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

“One’s destination is never a place, but a new way of seeing things.” — Henry Miller

MID-TRIP REFLECTIONS OF THE HSPH MIRT 2014 FELLOWS

“Being in Ethiopia and conducting research at ACIPH has given me a purpose to my current and future educational goals. My greatest fear has always been obtaining an educational degree in something that will not be used passionately, something that I cannot use to impact people’s lives with. I am certain now, more than ever, that the work being conducted in public health and at ACIPH is one in which will be used for the betterment of society, and I cannot help but feel the need to eventually fully join in on this world-wide collaboration.” — Ornella Rutagamara, MIRT 2014 Ethiopia

“Very quickly I realized how easy it is to overlook indigenous and other minority populations in developed countries. Growing up in my secluded region of the United States, I have been kept away from many outside perspectives. The global health lectures gave me the opportunity to see outside of my day to day reality.” — Chantel Bonner, MIRT 2014 New Zealand

“Living here as a MIRT fellow has given me an experience that I would not have gotten as a short-term tourist. I have had the chance to befriend locals and work on a purposeful project that I hope will make a positive difference.” — Jenny Fung, MIRT 2014 Peru
My first morning in Ethiopia, I was awoken by the bright morning sun beaming through the curtains; dogs howling like wolves; birds, birds, and more birds; boisterous verses of spiritual praise and other indistinguishable sounds. Early in my travels, I was reminded that my cultural bubble and its familiar feeling of comfort is no longer present. I acknowledge this, but I see myself adjusting to a new routine and finding comfort in this new normal.

During our first week, Francisco, Ornella and I settled into our home in Ayat, a neighborhood situated in the outskirts of Addis Ababa. Our host mother, Mama Esther, graciously welcomed us, presenting herself as our mother away from home. Our mentor, Dr. Tadesse introduced us to the staff at the Addis Continental Institute of Public Health (ACIPH) where we would work over the next two months. We delved into our datasets familiarizing ourselves with our projects. Eventually, we ventured out into the city visiting Addis Ababa University and the National Museum of Ethiopia. I appreciated the detailed history chronicled and displayed. I’m almost certain that the catalogued information is for tourists, seeing that many Ethiopians seemed to be well-versed in the history of their people.

Almost immediately, the beauty that is Ethiopia captured my heart. As we rode in a taxi after a wonderful night at a traditional restaurant in Bole, the taxi driver commented in Amharic that Dr. Tadesse’s faint laugh was reminiscent of a missed call. His metaphor sparked an outburst of laughter and he continued in English, “A laugh is understood in any language.” So beautifully said, I thought. I came to Ethiopia to experience just this. I live for these hearty laughs; I live for these cross-cultural connections that transcend language barriers. I live for these moments that keep me living; the ones that make me feel most alive.

Undoubtedly, the highlight of my experience has been the time I’ve spent at AHOPE. This past week, we had the privilege of volunteering with an organization that provides services and cares for Ethiopian children orphaned by their HIV-AIDS status. My days became filled with football (American soccer), puzzles, jumbling blocks, and jump rope; and instantly, my inner child was released! Initially, when we toured the AHOPE facilities a week prior, I was nervous that the children would not welcome us into their home. My concerns were short-lived as Bete, Nate, Bahel, and many other “Little AHOPE” children swarmed me, inviting me to play with them. Later in the week, Francisco, Ornella and I conducted a reproductive health workshop for an older group of children living in AHOPE’s family homes.

While many of the kids were initially too shy to respond to scenario-based questions regarding menstrual periods and oral contraceptives, they jumped right in during our game of reproductive health jeopardy. As the end of the week approached, I dreaded our last day. Love presented itself unexpectedly. I thank the AHOPE children for being the pinnacle of joy for me in this experience. When I think of my time here, I will remember their glorious smiles and unfiltered laughter. My mother has often shared that the best gift you can give someone is an experience. The AHOPE children made this experience a memorable one.

“In order to succeed, your desire for success must be greater than your fear of failure.” —Bill Cosby
I will always remember how they made me feel (pure joy and admiration) and I hope to elicit this feeling in others throughout my career as a healthcare professional.

After our week at AHOPE, we returned to ACIPH to continue working on our research projects. Francisco and I are sharing a dataset and evaluating the association between sleep quality and quality of life in relation to migraine among Ethiopian adults. During the first two weeks, we dived into the dataset, performing our statistical models and this week we have devoted a great deal of time to analyzing and interpreting our findings. Although challenging to navigate, SPSS is a real gem and I thank Dr. Tadesse tremendously for mentoring me through this process. I have a renewed sense of faith in my ability to process statistical information and I look forward to my biostatistics classes this fall.

For me, this experience has been beyond rewarding and fulfilling and I am excited and open to the challenges and rewards that await me as I continue my journey through Ethiopia. It is my sincere goal to make the most of everyday and to take in as much of Ethiopia as my spirit can hold. Each morning I write in my journal, reflecting on the ways in which my presence here affects the community and in what ways I can leave Ethiopia with more than I consume. This is a suggestion that was shared with the MIRT fellows during orientation and I hope to keep it at the forefront to guide the decisions that I make here. Weeks 5-8 await me along with a planned excursion to Northern Ethiopia (Axum, Lalibela, and Gondar). I am eager to discover more of what this country has to offer and to find my rhythm with Addis.
As I stepped out of the plane and unto the warm Ethiopian ground on the night of June 15th, I kept reminding myself of the simple words Dr. Williams left us with at the orientation session a few months prior to arriving: “leave more than you take.” I promised myself to carry this simple mantra with me everywhere I went on this trip and with everything I did. I have tried, but unfortunately, I must admit that I have fallen short. In these four weeks, Addis has already given me more than I can ever give it in return.

As an outsider and someone who visits Addis for a brief moment, it is so easy to see all the things that are “wrong” in the city and all the things that people could potentially improve on. Yes, poverty is evident and yes, the electricity does in fact go off on random moments of the day. The first week of my trip was certainly filled with these observations. But as the weeks went by I was forced to see less of what Addis is lacking and more of all the amazing things it already contains.

The people in Ethiopia have a kindness and love that I have never experienced before. The Ethiopian culture is rather reserved, but once you open yourself up, most of the people are very friendly and extremely generous. I witness this everyday as I walk down the streets in my neighborhood and into Addis Continental Institute of Public Health (ACIPH).

I have also witnessed this with my service learning experience at AHOPE, an inner-city orphanage for children that are HIV positive. The children at AHOPE made me realize how strong the human spirit is. More importantly, they taught me how easy it could be for one to live life in happiness despite trying circumstances. I will forever be grateful for the love and openness they shared with us even in the first moments meeting each other.

Ethiopia truly sits as an example to the future development of other African countries. I never quite understood the meaning of developing until coming to this grand city. Everywhere I look, I see some type of building, road, house, or railroad under development.

This city is home to over 100 embassies from all over the world, the African Union, and the United Nations Economic Commission for Africa. As someone who was born and lived in the Democratic Republic of Congo, I cannot help but feel a sense of pride and urgency to do something to keep moving forward. Ethiopia is without a doubt developing, and it gives me relief to know that other African countries are moving along with it.

Being in Ethiopia and conducting research at ACIPH has given me a purpose to my current and future schooling in the biological sciences. **My greatest fear has always been obtaining an educational degree in something that will not be used passionately, something that I cannot use to impact people’s lives with. I am certain now, more than ever, that the work being conducted in public health and at ACIPH is one in which will be used for the betterment of society, and I cannot help but feel the need to eventually fully join in on this world-wide collaboration.**

I cannot say that I have seen, done, or given all I should in Ethiopia. I realize each day that there is always more that I can experience. I am dedicating my last four weeks here to learning, giving, and experiencing as much as I can. I am excited for our trip to Gondar, Axum, and Lalibela, all rich historical places in Ethiopia. I am so grateful to Drs. Gelaye, Tadesse, and Williams for giving me this once in a lifetime opportunity. I am also grateful to Ethiopia and my fellow MIRT-ies (Isabel and Francisco) for always pushing me beyond what I think I know and what I think I have experienced.
Upon landing in Addis Ababa I noticed something very peculiar, something that I had never experienced before to the same extent: confusion. I realized that never in my life had I been completely surrounded by people speaking a language I couldn’t understand. Fluent in Spanish (and my English isn’t too shabby), it had never occurred to me that one day I would be in a situation where I couldn’t express myself by way of words. “Smile and be nice,” something that I had learned as a child to be a universal means of communication. Through my four weeks here in Ethiopia, that mantra has served me well, and despite the language barrier, the Ethiopians have been more than happy to reciprocate the gesture and sentiment.

My struggles with the local language highlight not just how bad my Amharic is, but how accommodating and friendly Ethiopians are. At first it’s enough to make one uncomfortable and homesick, but Ethiopians are a warm and welcoming people who light heartedly make fun of a foreigner’s failed attempt to communicate in Amharic until the language barrier ceases to become a problem and instead becomes a comical way of getting a conversation started.

The language barrier hasn’t prevented us from making friends, who have extended their hospitality to us MIRT fellows as if we were family. Our next-door neighbors have invited us to church, dinner, a day of exploring the city, and they even let us come over to watch the World Cup final. A local baker also extended an invitation to show us around the city during her free time. The friendliness of the Ethiopians at first took me by surprise, but future MIRT fellows should take note to be very nice to everyone (this should be true everywhere) because you never know, you just might make a few very good friends.

Up until now our experience includes data analysis with SPSS, writing of a research paper, and volunteering at AHOPE. Our one-week with the children of AHOPE was an eye opening and heart-warming experience. The little ones hadn’t yet reached a conversational level of English proficiency, but that did not detract from the great time we had with them. Through soccer, puzzle solving, World Cup predictions, and card games we were able to establish connections that surpassed the need for words. With the older kids we were given the opportunity to present a reproductive health workshop, which through the incorporation of silly questions and jeopardy, turned into both an educational and exciting experience. Our one-week of service at AHOPE was in many ways just as enriching for us the fellows as it was for the children. The children were eager to both teach and test our knowledge of Amharic, and after one week I left with a cheat sheet, made by one of the little ones, of how to count to 100. The tangible takeaways from AHOPE were indeed very touching, but the intangible ones were life changing. The kids showed me just how powerful human will can be, and how much power we have as individuals to chose to be happy. The odds may have been stacked against them, but the children of AHOPE saw through that and always greeted us with smiles. All in all, our one-week with AHOPE has been one of the best highlights of my trip thus far.

“If your actions inspire others to dream more, learn more, do more and become more, you are a leader.” — John Quincy Adams
Dr. Tadesse joined us for our first two weeks in Addis, and she was instrumental in getting us acquainted with SPSS and the city. She was tremendous in helping us out with the data analysis, and it gave us peace of mind knowing that she could answer any question that came her way. Aside from showing us the ropes with the statistical software, Dr. Tadesse made time to show us around the city to help us feel more comfortable in our new home. She really did lay the foundation for our project and for our enjoyable stay in Addis.

The MIRT program at its core is a public health research training program, but in reality it is so much more. The program has given us the opportunity to explore our new home, and to educate ourselves about its history.

There has been times on the weekends for taking scenic hikes and exploring the city, so future MIRT fellows should take note and do research on interesting things to do in and around Addis. The program is treating us to a 4-day trip to the north to explore even more of the incredible scenery and history Ethiopia has to offer. With this in mind, I urge future fellows to go to their sites with an open mind. The program is so much more than just a research project, and there is so much to learn from the host country, its people, and your companions for the 2-month long experience. So come with an open mind, take a chill pill, enjoy yourselves, and expect to be surprised. I am looking forward to see what the next 4 weeks of my trip have in store for me, but I am certain they will provide even more great memories for me to look back on.

“Remembering that I’ll be dead soon is the most important tool I’ve ever encountered to help me make the big choices in life. Because almost everything—all external expectations, all pride, all fear of embarrassment or failure—these things just fall away in the face of death, leaving only what is truly important. Remembering that you are going to die is the best way I know to avoid the trap of thinking you have something to lose. You are already naked. There is no reason not to follow your heart.” —Steve Jobs
I’ve spent over a month in Lima, Peru, and because of the array of diversity in Peru, almost everyday I’ve had the opportunity to experience something new. One day I am eating ceviche in a local restaurant; the next night I am salsa dancing in Barranco; the next I am hiking in the mountains, enjoying the sunshine and the waterfalls; the next I am exploring the jungle covered with mosquitos bites. I never expected I would be able to see so much in the short amount of time.

I’ve loved most learning the culture of Peruvians and the system of Lima. Dr. Sixto and Elena have made the transition a lot easier, first welcoming Jenny and I as part of the family. Elena is very family-oriented, and even though Jenny and I are younger than her children, we have had great times with them all. Dr. Sixto is always including us with his different activities like going to the mountains on Sundays. He and I also play tennis couple times a week. They have helped us feel very comfortable here even in the foreign city of Lima.

Besides the culture exposure, I have really enjoyed being introduced to public health research. I have been exposed to biomedical research and worked in a lab before. However public health research brings a whole other variable and perspective into the equation: dealing with people. People provide data which may not always comply or be inline with your research terms.

Many other variables have to be considered when dealing with a person’s life. I’ve come to appreciate all the thought that has to go into proposing this research to answer one question. As I write my paper I understand we have been given the finally steps in a long, tedious operation. Talking to the different women in the office, Sixto and Yasmin, I’ve learned about all the minute tasks they must accomplish for the project to be successful.

Furthermore, besides the research I have been able to shadow in an OB/GYN emergency room. In just my few hours being there in the mornings I see a diversity of cases. My favorite experience has been seeing a few cesareans. Seeing life being born is an unforgettable experience. So much hope and happiness radiates in each of those babies and their mothers. My experience just observing the interns, residents, and doctors confirms that I want to go to medical school and be able to care for people. It has been a challenge being away from home and adjusting to a new way of life; however I am growing from the experience and seeing some beautiful landscapes, from the jungle in Iquitos to the mountains in Cuzco to the cloudy coast in Lima.

“If you want something that you’ve never had, you must be willing to do something you’ve never done.”—Thomas Jefferson
The Lima morning would normally welcome me with the cuckoo of a gray pigeon. San Isidro was already bustling with life and movement way before my phone alarm would wake me up to “Bailando” by Enrique Iglesias and Gente de Zona. I may had just had a profound conversation with Eduardo – Dr. Sixto’s nephew – last night, discussing the idiosyncrasies of Peruvian politics or some interesting topic of economics. After boarding the Metropolitano at the Aramburú station and after getting my breakfast at a Juan Valdez Café proximal to the Estación Central, I would board the bus down Avenida Grau that would drop me off in front of the hospital. My day would begin as I would enter and see Jessica and Dr. Sixto waiting for me to initiate our research activities.

This is a general description, almost habitual, of my experiences in Lima. Dr. Sixto had given us some flexibility at times to arrive at the Hospital Dos de Mayo or spend some other days at PROESA, his research office near the San Martin Plaza. Jenny, Jayne, and I were working on individual research papers that were using databases created from interviews of women receiving antenatal care the Instituto Nacional Materno Perinatal.

At PROESA, we had the opportunity to meet and interact with research staff members who had laid the groundwork of our research: mid-wives, interviewers, data coders, lab technicians and nurses. In other words, we were indirectly seeing the multi-dimensional composition of what were working on. It was without a doubt a truly edifying experience.

On the weekends, Dr. Sixto and his friend Raul would take us out for a hike in the outskirts of Lima. Our drives ranged from 1-2 hours, and we had an amazing bonding time – sharing jokes, funny anecdotes, or even occasional comical mocking gestures that would make me laugh uncontrollably. Dr. Sixto is truly a unique individual. He has been a great pillar of support and motivation for MIRT fellows.

Now what is there to say about the nightlife in Lima? Only that it is spectacular. The hybrid culture of the African and the Spanish has made a distinct footprint in the music and events of the city, and even throughout the country. We were able to see live salsa in the district of Surquillo and “música criolla” at a “peña.”

The music, the livelihood, and the camaraderie – they were all so unique that it would be insulting for me to compare them with what I have seen in other Latin American countries. However, within the parameters of its uniqueness, Peru still does justice to the term, “Latinoamérica.” So whether it is the call of the pigeon, a conversation with Dr. Sixto, our research paper, or the sound of Peruvian salsa, all I can say is that Peru gave something to me that I will forever take in my heart. The experiences, the life, the gestures, they all come together into one little capsule of happiness and accomplishment that I hope others someday enjoy as well.
Even though I have traveled to Latin American countries previously, I arrived at Peru without any expectations and was pleasantly surprised by the warm hospitality and diverse culture. *Living here as a MIRT fellow has given me an experience that I would not have gotten as a short-term tourist. I have had the chance to befriend locals and work on a purposeful project that I hope will make a positive difference.*

A typical day here for me begins with a morning commute on the Metropolitano Bus and a micro to get to Hospital Dos de Mayo. Despite coming from New York City, I have still not mastered Lima’s chaotic mass transit system, but it has been interesting witnessing the city’s modernization. At the hospital, I join medical students in pediatrics for morning rounds and learn about recent case arrivals with Dra. Rossana Pahuelo. In my three weeks with Dra. Pahuelo, I have learned about the Peruvian vaccination schema for children, viral causes for various respiratory diseases, ways to obtain a comprehensive medical history, and the proper method for washing hands in the hospital (I cannot wash my hands any other way now!).

Being a public hospital, Hospital Dos de Mayo sees a lot of patients from low-income areas of Lima. Interviews with the parents of the patients have revealed to me the many challenges that Peruvians face in the current health system. Many travel from far provinces to receive care and parents often have to miss days from work. Physicians and other health professionals strive to provide a high quality of care but many are currently on strike in request for better compensation and benefits.

During the afternoon, I work on my research project and go over data analysis with Dr. Sixto Sanchez, our research mentor, or Yasmin Barrios, the research coordinator for our studies and a previous MIRT student. Before coming to Peru, I was apprehensive about the statistical component of the project as I have never taken a statistics course and am not a numbers-oriented person. However, learning SPSS and applying biostatistics to my research project has excited me to learn more quantitative research methods. Even though I will likely continue conducting qualitative investigations for my undergraduate studies (History of Science and Anthropology), I appreciate the concreteness that statistical tests and numbers provide and their utility in forming interventional programs. I am currently done with running data analysis and am working on the research paper.

Aside from my research project, I have been busy immersing myself into Peruvian culture and discovering what this South American country has to offer. As a lover of food, I signed up for a cooking class and learned to make authentic Peruvian dishes, including causa de pollo, ceviche, aji de gallina, and picarones. I also did not pass up chances to try various types of exotic fruits and the famous cuy, or guinea pig. On weekends, Dr. Sanchez would drive us to villages in the provinces of Lima in search for sunshine. Lima’s interminable cloudy sky was one thing that we had a difficult time getting acclimated to, so Jayne and I planned a trip to the sunny city of Iquitos, where we could visit the Amazon Jungle.

“There are two ways of spreading light: to be the candle or the mirror that reflects it.”—Edith Wharton
For three days, we stayed at a lodge located right in the jungle. Even though we were attacked by swarms of mosquitoes, the jungle excursions were incredibly fascinating. We observed, heard, smelled, and/or tasted native fauna and animal species. I was especially interested in learning about the traditional medicine that native tribes acquire from the plants of the forest. After our jungle adventure, I found myself glad to be back “home” in Lima where I have made friends and picked out my favorite sandwich shop. As I enter my second month in Peru, I look forward to finishing up my project and creating more memories with my new Peruvian family.
I did not know what to expect when I found out at orientation that I was not only going to New Zealand this summer, but Australia as well. Only knowing that we will be talking a study abroad course with students from both Massey University in New Zealand and the University of Georgia in Athens made me wonder how does it fit into the MIRT program.

Once we reached Australia, everything became clearer. We were doing a school course made up of 7 cities/towns, 6 essays, 5 quizzes, 4 debates, and 2 videos over a 24 day period. The course was aimed show to us how Australians are dealing with both their health and the health of their environment. The aspect of the course that was the most eye opening was the four debates that we all engaged in. Their topics varied from whether or not sedentary lifestyles are a “cultural mal-adaptation” to whether natural resources are more important to the health of indigenous or non-indigenous Australians to our final topic of whether the government should be responsible for equalizing the health of indigenous and non-indigenous groups in Australia. Initially, I was not very excited about this aspect because I have not debated since 7th grade and I did not feel that much passion towards the subjects.

As I completed one debate after another with different group members I began noticing a difference. The nerves I had for the first debate evolved into passion for the side that I was defending. I noticed I felt anger towards the other side when they did not understand our points. What I thought was a clear answer to all the questions posed, turned out to be more complex. People not only interpreted the question differently, but understood and defined the concepts differently as well. This created a debate where everyone was arguing different topics, but this was the point.

In Australia and every other country, people are debating topics such as healthcare or environmental restoration, but no one is on the same page. How can you improve something that not everyone understands the same way? This issue was very prevalent between indigenous and non-indigenous views of health.

While at Yarrabah, a mission given back to the Aborignals, we visited the primary healthcare facility on site. The healthcare director explained the battle they endured to get their facility a community controlled institution. They noticed that there was a big discrepancy between the care that they needed and the care that was provided. The biggest issue of all was the lack of cultural competency that healthcare professionals had. In a culture where health is not defined by the lack of a disease but by having a balance of mental, physical, emotional and spiritual well-being, westernized medicine was not the approach required to close the gap in health between indigenous and non-indigenous people. Once gaining control of their healthcare services, Yarrabah began implementing programs that forced people to have a total health check-up whenever they come to the facility as well as having indigenous healthcare workers that can bridge the gap between patients and healthcare professionals.

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I initially was unsure why we would need to study health disparities in a developed nation because, in my point of view, if you have resources then there should not be any problems. This trip showed me that having resources is only the first barrier to resolving a problem, and there are plenty more to follow.

As I plan to move into the medical field, I am more self-aware that a good healthcare system is one that acknowledges and incorporates the differences in people’s cultures and views on health. As an individual, I hold the responsibility to advocate for the best treatment for my patient. This involves not only ensuring that they understand what is going on, but that I understand what they need in order to become healthy. Understanding of differences is the only way that global health can positively progress.

Now that we have returned to New Zealand with a new perspective on Global Health, I am excited to dive into our research while engaging in open conversations about the health of the indigenous population here and how they are tackling their issues in healthcare.
The most impactful lecture I had explained how environments were interconnected and that this connection was needed to balance ecosystems. In school, I learned how different environments were reliant on others, but it didn’t become so clear until I walked through the Daintree Rainforest and swam in the Great Barrier Reef. These two very different systems rely on each other to survive. The reef secretes dimethyl sulfide (DMS) to initiate cloud formation which protects the reef from intense sunlight. The clouds then move over the rainforest and supply it with the rain it needs to replenish its plants. The rainforest and its neighboring mangroves in turn, protect the reef from runoff from farms by, amongst other things, removing the nutrients from the water before it returns to the ocean. After hearing this, I was able to put all the past and previous class discussions in perspective. It made particularly clear the two lectures that were held in a health facility at Yarrabah Mission and at an organization named Apunapi-ma that focused on indigenous health.

Australians consider the social, mental, physical, and spiritual aspects of a person’s life when diagnosing their health. This fact reminded me of the balance of ecosystems. Like the Daintree Rainforest depends on the Great Barrier Reef, a person’s wellbeing relies on all of these aspects collectively. Removing the rainforest would cause negative effects on the reef just like ignoring an indigenous person’s spiritual or social health in evaluating their symptoms can cause a misdiagnosis. I am now aware that there are always small details to consider when viewing the big picture whether it be of a tree or a person. My class taught me the three dimensions that need to be met to become a Global Citizen—global awareness, social responsibility, and civil engagement.

“We travel, initially, to lose ourselves; and we travel, next to find ourselves. We travel to open our hearts and eyes and learn more about the world than our newspapers will accommodate.”—Pico Lyer
To say that my trip thus far has been a whirlwind would be an understatement, but it has also been the adventure of a lifetime. Just two days after I graduated from the University of Washington, I packed up my stuff and hopped on a plane headed for Wellington, New Zealand. I think I can easily say that I fell in love with the windy city of Wellington, and all the tremendously friendly people that live here, nearly as soon as I arrived. The rolling green hills with the houses tucked right in to the hillside, the mist and the fog that hangs over the water in the winter, and the drives along the coastline actually reminded me a little of home back in Seattle, and instantly made me feel welcome and comfortable.

With only two days to find our footing, we offloaded some winter clothes, repacked our bags, and with our mentors Dr. Lee Stoner and Dan Wadsworth, we left windy Wellington for some warmer weather in Australia. During our three and a half weeks in Australia, we were part of a Global Health program with students from Massey University in New Zealand and University of Georgia back in the US. The course focused on indigenous health and the relationship and interactions between the environment and humans as it relates to health.

As we travelled through Australia, we had the opportunity to visit various Aboriginal health clinics, including one in Yarrabah on an Aboriginal Mission, and to talk with some of the indigenous people about what health means to them and some of the challenges their communities face. The health disparities between indigenous and non-indigenous Australians are astounding and in some parts of the country, the life expectancy for indigenous peoples is 15-26 years less than that of their non-indigenous counterparts. Part of the problem is that the definition of health for Aboriginal peoples, like many indigenous peoples across the world, is one that is holistic and that includes mental, spiritual, and emotional health as well as the physical health that most healthcare systems focus on. Now that we are back in New Zealand and are learning more about what indigenous health looks like here for the Maori population, it is interesting to compare and contrast the state of indigenous healthcare systems in both places.

I feel like these topics of indigenous health are not necessarily taught in global health classes that I have ever taken and what I struggle with now is how do I take all that I have learned thus far and apply it to my studies back at home. I have found a new passion for indigenous health and for learning about the culture and history of indigenous communities. Our trip to Australia was truly unbelievable.

Being able to snorkel at the Great Barrier Reef, hike through the oldest rainforest in the world, and see the highly endangered Cassowary in the wild made the trip one to remember for years to come. I feel extremely fortunate to have had the opportunity to see and do all that we did, and through our discussions, it made me think about how quickly all of these natural wonders are changing. It may very well be that my kids someday will not be able to experience what I did.

Now that we have transitioned back to winter in Wellington and have found our routine in our research, I can say for certain that I am extremely excited to see what the rest of our trip has in store for us. Between our research, the service learning, lessons with our teaching assistant Olivia, and time spent with each other and our host families, there is still so much to learn and I look forward to seeing where the rest of our adventure takes us!
My perspective of global health has greatly changed over the past four weeks. I got the chance to explore Australia while taking a Global Health and Global Citizenship course that focused on people and their relationship to the environment. Before I arrived in Australia I was very excited but also very nervous. I did not know what was in store for me, but to my surprise, I completed the course with a new perspective on global health and a new mindset that will help me as I continue on my journey in public health.

Originally I thought the state of health in Australia would be far above average because it is a developed and very modern nation. I found myself surprised at the health disparities of the continent associated with their indigenous people, the aboriginals. The aboriginals are the native people of Australia who were present on the continent long before the Europeans arrived. The effects of colonization were detrimental for their ancestors and still to this day have an impact on the health of the indigenous people.

The aboriginals have a very unique culture and view their health holistically based off a four-way tier of spiritual, mental, cultural and physical health, rather than just as the absence of disease. They are very connected to their land and many still depend on it for shelter, food, and medicine.

The aboriginals have become the minorities of Australia and many live in poverty and have very poor health. When looking at the indigenous and non-indigenous people of Australia, the indigenous aboriginals have a life expectancy of 12 years less than non-indigenous populations. As a student that is passionate about global health and health disparities, this has made me wonder how a developed nation can have an isolated group of people with such poor health and wonder why this dramatic health gap among the aboriginals exists. My trip to Australia taught me that a lot of thought, effort and research must go into having a successful health program for a culture of people that does not follow the traditional westernized health model.

I’ve also learned that the westernized definition and approaches to healthcare are different than the aboriginals. From a lack of cultural competency, to language and cultural barriers, these are the huge pillars that are currently in the way of closing the health gap of the indigenous people.

More than anything I’ve realized that there is so much that I don’t know about the state of global health, but this past month ignited my passion to continue learning about the health of indigenous populations. Culture and lifestyles are different everywhere and you cannot make a change until you’ve learned about a culture and have a shared sense of understanding. Global health is more than just a health disparity in another country. It’s more about creating health equity for all people across the globe. Now that we are back in New Zealand, I am excited to learn about the indigenous people of this land and how the healthcare model works here.

“Life is a series of natural and spontaneous changes. Don’t resist them; that only creates sorrow. Let reality be reality. Let things flow naturally forward in whatever way they like.” — Lao Tzu
My 'To Do List' in the weeks leading up to my departure provides a window into my mindset at the time: 1) pack for winter weather, 2) prepare teaching materials, and 3) read up on New Zealand's indigenous health. I expected to be cold, share my passion for my discipline, and sadly, to encounter indigenous health disparities. Ultimately, what I did not prepare myself for (the role of mentor) turned out to be the most rewarding aspect of my trip.

New Zealand is stunning and "Windy Wellington" definitely lived up to its name. Work days consisted of arriving before sunrise, and some mornings as a participant in the fellow's variability and reliability studies. During our midday epi sessions, enthusiasm and teamwork were commonplace as we worked through the PDQ Epidemiology book and supplementary materials.

Outside of my designated hours for teaching and writing I had the pleasure to meet with many members of the Massey community. Two such encounters were particularly memorable. The first was a welcome event from Maori students and staff. They greeted us with traditional nose and forehead touches, and later with a beautiful Maori rendition of the Massey University school song. The second memorable encounter was at a virtual seminar where Maori staff and Maori students discussed the importance of Maori-focused research. Future visits would benefit from more of these sorts of opportunities to speak directly with Maori community members and Maori researchers as a way to understand their perspectives of the health issues affecting their community, as well as their suggested interventions.

My daily interactions with the HSPH MIRT fellows was the most rewarding aspect of my trip. Conversations ranged from the PhD application process, to peer-reviewed publishing, to our experiences growing up, and beyond. This trip has reminded me of the importance of mentorship particularly for underrepresented students. As I too navigate the realm of academia I will make a concerted effort to connect with students at various levels, from middle school to postgraduate, in order to share my own unconventional path. Mentorship itself is a bit bi-directional. As much as I hope that I helped during my short stay, I know for a fact that the MIRT fellows inspired me.

Olivia Orta is a doctoral student in the department of epidemiology at HSPH. Her primary research interests deal with issues surrounding health disparities, and reproductive and social health injustices both nationally and abroad. Prior to joining HSPH she has been involved with research studies that evaluate the impact of intimate partner violence on sexual health among urban minority youth in New York City, and another which sought to improve reproductive and maternal health in Uganda via capacity development and community empowerment. During the summer Olivia served as a teaching assistant (TA) to HSPH MIRT fellows in New Zealand.

My Wellington Experience

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Every year MIRT/MHIRT fellows and faculty work on diverse research projects that address the needs of the communities of each site. In the Science Corner we provide synopses of study findings from selected sites. In this issue we present two studies from MIRT 2013 in Peru and Ethiopia. Please visit the MIRT Program website to read the complete list of abstracts.

**Psychology, Health & Medicine, 2014**
http://dx.doi.org/10.1080/13548506.2014.951367

**Morningness/eveningness chronotype, poor sleep quality, and daytime sleepiness in relation to common mental disorders among Peruvian college students**

Deborah Rose\(^a\), Bizu Gelaye\(^a\,*\), Sixto Sanchez\(^b,e\), Benjamin Castañeda\(^b\), Elena Sanchez\(^c\), N. David Yanez\(^d\) and Michelle A. Williams\(^a\)

**Objective:** To investigate the association between sleep disturbances and common mental disorders (CMDs) among Peruvian college students.

**Methods:** A total of 2,538 undergraduate students completed a self-administered questionnaire to gather information about sleep characteristics, socio-demographic and lifestyle data. Evening chronotype, sleep quality, and daytime sleepiness and evening chronotype were assessed using the Horne and Ostberg Morningness-Eveningness Questionnaire, Pittsburgh Sleep Quality Index (PSQI), and Epworth Sleepiness Scale (ESS), respectively. Presence of CMDs was evaluated using the General Health Questionnaire (GHQ-12). Logistic regression procedures were used to examine the associations of sleep disorders with CMDs while accounting for possible confounding factors.

**Results:** Overall, 32.9% of the participants had prevalent CMD (39.3% among females and 24.4% among males). In multivariable adjusted logistic models, students with evening chronotype (OR=1.43; 95% CI 1.00–2.05), poor sleep quality (OR=4.50; 95%CI 3.69–5.49) and daytime sleepiness (OR=1.68; 95% CI 1.41–2.01) were at a relative increased odds of CMDs compared with those without sleep disturbances.

**Conclusion:** We found strong associations between sleep disorders and CMDs among Peruvian college students. Early education and preventative interventions designed to improve sleep habits and sleep quality may effectively alter the possibility of developing CMDs among young adults. Results from our study may be used to guide sleep hygiene promotion and intervention among Latin American college students.

**Sleep Breath (2014) 18:257–263**
DOI 10.1007/s11325-013-0874-8

**Good quality sleep is associated with better academic performance among university students in Ethiopia**

Seblewengel Lemma · Yemané Berhané · Alemayehu Worku · Bizu Gelaye · Michelle A. Williams

**Purpose:** This study assessed the association of sleep quality with academic performance among university students in Ethiopia.

**Methods:** This cross-sectional study of 2,173 college students (471 female and 1,672 male) was conducted in two universities in Ethiopia. Students were selected into the study using a multistage sampling procedure, and data were collected through a self-administered questionnaire. Sleep quality was assessed using Pittsburgh Sleep Quality Index, and academic performance was based on self-reported cumulative grade point average. The Student’s “t” test, analysis of variance, and multiple linear regression were used to evaluate associations.

**Results:** We found that students with better sleep quality score achieved better on their academic performance (P value=0.001), while sleep duration was not associated with academic performance in the final model.

**Conclusion:** Our study underscores the importance of sleep quality on better academic performance. Future studies need to identify the possible factors which influence sleep quality other than the academic environment repeatedly reported by other literature. It is imperative to design and implement appropriate interventions to improve sleep quality in light of the current body of evidence to enhance academic success in the study setting.
MIRT/MHIRT 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 Institute on Minority Health and Health Disparities (NIMHD). The HSPH MIRT (formerly UW MIRT) Program was 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, Vietnam, Thailand, Republic of Georgia, Peru, New Zealand, Mexico, Malaysia, Ethiopia, Chile and Australia.

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Photo Quiz

She was an advocate for increased understanding of the role of human nature in experiments and methodological rigor in social statistics. Born in Battersea, England she was the first person from her local public girls' school to attend college, obtaining a bachelor of science from the London School of Economics. Her first job was with the Danish Bacon Company during World War II, where she was in charge of bacon rations for London. After the war, she spent a long career in quality control at the Guinness Brewing Company. She observed that the weights of rejected casks skewed lighter. Noting that workers had to roll casks that were too light or too heavy uphill to be remade, she had the scales moved to the top of the hill. With workers able to roll rejected casks downhill, the weight of these casks began to follow a normal distribution. After 25 years at Guinness, she joined the British Home Office where she would go on to become the first woman to serve as director of statistics. During her tenure at the Home Office, she emphasized applying principles of experimental design she learned at Guinness to the study of topics such as birth rates, recidivism, and criminology. In 1975, she became the first woman to serve as president of the Royal Statistical Society.

Who is this remarkable woman?
A special prize will be awarded to the first person providing the correct response. Send your response to bgelaye@hsph.harvard.edu **** Cheers!