Multidisciplinary International Research Training (MIRT) Program
Striving to Eliminate Health Disparities

“We can no longer separate global health from America’s health” —Secretary Kathleen Sebelius

MID-TRIP REFLECTIONS OF HSPH MIRT 2012 FELLOWS

As we continue to spend our days poring over contingency tables, logistic regression findings, ... I know how significant our work is. Our work represents the most beautiful type of collaboration: collaboration that bridges nations, transfers knowledge and skills, and improves our global audience’s confidence in the ability of developing countries to make valuable, powerful intellectual contributions to our collective knowledge-base.” —Hazar Khidir, MIRT 2012 Ethiopia

“I applied to become a MIRT fellow because of my passion to help the underserved, my love of traveling, and my drive to pursue public health research. This experience has already opened my eyes to future possibilities and there is really no way to put into words the impact that el Centro de Rehabilitación has on the community.” —Aline Souza, MIRT 2012 Chile

“Each woman has her own battle to fight and her own story to tell – and oftentimes these stories are only told in bits and pieces through stolen glances and subtle gestures. No number of episodes of the TV show “A Baby Story” could have prepared me for the things I would see in Lima’s maternity hospital.” —Claudia Martinez, MIRT 2012 Peru

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Yared looks at a Malaria slide on a microscope during a field visit of a rural health center in Bulbula, Ethiopia

Claudia and Raphaëlle along a river in Piura, Peru. Unsure of what animals they encounter in the marsh, they had a stick in hand for protection!
I remember sitting on a spring mattress in my uncle’s house in Khartoum, Sudan, packing shirts and skirts into my over-sized luggage as I tried to mentally prepare myself for my one and half hour flight to Addis Ababa, the capital city of Ethiopia. As it was almost 50°C and I could feel myself sweating despite having just showered for the second time that day, I mostly thought of how relieving the 21°C temps and “long rains” would be after 3 weeks of desert climate. I remember also thinking: It’ll be a lot like Sudan. Prepare to see poverty and all the tell-tale signs of the developing third world: need, struggle and longing.

Now that I’ve breathed Addis, tasted Addis, and truly lived in Addis for four wonderful weeks, I think back to those expectations and see how they fell short. Yes, the weather and poverty predictions were right; there certainly is poverty in both rural and urban areas. Ethiopia, however, is more than just poverty, that underestimating and devaluing stereotype that so many tend to impose upon it. Ethiopia possesses an unbelievably deep history, a rich and attractive culture, and so many different kinds of people that it resists generalizations.

Visiting the extraordinary stelaes of Axum and the architectural wonders of Lalibela’s eleven holy churches, we’ve learned a great deal about both Ethiopia’s history and ethnic diversity, and we’ve met people from all walks of life in Addis Ababa.

Addis Ababa really is a new flower. Still in bloom but beautiful and promising, I consider it a symbol of hope for the rest of Ethiopia and the rest of east Africa for that matter (And I’m not the only one as we’ve seen that the UN-Economic Commission of Africa and African Union chose to make Addis their headquarters and Western companies are beginning to establish their businesses here). Walking along busy streets, I can feel an anxiousness and eagerness to expand, to make nicer, to develop in the air. On more than one occasion, I’ve heard many astonished ex-patriots exclaim excitedly at how quickly change has come upon this city. And, as an African, I can’t help but admire Addis’ newly-born tall buildings, highways and overpasses, and think: Why doesn’t Sudan have nice roads like these? Why aren’t there as many tall buildings in Khartoum? Why didn’t I see as many tourists from all over the world there?

Though being in Addis reminds me of the distance my own country still has to travel in reaching a modern, efficient, and globally competitive society, it makes me realize that such a society is inevitable and very imminent for my nation and all of Africa.
ACIPH (Addis Continental Institute of Public Health) is also a new flower to me. We arrived in Addis just as ACIPH was making their big, exciting move from their old office to a new, impressive, beautiful office in an emerging area of Addis. The move means a lot; most significantly, it means ACIPH—now equipped with more offices, a library, and larger lecture halls—has a greater capacity to make a difference. We had the privilege of witnessing one such campaign in visiting a data collection site for a malaria prevalence study currently being conducted throughout the country. Walking though the rooms of the rural health clinic that served as a data collection site and seeing the very apparent absence of standard equipment and modern technology makes it more clear than ever how vital ACIPH’s work is. And now as we continue to spend our days poring over contingency tables, logistic regression findings, and many different word documents that contain the pieces of our burgeoning manuscript; I know how significant our work is. Our work represents the most beautiful type of collaboration: collaboration that bridges nations, transfers knowledge and skills, and improves our global audience’s confidence in the ability of developing countries to make valuable, powerful intellectual contributions to our collective knowledge-base. I feel extremely honored to be a part of such a collaboration. So, in the next half of this trip I’ve vowed to put in all I have to our work so that we can make all of those who are a part of this project proud. I’ve committed myself to taking in as much of Addis as possible which means resisting the urge to sit on the couch and watch television after work and choosing to explore the city with some new and old friends. Knowing that we still have so many enriching experiences ahead of us here, I am extremely excited and grateful for my time here. Most of all, I look forward to making a positive impact on the lives of AHOPE’s HIV-positive children.
As soon as I found out that I would be spending the summer in Addis Ababa, I began counting down the days. Ethiopia is more than I could have ever imagined. It is impossible to emphasize how grateful I am to have the opportunity to experience such a rich culture while also expanding my knowledge of public health research. I have already had so many new experiences, and cannot wait for what is yet to come!

During the first few weeks, we were able to complete our statistical analysis fairly quickly, allowing us to travel to Axum and Lalibela early. The cactus fruit left my mouth watering and the monolithic churches transported me back in time. Both of these places are filled with so much history, I found myself excited when imagining what it would have been like to live alongside Queen Sheba and amazed when considering the skill and minds necessary to create the steles and churches from single rocks.

After returning from our travels, we settled into an office in the Institute’s new home, far from the city’s center and in a mostly residential neighborhood where businesses and schools are quickly being established.

Dr. Yemane, whose kindness and generosity I found uplifting, showed us around the new break room and kitchen, library, lecture halls and department offices. He seems excited about the direction ACIPH is heading in since its establishment five years ago.

With most conversations that I have had here, my eyes are opened wider to the importance of public health research. What I love most about this field is how it marries a variety of perspectives and disciplines so well to promote the health of entire communities. Whether it be law and policy, biology or behavior, or whatever else, public health is interdisciplinary and I believe that is what makes its efforts successful. I felt this in action when we visited a rural health center in Bulbula and a health extension worker in a nearby kebele, we were able to see the different ways they are still able to promote health with limited funding and resources.

Bizu, whose presence has been essential to our experience here in Ethiopia, has recently returned to the States. During his time here, he introduced us to ambo, tej, traditional eskista dancing, and the popular reggae singer Jah Lude (by mistake)—oh and, of course, how to put a manuscript together the right way. Having had little experience in the exciting world of epidemiology, Bizu has brought new approaches and perspectives to my attention and given me a greater appreciation for the research process.

We have recently been joined by Dr. Mahlet Tadesse, and she has continued our learning process by showing us the best ways to convey the implications of our data and how to identify points worthy of mentioning in our discussion. I honestly cannot imagine better mentors, it feels reassuring to have such people advocating for and believing in me.
Sheila’s Reflection (cont’d)

My experience with MIRT Ethiopia has already been packed with exciting experiences and valuable knowledge. Still to come are our final presentations at ACIPH and our time with the HIV/AIDS positive children at AHOPE Ethiopia. Being in Ethiopia has flooded my mind with many thoughts and emotions, forcing me to analyze my privilege as an American citizen and seriously consider how to use it in a way to create a more positive interaction in the global community. Even with a few weeks left, I know that when I return to North Carolina, I will return more motivated to do everything I am capable of to ensure the meaningfulness of my career goals and to use the skills that I have gained to add in anyway possible to the success of potential solutions to the health and social justice issues facing current and future generations.

Gardenia’s Mid-trip Reflection

From the very beginning of my trip, Ethiopia has been an eye opening experience that has taken me completely out of my comfort zone, and it hasn’t failed to do so until now. My mentor Bizu said over dinner one day, “Being out of your comfort zone makes you see things that otherwise you wouldn’t see, experience, or understand”. With opportunity for adventure in hand, lost malaria pills, a heavy luggage with clothes for my 8 weeks stay in Ethiopia and lots of energy, I was ready to immerse myself in my present learning experience opportunity.

The beginning of my MIRT fellowship inaugurated a period of great growth and learning for me. Part of my experience with MIRT involved living with a host family, traveling to surrounding areas near Addis Ababa (the capital of Ethiopia) including Lalibela, Axum and Hawassa, working on a service learning project at an orphanage with HIV positive children, AHOPE, and of course, learning statistics through the process of writing a research manuscript at the Addis Continental Institute of Public Health over the course of two months.

“Our words reveal our thoughts;
our manners mirror our self-esteem;
our actions reflect our character;
our habits predict the future.” —William Arther Ward
For two months I had the most wonderful fortune of being mentored with some of the world’s best leaders in the field of public health and to collaborate and learn with MIRT students who will become future health leaders. I couldn’t be more thankful for the mentorship I have been receiving throughout the program so far. I began my fellowship insecure with myself for the mere fact of not having any previous experience in statistics or epidemiology. My only solution was to try to understand the task at hand by asking many questions, starting from the very basic of epidemiology. I am very thankful for the challenge and patience that my mentor Bizu Gelaye, Dr. Mahlet Tadesse, and my MIRT fellows, Hazar, Sheila, and Yared are providing me that has allowed me to understand and complete my research manuscript as well as further understand the impact that research can have on the lives of the individuals that are most marginalized.

Most importantly, my experience in Ethiopia has been about understanding the despairs, the struggles, and the triumphs of the less fortunate. I traveled with Yared, Hazar, Sheila and my mentor to northern Ethiopia, to visit Axum and Lalibela. Both towns were amazing and had tons of Ethiopian history that has been discovered but more that is still being discovered. The town I found most amazing was Lalibela. Lalibela is filled with massive carved stone churches. Many devout Christians of the Ethiopian Orthodox Church consider this area particularly sacred, while making it a major pilgrimage destination several times a year. While walking around the churches, beggars and residents of the area follow the “ferenji” (word meaning “foreigner” in Amharic) in hope of selling crosses that you can take home as souvenirs. On one occasion, a young handicapped man offered my friend Hazar crosses for her to buy.

We quickly said no, having bought ten crosses from others already, but she pulled out money to give to him regardless. He was not begging and refused to accept her money without an exchange, it was such a humbling experience to realize that as Americans we feel the need to help and think that giving people money will solve issues. We forget that they are humans and have a sense of dignity that empowers them to reject charity money no matter their circumstances. Yet again, the only way that I can make the biggest contribution to them is not by giving them money, but by continuing to become the best educated person I can be in order to have the tools to make bigger changes in the lives of underserved individuals.

Being in Ethiopia, I’ve acknowledged how lucky I am to have the opportunity to pursue an education. One young boy, Johannes, a shoe shiner told us he had the dream of one day becoming a doctor. That dream will not become a reality for many children because of the high cost of education. For many poor Ethiopians, immigrating to America is the road to opportunity and prosperity. Like in the book written by Alfredo Quinonez, “Dr. Q” said, “While America carries a history of discrimination against immigrants and people of color; it remains the only place in the world where stories of success can unfold”. Thus, taking away boundaries, culture, ethnicity, language we are all more alike than we tend to acknowledge. We are human beings with hopes and aspirations for a better future but we need to move towards creating a society where we all have the opportunity for education, for health care, and the opportunity to not only dream, but see those dreams unfold.

Again, thank you to the MIRT program for its mentorship and learning experience so far. I am really excited for the journey ahead as I know I this experience will make me the person and leader I wish to become in the future and the individual our communities need.
It has been around 9 years since I left my native land Ethiopia. When the HSPH MIRT program provided me with once in a lifetime opportunity to go back as a research fellow— I was unsure of whether I would find a better country or worse. Most people in the states who left the country many years ago have dreadful images of drought and famine. This is one big misconception as it is a productive country, and even though it cannot be compared to the US; it is far better than what it used to be. I was very eager to get there and explore the numerous towns and cities, and I made plenty of observation.

We are stationed in the capital city—Addis Ababa which has been totally transformed over the decade as evidenced by advanced infrastructure through numerous new and improved buildings, restaurants, supermarkets, as well as roads. Just like many developing countries, the gap between the rich and the poor was evidently enormous. During our first couple of weeks we learned a great deal of Ethiopian history and had a chance to visit the Ethiopian Studies museum which included visiting Emperor Haile Selassie’s bedroom!

Our main task has been conducting epidemiology and biostatistics analysis. Sheila and I are working on a project that evaluates sleep quality among Ethiopian college students. I have been using SPSS software for data analysis, and through tireless support by our mentors Mr. Bizu and Dr. Mahlet, I can comfortably conduct a basic epidemiologic data analysis.

Our trip to the North (Axum and Lalibela) was enriching. Axum used to the the country’s capital and center of civilization from around 400BC into the 10th century. Visiting the beautiful tall obelisks was amazing. We also visited Lalibela which should be considered as one of the wonders of the world! The monolithic (carved from one stone) churches were built in the 12th century by King Lalibela to avoid the long pilgrimage to Jerusalem. We also had an opportunity to hike and visit St. Mary monastery, which is 3400 meters, which took us 2 hours to go up! The beautiful scene was so rewarding.

We also had a chance to join research team members at ACIPH in their malaria research site in southern Ethiopia in a place called Bulbula. In Bulbula, we visited rural health posts and health centers where poor infrastructure was evident. The health care providers (mostly nurses and health extension workers) had very few medical equipment and medical supplies but their passion and commitment to serve their community was energizing.

Our visit to the Fistula Hospital and AHOPE were also eye opening. The Fistula Hospital gives hope, dignity and meaning to life for so many women around the country. In the next few days, we will start our service learning experience at AHOPE that provides full support to children who are HIV AIDS orphans.

I am grateful to the HSPH MIRT program for this wonderful opportunity, and it is my hope that one day I will able to make a difference in the world by improving poor infrastructure particularly in rural areas.
I arrived in Punta Arenas after a 30 hour trip without any expectations and with one word in mind, adventure. That is how I would describe my experience in Patagonia so far. I was immediately amazed by the breathtaking mountain views, the crisp air, and how this city at the end of the world bustles with excitement. The warm welcome Sam and I received from our host family truly represents how kind all Chileans are. In a few short weeks, we have become a part of their family attending a variety of birthday parties and enjoying homemade empanadas often. Here family is of utmost importance and the house is always full of laughter and music. The best part has been sharing our two cultures. I have been educated on the many Chilenismos that exist and improved my Spanish, while they have learned what the United States is like.

I applied to become a MIRT fellow because of my passion to help the underserved, my love of traveling, and my drive to pursue public health research. This experience has already opened my eyes to future possibilities and there is really no way to put into words the impact that el Centro de Rehabilitación has on the community.

It provides children and adults with special needs a place to get an education, therapy, and support. The dedication that Dr. Juan Carlos Velez and his wife, Dr. Clarita Barbosa, have to the center gives me faith in humanity and having the opportunity to work there is incredible. I have enjoyed the duality of my position at the center. Most of the time, I am a researcher. I have spent countless hours reading and summarizing journal articles on sleep quality in college students, mastered SPSS (after several failed attempts), analyzed the data collected from four local universities, and started putting my poster board together! Annette (Dr. Annette Fitzpatrick from the UW) has been a fantastic mentor and has taught me how to interpret our results so that in the next month, I can write my research paper.
Aline’s Mid-trip Reflection

The rest of the time, I assist with the numerous therapies they offer at el Centro de Rehabilitación. I love working with the children whether it is helping them pronounce words correctly, guiding them through obstacle courses to improve cognitive functioning, or doing physical exercise to combat child obesity. I take advantage of the time I spend with the specialists who work at the center by asking them questions and learning more about their fields. My favorite experience so far was when I recently went to observe Equestrian Therapy. The mother of one of the little girls was too afraid to ride the horse with her daughter so I spent the entire session riding the horse with Martina. I was amazed at the immediate connection she made with the animal ten times her size and how comfortable she was. Afterwards, I understood better how important it is for children like Martina to have that kind of experience simply because it makes them happy. Every day since I have arrived in Punta Arenas has been different and exciting!

After work, Sam and I take a colectivo (a shared taxi) to the mall where there is a grocery store, several shops, and the gym we have been going to. Joining the gym was one of the best things we could have done because we have met so many people! That is something else that I love about Punta Arenas. Everyone knows everyone and it is a place where your whole family lives on the same block. I definitely started feeling more like a local when I started recognizing people at the mall and the gym. I also recently started taking Zumba classes and look forward to hearing new reggaeton and samba music each week. It is definitely hard keeping up with all of the Chilean women in the class though!

Of course, Sam and I could not come to Patagonia without exploring the area! We have spent a weekend in Puerto Natales where we did a full day boat tour of the Balmaceda and Serrano glaciers. We spotted dolphins and sea lions and took a ton of photographs of the glaciers. We hope to go to the national park, Torres del Paine, in August when the weather is a bit better and maybe even go to the Argentinian side of Tierra del Fuego! Needless to say, our adventure is never-ending.

Whenever we meet someone new here they always ask us, “Why did you decide to come to Punta Arenas?”.

This simple question makes me grateful for being a part of the MIRT program because I would have never even thought of trekking to Punta Arenas otherwise. That has definitely put things into perspective for me and I cannot wait to see what the next four weeks has in store for us. I know that assisting in making el Centro de Rehabilitación more of a research facility and completing our project will not only provide the world with valuable information about sleep patterns in Chilean college students but also help the children who look forward to going to the center each and every day. A piece of my heart will be here in Patagonia forever and I look forward to the next month of this unbelievable and life-changing journey.

“...the cell is an ideal place to learn to know yourself, to search realistically and regularly the process of your own mind and feelings. In judging our progress as individuals we tend to concentrate on external factors such as one’s social position, influence and popularity, wealth and standard of education. These are, of course important in measuring one’s success in material matters and it is perfectly understandable if many people exert themselves mainly to achieve all these. But internal factors may be even more crucial in assessing one’s development as a human being. Honesty, sincerity, simplicity, humility, pure generosity, absence of vanity, readiness to serve others – qualities which are within easy reach of every soul – are the foundation of one’s spiritual life. Development in matters of nature is inconceivable without serious introspection, without knowing yourself, your weaknesses and mistakes.”—Nelson Mandela

Source: Conversations with Myself by Nelson Mandela (Book)
Collectivos, the shared-taxi system of Punta Arenas, can be a bit hard to navigate for the uninitiated. It was our second week in the Patagonian city and our first time trying to hail one. Was it the number 12 or the 112 that stopped on our block? We chose the former and hoped for the best. However when we told the driver our street name, he told us that it wasn’t on his route. “¿Adónde van?” the other passenger asked us- “Where are you going?” We told her, and together with the driver, she gave us directions home.

That conversation would be the first of many in collectivos, at the gym, and on the street, with curious strangers, many of whom wanted to know what it was that brought two gringas to the southernmost city in the world in the dead of winter. Almost every time that we talk about our fellowship with MIRT through El Centro de Rehabilitación, people nod in recognition, and tell us about their nephew that goes to classes there, or their sister’s friend that works there.

Over the past month I’ve realized how important El Centro is for this community, and thanks to MIRT, I’ve been privileged to witness some of the work that goes on there. The center helps countless children and adults with a wide range of issues and diagnoses. I’ve never seen any place like it, willing to address everything from ADHD to Epidermolysis bullosa. It is also the headquarters for our investigations into sleep and energy drinks. For the first time in my life, I’m learning about research techniques, and receiving a crash course in the world of public health. And unlike being in a lecture hall with 500 other students, my fellow MIRT fellow and I are learning from mentors that actually know our names- shoutouts to Dr. Fitzpatrick, Dr. Velez and Dr. Barbosa!

The best part of this whole experience has definitely been meeting the above named and many other people here, from other collectivo passengers to our completely wonderful host family. I’m not really sure what I expected to find here in Punta Arenas, but I do know that a month ago, I never would have imagined myself attending a Justin Beiber themed birthday party or figuring out how to calculate odds ratio using SPSS. Everyday brings some new experience, be it seeing glaciers in Torres del Paine or watching pool therapy for the first time. I can’t believe we’ve already been here a month!
Even at 6 in the morning the Metropolitano Bus is filled to maximum capacity. I like to think of my commute to work as a triathlon. First, our journey begins with a brisk swim through the masses of exhausted and unenthused persons who are just as devastated as I am that their notions of personal space will be tested so early in the morning. The technique to get on the bus is the same used to get off. You throw yourself on the crowd of people huddled at the mouth of the door in true mosh-pit fashion, and then proceed: both hands in front and continue to push people behind you, similar to the breast-stroke. The Metropolitano swimming segment of the morning is then followed by hurdles onto La Molina, a local van that transports us within walking distance of the hospital. Some days the van comes to a full stop and other days it slowly rolls before the man operating the sliding door invites us on. Whether you can jump up and into the van under both circumstances determines if you are just as good of a hurdler as you are a swimmer. Lastly, we end our triathlon with a sprint to the hospital after we have made it out of La Molina. As hectic as the commute to work seemed at first, now I am an initiated local.

Most days we work on the paper, which is more of a reward than a task. Applied statistics, data analysis, and technical writing are what we’ve been doing in order to prepare our paper. Because I have yet to take epidemiology and statistics what I have learned by working with Drs. Sixto and Yanez is invaluable.

In addition to the paper, I have had the pleasure of witnessing the miracle of life four times now: two live births and two C-sections. Not only have these experiences in the operating room demystified the few assumptions I had about the gloriousness of giving birth, but also I’ve gained some perspective. As an aspiring surgeon the primary perk of shadowing the doctors was seeing what it was like to cut someone open. It may seem like a simple revelation, but for an American pre-medical student and future surgeon my answers to such fundamental questions have been in theory up until this trip. The fundamental questions that come to mind are: can I stand to see so much blood? How do I feel about inflicting pain on a patient? What happens when there’s an unexpected complication? Well, I now have a more concrete perspective. Getting to see the dynamic of the operating room has been one of the most enriching opportunities thus far.

Every day we have cultural enrichment in our off time. The irresistibility of Peruvian cuisine is a given. In addition to our campaign to overdose on Peruvian food, we have also made it a mission to find the sun. As weird as it may sound, Claudia and I have made several attempts to escape the relentless overcast, which is typical for the winter months, that darkens Lima. Our search of the sun has brought us to some of the most beautiful places in Peru such as Mancora Beach and Piura. We intend on continuing our endeavors to discover more of Peru. This has undeniably been one of the best experiences of my life and I will always be thankful for the opportunity to be a part of the MIRT program.
Every meal was an adventure, and another chance to savor all of the flavor this country has to offer. Yet while my taste buds were the first to catch on to the fact that I wasn’t in Texas anymore, the rest of me began to process the workings of this country piece by piece.

Travelling to work was an adventure all in itself as well, with Raphaelle and I making our way through the Miraflores district where we reside into the more central part of Lima. The morning rush of people attempting to make it to work on time makes riding the Metropolitano bus a task designed strictly for the brave. The doors of the bus open for a mere 5-7 seconds, leaving absolutely no time for casual muffin-eating in the morning or small talk with your neighbor. The bus forces you to redefine your notion of the phrase, “personal space.” It’s hectic. It’s hot. It’s busy. It’s sticky. It’s mildly overwhelming, but also the perfect wake-up call for those who forgot their coffee. Good morning, Lima.

We work in Hospital Rebagliati with our mentor Dr. Sixto Sanchez, who is a gynecologist and the head of the hospital’s Department of Intelligence. We spent the first few weeks working on the statistical analysis for our paper about sleep quality and stimulant drink use among Peruvian college students. Now that Dr. David Yanez (a Biostatics Professor from UW) has arrived, we have been revising our work thus far and solidifying the statistical analysis.

“"There are only two ways of spreading light - to be the candle or the mirror that reflects it.” —Edith Wharton
Mid-trip Reflection

Claudia’s Reflection (cont’d)

*Each woman has her own battle to fight and her own story to tell – and oftentimes these stories are only told in bits and pieces through stolen glances and subtle gestures.* No number of episodes of the TV show “A Baby Story” could have prepared me for the things I would see in Lima’s maternity hospital. In a country where there is undeniable poverty and economic disparities, I have seen a resilience in these women that is not only admirable, but empowering. They unknowingly set fire to the cold hospital rooms with every bead of sweat, every bit lip, and every swallowed scream. Their strength gives hope, and opportunity rings in each of their child’s first cry. It’s a side of Peru – and humanity – I feel blessed to have experienced.

Alumni Update

During late June all our MIRT/MHIRT 2011 fellows presented their MIRT research findings at Society for Epidemiologic Research (SER) and Society for Pediatric and Perinatal Epidemiologic Research (SPER) meetings in Minneapolis, Minnesota. We are proud of you all!
The Hamlin Fistula Hospital was founded in Addis Ababa, Ethiopia by Drs. Reginald and Catherine Hamlin, both obstetrician-gynecologists. Since 1974 the Fistula Hospital has provided care for women with obstetric fistulas - the most devastating of all childbirth injuries. Fistulas develop when blood supply to the tissues of the vagina and bladder is cut off during prolonged, obstructed labor. When the tissues die a hole forms between the bladder and vagina or rectum and vagina, and, as a consequence, urine and/or feces passes uncontrollably. Women who are victims of fistulas are often abandoned by their husbands and neglected by their families and communities, often forced to live in isolation. Thanks to the Fistula Hospital, women with fistulas have been able to receive treatment, rehabilitation and preventative care that allows them to reintegrate into their communities.

Prior to visiting the Hamlin Fistula Hospital in person, we had the opportunity to read A Hospital by the River, a book that chronicles the work that Drs. Reg and Catherine Hamlin invested into establishing a hospital for some of Ethiopia’s most destitute women. The Hamlin’s not only labored to find resources and support for the physical construction of the hospital, they also pioneered medicine. Prior to their work, successful treatment of fistulas was extremely rare. After decades of work and research the Hamlins not only made a happy life after an obstructed fistula a possibility for the women who bear their burden, they’ve made it a likely reality with their astounding 90% cure rate. They completed all of this work in the midst of Ethiopia’s first attempted coup of 1991 and during the overthrow of Emperor Haile Selassie I by the Derg, a military dictatorship in 1974.

Despite knowing that the Hamlin Fistula Hospital is a place where women could find hope and a better future, we anticipated that we would still encounter sadness as depression is a common co-morbidity of obstructed fistula. What we found once we had the opportunity to tour was much to the contrary. The hospital’s atmosphere is calm, serene, and very happy. We were amazed by the green landscape and lovely scented flowers that elevate this place of medicine into a sanctuary for women who are typically pushed out of their communities. As we walked through the windy paths of the expansive, clean compound, we were greeted with salams, bright smiles, and kindness from the women seeking treatment. We crossed paths with strong-willed women crafting souvenirs to sell for future financial benefit. We could feel the hope the patients expressed in their faces while we walked through the recovery room. It was very evident that the women at the hospital were cured: body, soul, and spirit. This hospital is an amazing model for others interested in promoting the health and spirits of suffering women around the world.

The Hamlin Fistula Hospital is a place that gives Ethiopian women access to care that would otherwise be unavailable to them. It is a place that women can regain strength and hope that one day they will be able to walk out of the hospital with a new life ahead of them, free from the fistulas that they initially came in with and with the possibility of being able to have children again. Moreover, the Hamlin Fistula Hospital is not only improving the lives of these individual women; it is promoting the sustainable development of Ethiopia by providing Ethiopian women training and education on the prevention of maternal mortality and childbirth injury through the Hamlin Midwifery College. Thus, the hospital is not only treating obstructed fistulas, they are also working to prevent them. As individuals interested and invested in public health, we find this extremely important.

Our experience at the Hamlin Fistula hospital was truly inspiring and, in a way, served to confirm that public health is something we all hope to integrate into our career goals. We encourage you all to visit the hospital’s website (http://www.hamlinfistula.org/) and do all that you can to support the wonderful work that is being accomplished there.
MIRT/MHIRT is a national program designed to encourage students to pursue careers in biomedical and behavioral research. The program provides support for undergraduates and graduate students to do health-related population-based research and training in an international setting. MIRT/MHIRT is funded by the National Institute on Minority Health and Health Disparities (NIMHD) and Fogarty International Center (FIC) of the National Institutes of Health. The program has sites throughout the world, including Zimbabwe, Ethiopia, Vietnam, Thailand, Republic of Georgia, Peru, Mexico, Ecuador, Chile, and Australia. With visionary leadership of its founding Director Professor Michelle Williams, the HSPH MIRT Program (formerly UW MIRT) is a global public health research and community capacity development program that provides grassroots solutions to health disparities.

Ruth L. Kirschstein
1926 – 2009

Ruth L. Kirschstein was the first woman institute director at the National Institutes of Health. Her career, spanning more than half a century, was marked by outstanding scientific and administrative public service and leadership. She helped develop and refine tests to assure the safety of viral vaccines for diseases such as polio, measles and rubella. Her work on polio led to the Sabin vaccine’s selection for public use. Thanks to the Sabin vaccine, polio has been eradicated in the United States and many other areas of the world. In the early days of the AIDS epidemic, she launched a structural biology program that was highly significant in drug design and discovering the viral targets for the development of antiretroviral drugs for HIV. The program is still an important component of the AIDS program. She was a strong advocate for research training, especially interdisciplinary pre-doctoral programs and programs to increase the number of minority biomedical scientists, physician-scientists, and scientists trained in emerging or evolving areas.