Mid-Trip Reflections of the Harvard MIRT 2016 Fellows

“With the help of my host family, the employees of Hospital del Trabajador, and the Harvard MIRT Program, I am able to explore Chile safely and confidently as I rediscover myself.”
- Christina Aponte, Harvard MIRT 2016 Chile

“This opportunity has combined my two passions: medicine and public health. Having the opportunity to interact with patients in various healthcare settings, while also conducting public health research has taught me so much and has showed me that I can combine medicine and public health, and use both to help others by addressing health disparities that are seen all over the world.”
- Hannah Mbony, Harvard MIRT 2016 New Zealand

“I see the Harvard MIRT Program as a window of opportunity to a future of international research with the goal of equally improving the lives of US citizens and those abroad.”
- Amber Domingue, Harvard MIRT 2016 Peru
I can’t believe we are about half way into our trip already! The night before I left I was both anxious and excited. This would be the first time I travel alone and abroad, so I really did not know what to expect. I was instantly immersed into the Peruvian culture as soon as I landed and it all felt so surreal to me. During the first week, I spent it getting acclimated to my new environment and meeting those who I would be around for the next two months. I met our mentor, Dr. Sixto Sanchez, his sister Elena Sanchez, and his nieces and nephews. We formed a really great bond with Sixto’s nieces Juliana and Sharon. Together we have roamed around Lima in transits, which surprisingly are not so different from the crowded subways of New York! We’ve encountered breathtaking sceneries while hiking up trails in Pachacamac, witnessed the beautiful craftsmanship of the magical light show in the Parque de la Reserva, and all the historic value Plaza Mayor has to offer. It’s an environment that I am appreciating and absorbing as I encounter locals with immense pride in their culture.

My most pivotal moment here in Peru has been interning at the hospital of Dos de Mayo. Dr. Sanchez encourages us to explore our fields of interest throughout the hospital. In doing so, I was able to meet with the chief of the dental department, Dr. Vasquez. The very skills I have learned back home had been of use here, miles and miles away. It’s incredible. To witness the passion that each doctor I’ve had the pleasure of meeting has for the health and well-being of their patients has instilled that same passion within me. In one instance, Dr. Vasquez commented how hard he fought to introduce a new state of the art dental instrument to shorten the time it takes to perform oral surgery. Many didn’t understand why he would want to introduce such an expensive instrument but he knew how much it would benefit his patients, so he proceeded to push for this. That sort of resilience is one that I would love to attain as a doctor, where they genuinely believe in the well being of the patients and seek a way to bring others on board as a team.
Stephanie’s Mid-Trip Reflection cont.

My experiences in Peru thus far have affirmed my decision to pursue a career in healthcare. Being immersed in this new experience overall has broadened my interest in global health and issues alike. I have been able to use my Spanish-speaking skills to my fullest potential while also learning imperative medical terminology and serious health care problems. Although learning how to analyze data and collecting results is an important factor of our research, it is the people that I meet and speak with each day that teach me something new, whether it’s about their government, their history, or their opinions. It is eye-opening experience that allows me a new perspective on a new culture.

In my next few weeks here in Peru, we plan to visit museums, and other historical landmarks. Our most anticipated trip will be to Machu Picchu. I cannot wait to visit one of the New 7 Wonders of the World!

Amber’s Mid-Trip Reflection

My first month in Lima, Peru took a lot of adjusting. I wasn’t used to the scenery, cuisine, or their dialect of Spanish. Learning the layout of the city was challenging, especially considering how big it is. I was out of my element and overwhelmed by every obstacle. With the help of my roommate, Stephanie, we’ve branched out and taken advantage of our friendships here to get the most out of our experience. My favorite activity so far has been hiking with Dr. Sixto Sanchez and his family. The tranquility in the cerros are humbling. It seemed like a sort of practice run for our hike to Machu Picchu in August. After learning which foods I liked and disliked, eating became enjoyable. Shared meals have been the moments I’ve learned most about the culture and history in Peru. I’m still adjusting to the language barrier, but I think that’s normal considering Spanish is not my first language. Every embarrassing blunder is another vocabulary word seared in my mind.

Even though I do not plan to become a medical doctor, the internship in the hospital has been extremely interesting and informative in regards to my project.
Sixto always encourages us to learn through experience and ask any questions we have so that we are as prepared as possible to present our findings. He is so passionate about improving the health care quality at his hospital, Dos de Mayo, and in his country that he has arranged for us to make a presentation in Spanish to his colleagues about our project findings. A goal of mine has always been to be able to work in a professional environment in both English and Spanish. I am grateful that I have the opportunity to work with someone who has the confidence in our abilities to showcase our work in this program. Sixto’s mentorship has made my experience what it is. He’s been more than welcoming by including us in family and professional events.

The project I am working to complete is challenging to say the least. I expected my previous research experiences to aid me in this area, but the formula to writing each section is unique and specific to epidemiology. At this point in my college career, I’m not used to being unprepared or uninformed on my projects. The process has definitely been a step outside of my comfort zone, and I think every advancement has made me more prepared and flexible in the research field. I enjoy the holistic experience the Harvard MIRT program has provided me in preparing for life post-graduation. There is enough freedom in the program that requires us to be responsible for our own workload, but an equal amount of support has been offered to us to ensure we are completing each section to the best of our abilities while also upholding the Harvard MIRT standard. I see this program as a window of opportunity to a future of international research with the goal of equally improving the lives of US citizens and those abroad.

“Coming together is a beginning. Keeping together is progress. Working together is success.” - Henry Ford
The few days before getting to Addis Ababa I finally realized I was going to Ethiopia, and I started to be very nervous but very excited since it was my first time leaving the country by myself. I was very happy to be going to Ethiopia, since I have always wanted to go to a country in Africa. When Bethannie and I arrived to Washington D.C, and got on the 13-hour flight, I was definitely ready to have the best summer of my life. When we got to our taxi and were driving around it was such a culture shock. Addis looks completely different than what I expected. It is a city so there are places where there are big buildings and also there are a lot of houses and shops. I immediately thought the country was really beautiful, so many beautiful mountains, trees, and animals. I did not expect to see so many donkeys, horses, cows and sheep, but it was nice to see that there aren’t elephants and giraffes running around. America really has brainwashed us into thinking all of the continent of Africa is a safari when that is not the case at all. Addis Ababa has so many cars and big buildings like a city in America. I have never been around so many people who looked like me, so this was very uplifting. This was very new to me, and I enjoy it a lot since I rarely see this type of representation in the US even though we have people from all over the world. We went to many restaurants and tasted traditional Ethiopian food. I enjoy injera as well so that was a relief since it is eaten with every dish! The first weekend, we went on the mini buses to get to the Bole Area to see a movie in the theaters. When we first saw the bole area I was very excited to see so many big buildings and downtown. Since I am from Chicago, it was nice to see another similarity with home. Edna Mall shows movies in English and they have a cool arcade and shops. Amharic is the main language spoken here and I was very surprised to be the minority speaking English. Around the city it is sometimes a challenge for us to communicate but usually there is someone around who can translate. In the Addis Continental Institute of Public Health, where we are working, everyone speaks English. I truly am impressed that many people speak more than two languages here. It has motivated me to try to learn more languages even if it is difficult.

Being here also has shown me how the people are very happy and proud of their country. This is the only country in Africa that wasn’t colonized so the people are very proud of their heritage and it is very nice to see such pride. Our mentor Hannah has been so helpful and sweet. She took us to a dance show at the National Theater of Ethiopia called Common Threads and it was a lot of fun! We saw traditional music and dances as well as American dances. It was really fun to see the people stepping at the end like our sororities and fraternities do in America because it is highlights the African Diaspora, the movement of African people, and the culture across the world and in America. The commonalities in culture that African Americans have with people from Africa is so great and seeing similarities in dance was a great experience. Hannah also took us to a traditional House called Yod Abyssinia recently and it was a lot of fun to watch traditional Ethiopian dancing and see the clothing.
LaQueishia’s Mid-Trip Reflection cont.

We made a friend at Edna Mall the first weekend named Ykalo who is from the northern region of Tigrai, and he invited us to traditional coffee ceremonies at his house. He told us a lot about Ethiopian history as well as allowed us to try traditional handmade Ethiopian coffee. It was the best coffee I have ever had. During our few weeks here we also met a couple from America well the man is originally from Northern Ethiopia (AXUM).

He has been a professor for decades and he just built and started a school here in Addis. He invited us to see the school and we had good discussions about the differences here and in the US. He also told us most of the buildings we are seeing in Ayat, our neighborhood, are relatively new and built within the last 10 years. The people are very happy and friendly and I love talking to them. They are very religious and very smart people.

Bethannie, Daniel and I have grown close since being here because of our limited access to wifi and this allows us to really engage and have deep conversations. I am finally used to the constant power outages everywhere and lack of wifi. It was difficult adjusting to this at first, but now it does not bother me much. I am truly humble and grateful to have this experience and I could talk about this forever. I think I will have a lot more to say about Ethiopia once we volunteer at AHOPE and travel to Axum, Gondar, and Lalibela in a few weeks.

Bethannie’s Mid-Trip Reflection

The last couple of nights in America were filled with mixed emotions about my journey to Ethiopia that I was about to embark on for the next two months. Not only was this my first trip to Africa, but also my first time ever leaving the country. Despite my mild anxiety about all of the things that could possibly go wrong, my excitement for all of the things that I knew would go right overshadowed them.

LaQueishia and I arrived at the Bole International Airport on the morning of June 18th and the adventure definitely began there. We knew from that point on we would have to become accustomed to many things like language barriers, limited internet connection and even the difference in the way Ethiopians viewed us as Americans. Our driver was waiting directly outside for us and welcomed us with warm smiles and laughter (even though he did not understand us that well). Just from that car ride home from the airport, we got a glimpse of some of the beautifully historic landmarks in Addis Ababa.

Once Daniel, LaQueishia, and I were together we met Meskeram and Hanna from the Addis Continental Institute of Public Health.
They were so nice and immediately offered to show us around some of the “must see” places in Addis.

Once a few weeks began to pass and we were settled in our home, we learned that we would have to adjust to a lot more than just language barriers and Wi-Fi. There are several power outages in Ethiopia, so frequently that LaQueishia, Daniel and I looked forward to power outages so we could sit and have deep conversations about our experiences while in Addis, with our three handy flashlights in the middle of the table. All of the adjustments seem like they would negatively impact us, however, we thought of them as learning and growing experiences. For example, since we did not know that much Amharic, that was an opportunity to engage in learning a new language that allowed us to connect to people in Addis.

Even though they laugh when we say Amharic words in our American accent, it allows us to make new friends that are more than happy to teach us new words, tell us about the rich culture of Ethiopia, and show us even more of the beautiful aspects in Addis that Hanna and Meskeram may have left out (because they are always working so diligently). When we did not have internet connections, it allowed us to go explore some of the great things in Addis such as Mount Entoto, the Ethiopian National Museum, and the many historical churches around Addis.

At one of our many dinner dates with Hanna, she took interest into some of the things we enjoyed in the US so she could show us similar things while in Ethiopia. I love dance (and singing even though I am not very good) therefore, Hanna took us to an amazing dance performance called Common Threads where they showcased many of the traditional dances from about 80 different tribes, some with an American twist. This was one of my favorite experiences while in Addis so far. She also found a place to go try some karaoke which was also a hit.

Since Daniel and LaQueishia have taken such a liking to injera and some of the traditional Ethiopian dishes (I am still slowly but surely trying new foods), Hanna took us to a place called Yod Abassynia where you eat traditional dishes and they dance and sing various Ethiopian dances while you eat. Addis has so many things to offer and since I am here with such adventurous individuals we are taking in all the beautiful, historic, and fun aspects Ethiopia has to offer. Next week we will be volunteering at AHOPE Ethiopia, which is an orphanage for HIV positive children that provides a home and community support. We will be teaching about moral communication and peer pressure to three groups of children. Just from a day long tour at AHOPE, I know this will be another highlight of my journey here in Addis, in addition to exploring the Northern region of Ethiopia in the upcoming weeks.
Another part of this experience that I loved is the opportunity to meet and work with many great people. When we first got to Addis, Meskerem, one of the directors, made sure that we settled in fine. Working on our research paper was hard but possible because of the guidance of Dr. Bizu Gelaye. Our mentor here in Ethiopia, Hanna, is wonderful. She took us to the best restaurants here and showed us around the city of Addis. Ashenafi is a friend whom I met at the gym here. We talked about topics such as the violence that is happening in America, our cultures, healthcare, and of course fitness and nutrition. Of course, I can’t leave out my two partners in crime: Bethannie and LaQueishia. Going on our adventures would not be as much fun and meaningful without them.

This is the best part about exploring the world: learning and connecting with new people from different cultures. Even though I learned a lot, my experience in Ethiopia is not finished yet because I have so much more to learn.

Addis is such a beautiful city with landscapes that I had never seen before. Even though I have only been in the country for about four weeks, I learned so much about life and myself. There are so many privileges that I have taken for granted such as air conditioning, consistent power, and most importantly fast Wi-Fi. However, Ethiopia has taught me that these privileges are convenient but are not essential for life.

The Ethiopian culture is so rich and their people are confident and humble. I saw that there is a different world outside of our American culture. In Ethiopia, people are friendly with everyone and even go out of their way to take care of strangers. This is what my friend Ykalo did. He invited Bethannie, LaQueishia, and I to his house to show us an Ethiopian coffee ceremony. Ykalo and his family served us coffee and injera as we discussed our cultures and lives. One thing that we discussed was that in the US, we are more connected with technology than we are with the people around us. This is an issue because we become ignorant to problems and the people around us.
Christina’s Mid-Trip Reflection

Christina Aponte  
Undergraduate, SUNY Buffalo  
MIRT Site: Chile

As my plane descended further into Santiago, I quickly realized how far I was away from home. Feeling like I could reach out and touch the Andes Mountains was the moment I realized the next two months would involve many changes from life in New York.

As I toured my new home, I saw that my room, and in fact every room, had a beautiful view of the Andes. My host mother lives close to the Hospital del Trabajador and so I am able to walk to work with her every morning. Our morning commutes are especially helpful because she teaches me more of Chilean culture and offers suggestions of where I should visit while I am here.

Immersing myself with Chilean culture has proven to be intimidating, nerve wracking, and yet the best decision I have made to date. Inside the classroom, there is a constant pressure to learn the material on a structured timeline. Here, outside of the classroom, I continue my education as I venture into an unfamiliar environment. I have been advised several times to travel as often as life permits in order to take a step out of my comfort zone.

It was unbeknownst to me that outside of my comfort zone was 5,300 miles away.

With the help of my host family, the employees of Hospital del Trabajador, and the Harvard MIRT Program, I am able to explore Chile safely and confidently as I rediscover myself.

Rigo and I spend our time throughout the work week observing the team of doctors, working with Dr. Friedman and Dr. Gelaye on our research paper, and entering data for another research project. The exposure to the wide range of ongoing events occurring daily at the hospital requires flexibility and passion for the field. Every day, I am learning more about myself and about what I hope to accomplish in the field of medicine.

One weekend, Rigo’s host brother, Tomás, took us out for a “surprise.” After about an hour car ride, we arrived at Cajón del Maipo and looked outside our window to see a winding pathway leading to a strikingly beautiful waterfall. In a dress and sandals, I hiked up to the waterfall to get a closer look. Here in Chile, I had to learn to expect the unexpected. As the spray of misty water hit my face, I felt free from social media, free from external stress, free from previous worries, and felt right at home.

Our world is home to such a wide range of cultures and those who seek personal growth will be pleasantly surprised to discover the progress traveling can offer. Looking back, I was so anxious to find out where I would be spending my summer. Now, I cannot imagine what my life would be like without this trip. The Harvard MIRT program has served as a guide in order to find where I best fit in the midst of it all. With the help of the Harvard T.H Chan School of Public Health, I have grown so much in the one month I have lived here in Santiago and I am eager to see what more is in store over the next few weeks.

“A ship in harbor is safe, but that is not what ships are built for.” - John A. Shedd
Waking up every morning to the immense beauty of the Andes Mountains reminds me that I am on the other side of the world. I must admit that I was a bit overwhelmed at first by how distinct Santiago de Chile was from the United States; nevertheless, I quickly learned to abandon my comfort zone and began to immerse myself into the rich Chilean culture. When I arrived, I immediately felt welcomed when my host mother, Dr. Caterine Ocqueteau, gave me her warm embrace and introduced me to my new home in Las Condes. The next day, I was surrounded by vehement fans of La Roja (The Red One) including my host siblings, Tomás and Magdalena (Maida) Figueroa Ocqueteau, screaming in excitement as they beat the Mexican soccer team in the Copa America Centenario. Despite having been defeated by La Roja back in Santa Clara, CA, they were understanding and reserved a spot for me on their side—and I was ready to play alongside the people of Chile as well.

My daily six in the morning commute consists of a 35-minute train ride on Santiago’s Metro system. To my surprise, the Metro of Santiago closely resembled New York’s MTA system. It was there where I met Mr. Moya, the head of Metro security, who shared his life story and accentuated the importance of “getting wisdom at any cost.”
Mr. Moya’s words left an indelible mark on my life and my decision to use that wisdom for the improvement of health outcomes in underrepresented communities. The constant interchange of ideas and stories with the people of Chile has truly touched my heart and has made me appreciate the virtues of travel and discovery.

Having never traveled abroad since my childhood, I have taken full advantage of my cultural immersion experience in Chile. Whether it is seeing (and trying to learn) some native Cueca performances at the historical Plaza de Armas, or whether it is piercing through the mountain ranges and upper river basin of the Cajón del Maipo, the Harvard T. H. Chan School of Public Health MIRT Program has allowed me to open up my eyes to the beauty of the world. I have also been able to be a part of family gatherings and birthday celebrations, visit the gorgeous seas of Viña del Mar and Valparaíso, tour the famous Viña Indómita, view the city from the top of the San Cristóbal and Santa Lucía Hills, celebrate another Chilean victory in the Copa América and the world’s, and much more. I am excited for our future expedition to the Torres del Paine National Park, home of diverse fauna and the largest glaciers, rivers, and lakes in the southern Chilean Patagonia.

My first few days at the Hospital del Trabajador were filled with intensive learning activities (including an online certification exam), an opportunity to observe patients, and hospital rounds in the Rehabilitation and Plastic and Reconstructive Surgery departments. Through my interactions with our patients, physicians, occupational therapists, physical therapists, nurses, dieticians, and psychologists, I see how various medical disciplines depend on each other to create effective and sustainable recovery plans for the working population of Santiago. Because of my exposure in this setting, I have also begun to understand the intricate nature of the public and private healthcare systems here in Santiago, and I realized that they were not much different than the ones in the United States. In addition to being exposed to the clinical setting, I have also worked on using the Statistical Package for the Social Sciences (SPSS) to analyze collected data and examine migraines and the risk of posttraumatic stress disorder (PTSD) in pregnant Peruvian women. My experience in learning to utilize effective study design and methods and statistical software has been extremely rewarding for my future aspirations as a physician and biomedical researcher. I am extremely grateful for Dr. Bizu Gelaye and Dr. Lauren Friedman for their guidance and advice through the data analysis and manuscript drafting processes.

My physician mentor, Dr. Juan Carlos Vélez, has also been an instrumental part in my success in the MIRT program. Because of his guidance, I have been able to develop relationships with the rest of the Rehabilitation team, receive and complete ethics training for IRB approval on human subjects research, and understand the application of biomedical models in treating occupational injuries or illnesses. Moreover, I have dedicated time to entering information into Epi Info for another ongoing study in Chile, which I am also looking forward to conducting interviews for in the near future. None of this would have been made possible without the continued support of Dean Williams, Dr. Gelaye, Dr. Friedman, Dr. Vélez, and my host family for allowing me this incredible opportunity to explore public health in the context of such a diverse community such as Santiago de Chile. For that, I am forever grateful and I hope to do the same for future generations of scholars. As Mr. Moya so vehemently expressed, I also plan to make the wisdom of the world readily available to the next leaders of medicine and public health. Thank you! Muchas gracias! Les mando saludos desde Santiago de Chile! Chao!
The night before I left Washington, DC for New Zealand, I was very excited! I was looking forward to working with my MIRT colleagues and exploring the beautiful, picturesque, scenic New Zealand. After the over twenty-five hour trip, I finally landed in Wellington, the capitol city. My host mom met me at the airport and took me to the beautiful bayside house I would be staying at. I was immediately captivated by New Zealand and I could not wait to see all that New Zealand had to offer.

My first four weeks in New Zealand has taught me so much on multiple fronts. First and foremost, I have enjoyed learning about the indigenous people, the Maoris, and their culture. Learning about the health disparities the Maori people face has been truly eye opening, and has deepened my passion for global health issues.

I have also learned multiple lab techniques. Kim (one of my mentors), Sequoya (my MIRT colleague), and I have been working in the lab doing various tasks such as protein extractions, protein quantifications, and Western Blots.

As a biology major with a chemistry minor, I enjoy working in the lab and learning about various biological and chemical pathways.

My time in the lab has taught me various techniques I know will help me in my future endeavors.

I have also had the amazing opportunity to visit a local hospital. At the hospital we got to shadow a doctor in the Neonatal Intensive Care Unit (NICU). The doctor showed us around the NICU and talked to us about her role. Being in the hospital setting and interacting with the physician, the patients, and their families served as further confirmation of my career goals.

Another very influential part of my trip has been our service project. For our service project we have been volunteering at a stroke clinic. Interacting with the patients and hearing their stories has been truly touching. Seeing the patients work hard to regain their strength and work towards getting back to doing the activities they love to do has been a great experience.

Thus far, my time in New Zealand has been truly remarkable. I am so grateful to have been given this opportunity. My time here in New Zealand is an experience I will never forget and will always cherish. This opportunity has combined my two passions: medicine and public health. Having the opportunity to interact with patients in various healthcare settings, while also conducting public health research has taught me so much and has showed me that I can combine medicine and public health, and use both to help others by addressing health disparities that are seen all over the world.
Sequoya’s Mid-Trip Reflection

Sequoya Simon
Undergraduate, North Carolina Central
MIRT Site: New Zealand

Sitting in Mojo café, located in the heart of Wellington, offers a snapshot of cultures from across the world. While in New Zealand I have met people from as far north as the Netherlands, as far east as Malaysia, refugees from Somalia, and my lovely host family from the Greek island of Crete. However, what stands out the most is the redirection of acknowledgement to the indigenous Māori tribes of New Zealand. Through Dr. Stoner, we were able to meet with an advocate of Māori empowerment, working to close the disparity gap between the Māori and non-Māori residents. Last week was Māori Language Week and since August of 1987 Māori has been an official language of New Zealand and it comes alive in the name, Massey University, to which I catch the early morning bus daily, and the second title, which is the Māori translation, Te Kunenga ki Pūrehuroa. There are two official titles at each bus stop along the way, and through this program I am able to observe why it is important to show people you care and the way it is demonstrated is showing a genuine interest in establishing communication. I have recognized here, more than ever the importance of communication in Public Health. Communication is pivotal to achieving lasting and applicable solutions to the prevention of diseases and promotion of health.

Several times during the week I visit participants in the stroke clinic laboratory, and the number one reason they continue to return to the rehabilitation clinic are the ties strung together by communication amongst themselves and the other participants, as well as the researchers showing a genuine interest in communicating with them. This brings science to a level they can understand and illuminate the importance of their contribution. In return, the researchers are able to retain these research participants, obtain statistical data on health interventions that could restore countless lives to normal after having a stroke, and continue the advancement of public health.

While at Massey, we have had the opportunity to meet and experience the passion of various researchers, doctors, students, staff members, and associates of Dr. Stoner with varying interests and research fields; to me they represent the theory in practice of multidisciplinary teams, working cohesively in alleviating the disparity in access and outcomes of health care.

I have also experienced the amazing extracurricular qualities Wellington has to offer. There is a plethora of local cinemas, art exhibits, theater productions, music, wine tasting, along with gorgeous scenic trails that will knock your socks off. Wellington is truly a gem, but with all places there are many areas of improvement to be acknowledged in social/health relations among the indigenous people.
Nathan’s Mid-Trip Reflection

My MIRT experience has been nothing less than amazing so far. It almost seems impossible to me that I’m halfway done with the program. I feel like I just got here a few days ago! This experience started with more than 24 hours of flying to get to New Zealand. After landing, Hannah Mbony and I ran off the plane and let our adventure begin. My host dad, Andrew, greeted me in the airport and drove me to where I would be living for the next two months. I immediately felt at home and eagerly awaited my time at Massey University to begin.

So far we have gotten the opportunity to meet and speak with dozens of researchers and professionals who are involved in fascinating work. One of the highlights of these meetings include an all day workshop. Dr. Stoner, our mentor, drove us to Palmerstone North, the location of another Massey University campus, to have a cultural competency workshop. At this workshop, we had the opportunity to explore the different cultures of New Zealand and have conversations to bridge possible culture gaps that existed. After spending 4 weeks abroad prior to this program and taking a study abroad culture competency course, I was extremely excited to have these discussions.

Another highlight of my experience so far was going to a clinical trial testing day at a hospital.

I was eager to have this experience, because I had never had participant contact when it came to research. I had only worked on a research project when it was being tested on cell lines or was working to make a poster about a completed study. Being able to see and take part in a clinical study with participants was amazing!

Finally, another highlight of this trip has been volunteering at a stroke clinic. Stroke patients are extremely personal to me because my sister had a stroke and it is what started my interest in medicine. Volunteering at the clinic has been such an enjoyable experience. From the moment we walk through the doors of the clinic, we find our self deep in conversation with the people there. They are just as interested in our lives as we are in theirs.

Overall, in the short time I have been here, New Zealand has had such a strong impact on me. This past month has been something that I will never forget. I have already grown so much as both a person and a scientist and I cannot wait to see how the rest of the program shapes me!

View of the New Zealand countryside
(photo credit: Sequoya Simon)
Every year our MIRT fellows and faculty work on diverse research projects to address the needs of communities of each site. In the Science Corner, we provide synopses of study findings from selected sites. In this issue, we present studies from MIRT 2015-2016. Please visit the MIRT Program website to read the complete list of abstracts.

### Research Submissions

#### Childhood Abuse, Intimate Partner Violence and Risk of Migraine Among Pregnant Women: An Epidemiologic Study

Bizu Gelaye, PhD, MPH; Nga Do, BS; Samantha Avilla, BS; Juan Carlos Velez, MD; Qiu-Yue Zhong, MD, ScM; Sixto E. Sanchez, MD, MPH; B. Lee Peterlin, DO; Michelle A. Williams, ScD

Objective: To examine the independent and joint associations of childhood abuse and intimate partner violence with migraine among pregnant women.  

Background: Childhood abuse and intimate partner violence have each been associated with migraine headaches in previous studies, but these associations have not been explored among pregnant women. Methods: A cross-sectional study was conducted among a cohort of 2970 pregnant women attending prenatal clinics in Lima, Peru. History of childhood abuse (ie, physical or sexual abuse) was assessed using the Childhood Physical and Sexual Abuse Questionnaire. Intimate partner violence (IPV) was assessed using the World Health Organization questionnaire. Migraine classification (including migraine and probable migraine) was based on International Classification of Headache Disorders (ICHD)-III beta criteria. Multivariable logistic regression analyses were performed to estimate odd ratios (OR) and 95% confidence intervals (95% CI). 

Results: The prevalence of any migraine was 33.5% while approximately 70% of participants reported a history of childhood abuse and 36.7% a history of IPV. Women with a history of any childhood abuse had a 38% increased odds of any migraine compared to women with no history of childhood abuse (OR 1.38; 95% CI 1.15-1.64). The odds of migraine increased with increasing numbers of experienced childhood abuse events (P trend < .001). Additionally, after adjusting for confounders women with a history of IPV had a 43% increased odds of any migraine as compared to women without intimate partner violence (OR 1.43; 95%CI 1.02-2.02). Women with a joint positive history of childhood abuse and IPV, as compared with the reference group, had a 88% increased odds of migraine (aOR 1.88, 95%CI: 1.51-2.35). Conclusion: Childhood abuse and IPV are associated with increased odds of migraine in pregnant women. Our findings highlight the importance of screening for abuse among pregnant migraineurs to help guide treatment strategies.


#### Journal of Affective Disorders

Major depressive disorder and suicidal behavior among urban dwelling Ethiopian adult outpatients at a general hospital

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Addis Ababa, Ethiopia. Sociodemographic and lifestyle characteristics were collected via structured interviews. MDD and suicidal behavior were assessed using the Composite International Diagnostic Interview (CIDI) among all study participants. Multivariable logistic regression models were fitted to estimate odd ratios (OR) and 95% confidence intervals (95% CI). Results: Prevalence estimates for lifetime and 12-month MDD were 18.0% and 6.7%, respectively. The prevalence of suicidal behavior during the previous year (i.e., suicidal ideation, plan or attempt) was 15.2% with approximately 4% having reported attempts. Overall, women were more likely to report suicidal behavior (17.8%) than men (11.3%). MDD odds were 1.53-fold higher among women as compared with men (aOR 1.53, 95% CI 1.05–2.23). Lifetime MDD was significantly associated with age, sex, marital status, and self-reported physical health. Participants reporting poor mental health had approximately 3-fold increased odds of MDD (OR 2.93; 95%CI: 1.05–2.23); those between 35 and 44 years old (aOR 1.92; 95%CI: 1.06–3.49) and those older than 55 years (aOR 2.54; 95%CI: 1.16–5.57) had higher odds of MDD. Similarly suicidal behavior was significantly associated with sex, marital status, and self-reported physical and mental health. Limitations: This cross-sectional study utilized self-reported data from outpatients. Causality cannot be inferred, and results may not be fully generalizable. Conclusions: Overall results show that MDD and suicidal behavior are highly prevalent among urban-dwelling Ethiopian adults. Women and middle-age adults constitute a high-risk group and may therefore benefit from targeted interventions.


### Background

We sought to evaluate the prevalence and correlates of major depressive disorder (MDD) and suicidal behavior among urban dwelling Ethiopian adults. Methods: This was a cross-sectional study of 1097 outpatient adults (Z18 years of age) in a major hospital in Addis Ababa, Ethiopia. Sociodemographic and lifestyle characteristics were collected via structured interviews. MDD and suicidal behavior were assessed using the Composite International Diagnostics Interview (CIDI) among all study participants. Multivariable logistic regression models were fitted to estimate odd ratios (OR) and 95% confidence intervals (95% CI). Results: Prevalence estimates for lifetime and 12-month MDD were 18.0% and 6.7%, respectively. The prevalence of suicidal behavior during the previous year (i.e., suicidal ideation, plan or attempt) was 15.2% with approximately 4% having reported attempts. Overall, women were more likely to report suicidal behavior (17.8%) than men (11.3%). MDD odds were 1.53-fold higher among women as compared with men (aOR 1.53, 95% CI 1.05–2.23). Lifetime MDD was significantly associated with age, sex, marital status, and self-reported physical health. Participants reporting poor mental health had approximately 3-fold increased odds of MDD (OR 2.93; 95%CI: 1.05–2.23); those between 35 and 44 years old (aOR 1.92; 95%CI: 1.06–3.49) and those older than 55 years (aOR 2.54; 95%CI: 1.16–5.57) had higher odds of MDD. Similarly suicidal behavior was significantly associated with sex, marital status, and self-reported physical and mental health. Limitations: This cross-sectional study utilized self-reported data from outpatients. Causality cannot be inferred, and results may not be fully generalizable. Conclusions: Overall results show that MDD and suicidal behavior are highly prevalent among urban-dwelling Ethiopian adults. Women and middle-age adults constitute a high-risk group and may therefore benefit from targeted interventions.

Gabriella Puente was an undergraduate student at the Yale University in 2011 when she participated in the MIRT Program in Lima, Peru. During her fellowship, she worked on a project titled “Risk of spontaneous pre-term birth in relation to maternal depressive, anxiety and stress symptoms” (J Reprod Med. 2013 Jan-Feb;58(1-2):25-33. PubMed PMID: 23447915).

Since participating in the MIRT program in 2011, I completed my last two years at Yale University and graduated with a Bachelor’s of Science in Molecular, Cellular, and Developmental Biology. After graduating I moved to Boston and worked for one year at Boston Children’s Hospital completing a public service fellowship focusing on exercise and nutrition group visits. I then transitioned to Massachusetts General Hospital for Children where I acted as a pediatric Health Educator on a research team for two years while studying for the MCAT and applying to medical school. For two months - May and June 2016 - I backpacked around Italy, Spain, and France (see the attached picture). This August I will begin medical school at Columbia University College of Physicians & Surgeons with hopes of becoming a pediatrician with a focus on public policy and neighborhood health.

“Darkness cannot drive out darkness: only light can do that. Hate cannot drive out hate: only love can do that.”
- Martin Luther King Jr.,
Since my time in New Zealand and Australia with the Harvard MIRT program in 2014, traveling and public health has been a big part of my life. After returning to Seattle, I began volunteering at a homeless shelter, learning about a huge underserved population in Seattle, and continued my education at the University of Washington. Following the completion of my degree in Psychology, I began working in the Neuro-Epilepsy, Neuro-Telemetry and Intermediate Care Units at a local hospital. My experiences in the hospital and homeless shelter further reinforced my passion to work with underserved populations.

Currently, I am back in the South Pacific working with Dr. Lee Stoner on another research project. With Dr. Stoner, we are investigating the acute effects of whole body vibration training on the arterial stiffness in the elderly population. When I am not working on the research project, I am traveling. I recently spent six weeks in American Samoa and will be off to Southeast Asia before returning to Wellington, NZ to complete the research project. In the next year, I hope to apply to medical school and start a career addressing health disparities on the clinical side.

Parirash Abdolhosseini
MIRT Fellow 2014
MIRT Site: New Zealand

Pari in New Zealand (above) and with the 2016 MIRT New Zealand Fellows Hannah, Nathan, and Sequoya (below).
Dr. Mahlet Tadesse has been involved for many years as a faculty mentor in the Harvard MIRT Program. Dr. Tadesse has recently been promoted from associate to full professorship beginning in August at Georgetown University in Washington D.C. Her research focuses on the development of statistical and computational tools for the analysis of large-scale genomic data. She is particularly interested in stochastic search methods and Bayesian inferential strategies to identify structures and relationships in high-dimensional data sets. Additionally, she has also recently become a new mom. Congratulations Dr. Tadesse!

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Do you have an update?
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We would love to hear from you!

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 Harvard T. H. Chan School of Public Health MIRT (formerly the University of Washington 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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