier.

Story: She was one of the world’s most important computer pioneers. She dedicated her career to developing what we consider as an everyday “must-have”.

She was known as a person of vision. While she was surrounded by people who would resist change by saying “but that’s how we have always done it”. She would persist, dedicating herself to demonstrating to others that different approaches were feasible. For example, she kept a clock that ran counter clockwise in her office. How is that for thinking outside the box!

Her creativity, perseverance, and unconventional style led to great achievements. A true pioneer, she helped to pave the way for modern computing. She also helped open doors for professional women everywhere. Her motto, "Dare and Do" are words to live by.

Courtesy: Heroism in Action

The name of this gifted pioneer is: Admiral Grace Hopper

The first two computer programs she helped implement are: COBAL and FORTRAN