Greetings, Fogarty Scholars!

This issue features our Fogarty Scholars from Asia, including Cambodia, India, and Thailand. It is always exciting to learn what our alumni have done with the training they have received here. Next time, we will spotlight our African Scholars. So if you are from one of our supported countries on the African continent, start gathering photos and musing on what you would like to share about your work. After that will come the Pan-American issue.

Till next time, as always . . .

My best to all of you,
Roberta Myers, Editor

Photos, top to bottom: Angkor Wat, Cambodia; The Taj Mahal, India; Wat Rong Khun (The White Temple), Thailand.
I was born in 1980, one year after the Khmer Rouge came to power, in a small Cambodian vil-
lage. Although we grew up in a poor family, my mother determinedly devoted her time and effort to as-
sure that my older brother and I could get the best education possible. As a result, my brother graduat-
ed from the Faculty of Medicine of the University of Health Sciences in Phnom Penh as a medical doctor
in 2003, and I graduated from the same school four years later. I have been so proud of my mother for
this great achievement.

However, graduating from medical school was just the first step of my professional life. After
three years of clinical experiences at Clinic Sokhapheap Thmey (New Health Clinic), where the majority
of patients are from the upper class, I decided to pursue community work to devote my energy to those
in desperate need.

KORSANG (Rebuild), a local non-governmental organization, was of extreme interest to me.
KORSANG’s main objective is to reduce drug-related harm among Cambodian drug users, especially
injecting drug users, using an American model of harm reduction. I reasoned that KORSANG would
provide me with a unique opportunity to discover more about addiction science, the devastating harms
of addiction, and the necessary strategies to reduce them. I found that Cambodian drug addicts were
unfairly ignored and punished instead of being treated as victims and human beings; my role at
KORSANG was to assure that drug users, regardless of their status and race could get access to a high
quality of care in a non-judgmental way.

As Medical Director of KORSANG, I gained effective communication skills among colleagues, the major-
ity of whom were deported from America. KORSANG helped me develop a trans-cultural aptitude, and I
am also proud to say that I have been one of the few physicians in Cambodia dedicating my practice of
medical treatment to injection drug users with dignity, compassion and respect.

My lifetime professional goal has been to become an independent health researcher with the
potential to make a difference in the quality of well-being among the most at-risk groups of population
(MARPs), including drug users, injecting drug users, commercial sex workers, and the vulnerable chil-
dren of Cambodia. I also wished to improve the capacity building in research among other colleagues
and prospective scientists in the country, with the ambition to found an independent health research or-
ganization in Cambodia.

I had an opportunity to participate in an Illicit Drug Initiative (IDI) research project funded by the
Australian Agency for International Development (AusAID) through the Burnet Institute, entitled Amphet-
amine Type Stimulant (ATS) Use and Sexually Transmitted Infections (STIs) Risk among Cambodian
Youth. As a co-PI with the founder of KORSANG, I took part in developing methodology, project imple-
mentation, data collection and analysis in order to document the rise of ATS use among young people in
Cambodia and its links to STIs and health risk behaviors. This enabled me to meet with researchers in
the six different participating institutions and organizations.

This experience and two concerns led me to pursue a career in public health: First, my primary
focus was treating individuals, which left many helpless victims in many other parts of the society. Se-
cond, I could help people only when they became sick, whereas my public health counterparts could
play a fundamental role in preventing health problems through implementing health education programs,
developing relevant policies and procedures, administering health services, conducting scientific re-
search, and so on.
(continued from page 2)

I decided to pursue a master’s degree in epidemiology to achieve two purposes—to gain the ability to improve the health among MARPs and to become a leading scientist in the field of community health research in Cambodia and eventually help strengthen research efforts in Cambodia.

I want to focus specifically on drug addiction issues, including HIV/AIDS and other severely communicable diseases, and the most effective ways of addressing them among MARPs. With the evidence-based approaches through scientific study, I want to be able to address the health issues encountered among those at the greatest risk for HIV and other drug-related harms in the most efficient and powerful ways and to expand the health services to meet their needs in the most cost-effective ways.

As to capacity-building in Cambodia, my long-term goal is collaboration with the Cambodian National Institution of Public Health (NIPH) and other relevant national and international institutions to establish a globally recognized Health Research Organization.

With these strategies, I strongly believe that I will be able not only to help improve access to high quality care for the MARP groups and others at risk in Cambodia but also help develop more human resources in the field.

I chose Berkeley, first of all, because the UCB School of Public Health is renowned as a leading research institution, and its masters programs in epidemiology have exceptionally strong curricula with an in-depth concentration on the breadth coursework in health sciences. Second, the epidemiology faculty at Berkeley are groundbreaking scientific researchers, especially in the field of HIV/AIDS. UCB also has strong collaborations with many other global leaders in research, such as UCSF, which I knew would provide me with a unique opportunity to learn from and work with a team of diversely outstanding health scientists.

As a bonus to the outstanding academic program, Berkeley is home to a breathtaking beauty of nature. Situated next to the San Francisco Bay, Berkeley possesses an exceptional splendor, with a beautiful campus and a multicultural environment. So I applied for admission and was accepted into the MPH Program in Epidemiology.

As a current student at one of the world-renowned public health schools, UC Berkeley has offered me great opportunities to actively absorb a superb knowledge in the field of epidemiology and other public health areas. At Berkeley I have been encouraged to think as an epidemiologist. I have learned things I have never learned before in my life, including (but not limited to) epidemiologic methods, data analysis using multivariate statistical models, environmental health sciences, and so on. Moreover, I have had a unique opportunity to work on a data analysis for my master’s project at UCSF. Berkeley has not only taught me academically, but also changed my life dramatically and altered the way that I look at things. I tend to see the world in a more positive way and have found that the most important thing in life is “giving” and not “receiving.” The only complaint that I have had about Berkeley is that there are so many new things to learn every day!

~ Vannda Kab

Editor’s Note:

Vannda is too modest to mention that he won the Sally Bellows Memorial Award (which supports outstanding international students) this year or to quote the statement in one of his letters of recommendation: “Vannda is the future of medical professionals working in Cambodia with drug users.”
**ALUMNI UPDATES: THAILAND**

**Wanitchaya Kittikraisak**

The most important piece of work done since I received my Ph.D. that I am proud of is “Development of a standardized screening algorithm for tuberculosis in people living with HIV in resource constrained settings: individual patient data meta-analysis,” Getahun HG, Kittikraisak W, Heilig C, Corbett E, Ayles H, Cain KP, Grant A, Churchyard G, Kimerling M, Shah S, Lawn S, Wood R, Maartens G, Granich R, Date A, and Varma JK. *PLoS Medicine 2010, in press.* This research has global impact on how to screen for TB in people living with HIV. The manuscript is a meta analysis of individual patient data highlighting evidence-based screening algorithm using four symptoms (cough, fever, night sweat, weight loss) to screen for TB rather than chronic cough alone. I am one of the two analysts of this project. This work led to WHO launching new guidelines, which have just came out a few days ago.

~ Wanitchaya Kittikraisak

**Chonticha Kittinunvorakoon**

After graduation in 2003, focusing on virology and immunology, I returned to Thailand to work for ~1.5 years at the Thai MOPH NIH as a researcher in the immunology unit. Then I moved to work with the CDC HIV/STI laboratory, which is integrated with and part of the Ministry of Public Health’s NIH and Department of Medical Sciences Laboratories, under the umbrella of TUC (Thai MOPH –US CDC Collaboration), where I worked before I left for my graduate training at UCB. My work at CDC HIV/STI laboratory was to support CDC sponsored HIV clinical trials and studies. I worked for CDC HIV/STI laboratory for 3.5 years and then transferred/moved to join the CDC Global AIDS Program, laboratory services section, also under the umbrella of TUC, where I am at present. TUC is designated as the U.S. CDC Southeast Asia Regional Office to assist the countries within the region. The U.S. CDC has also encouraged the collaboration/cooperation between Thailand and Sub-Saharan Africa as part of the South-to-South technical assistance or global TA. The advantage of having some technical assistance from Thailand instead of the U.S. is those countries can learn from us how health systems and quality of health services in Thailand have been improved, and they can meet people who have instituted those systems. In contrast with the West that such systems exist for so long and they may have less experience in term of adaptation and policy implementation to improve the quality of health care delivery within the limited resources like Thailand. Our works include training as capacity-building, technical assistance on development of lab guidelines, SOPs, new testing technologies, etc., laboratory quality management system, national External Quality Assessment Programs (EQA program for laboratory testing), HIV, OI and STI testing and diagnosis, and laboratory accreditation. Currently, we are assisting Ethiopia to establish their national EQA program and laboratory quality standard. The Ethiopian, Kenyan and Zambian lab teams had already visited Thailand, and we plan to expand our assistance where this is appropriate.

My current work is to support Thailand and neighboring countries including Laos, Cambodia, Vietnam, Papua New Guinea, and some African countries to strengthen and improve the quality of laboratory systems for HIV diagnosis, prevention, treatment and care. Our GAP laboratory works are to coordinate and provide technical assistance to improve the quality of laboratory systems, advocate for implementation of quality management and assurance programs to ensure the quality of laboratory testing. We support the development and evaluation quality systems for clinical services and to ensure these can be adopted by the host countries to ensure sustainability and integration into the routine systems.

~ Chonticha Kittinunvorakoon
I Miss U, Berkeley!!

In the year 2001, I joined International Institute for Population Sciences (IIPS), Mumbai for an MPhil programme in Population Studies/Demography. I ‘heard’ the word ‘Berkeley’ for the first time when one of my classmates told that his maternal uncle is a Professor at ‘Berkeley University’ and that it one of the best places to study in USA. Some years down the line in 2006, I found myself heading to UCB (Fall, 2006) to study three courses in applied Statistics in the School of Public Health, UCB under AITRP-Fogarty programme. I am really thankful to SAMATA Study PI Dr. Suneeta Krishnan and Prof. A. Reingold for giving me this opportunity. I also take this opportunity to thank my Professors at UCB namely Prof. M. Lahiff, Prof. A. Hubbard, Prof. N. Jewell and Prof. J. Colford for their wonderful lectures. I could utilize the expertise gained during my time at UCB to apply in data management and analysis at SAMATA, Bangalore.

After that I headed back to my hometown Lucknow in North India to complete field work related to PhD programme. I later joined as Operations Research Advisor, Futuresgroup International in the IFPS-II Technical Assistance Project (ITAP) which is USAID-funded programme in Uttar Pradesh and based at Lucknow. I was involved in many monitoring and evaluation activities of the various public-private partnership programmes under the umbrella of IFPS-II. After my stint at Futuresgroup, I joined as Consultant with IIPS, Mumbai in a Population Council led consortium funded by BMGF to evolve a comprehensive BCC strategy for Northern India in the context of Reproductive, Maternal, Neonatal, Child Health and Nutrition. I was involved in extensive field work in Uttar Pradesh both for quantitative and qualitative survey. In the near future, I am expecting to work with Family Health International, New Delhi in the area of data management and analysis in the context of antiretroviral therapy (ART) in India. I am looking forward anxiously for my new assignment.

When I came to Berkeley, I made some really good friends both in and out of school of Public Health, UCB. The day I reached Berkeley two more students under AITRP came to UCB; one from Brazil who spoke more of Portuguese and one from Côte d'Ivoire who spoke more of French and myself more of Hindi. So, whenever we talked in the middle of conversation our mother tongue language would inadvertently come out. That was really interesting!! Also, I am very much interested in astrology and I do wish to use it some way to study risk factors for health outcomes in future.

(continued on page 5)
Though I did not get any formal degree like MPH (I wish I could have one) from Berkeley but what AITRP study stint at Berkeley did was, it changed the way I approach the things I face everyday. I am more inquisitive, more responsible towards data handling, STATA skills have improved and are still improving, I just don’t let it go. I try to cling like a crab till I have given my best. That’s what Berkeley is all about for me.

~ Nitin Datta

Purnima Madhivanan

Public Health Research Institute of India is very busy and we have a lot of things going on. In addition, we have had 22 interns to date from Berkeley and other universities who have come to spend a summer or a year learning culturally sensitive community based research in India.

The three latest things at our site are the following:
1. We have received a large grant to examine the parental acceptability of HPV vaccine for adolescent girls in India.
2. We received a large grant to increase uptake of Prevention of Mother to Child Transmission of HIV which includes a community component to it. We had received a three year award from Elizabeth Glaser Pediatrics AIDS Foundation for the last three years. This current grant will help us to continue what we had started along with adding some development components to it for another three years.
3. We have conducted the second of the four training for health care workers (Training of Trainers) in Mysore to use low cost diagnostics for screening for cervical cancer. We are particularly focusing on getting more providers who are seeing HIV infected women to get trained in screening for cervical cancer.

~ Purnima Madhivanan

Madhukar and Nitika Pai

Ever since we left Berkeley, what have we been up to? We finished our PhD's in 2004 and 2006, respectively, and moved to McGill University Montreal, Canada, thereafter.

In 2006, Madhukar joined on a tenure track appointment in the Department of Epidemiology at McGill, and I joined as a research fellow in Infectious Diseases in the Department of Medicine. Subsequently, in 2009, I took up the position of Assistant Professor (on tenure track) in the Department of Medicine at McGill as well.

We are currently independently supported by New Investigator Awards and grants from the Canadian Institute for Health Research (CIHR). We continue to invest our time and energies to active research, mentoring, teaching and control of infectious diseases (i.e., TB, HIV and related co-infections) globally, particularly in India.

In 2008, we were blessed with a baby daughter, Annika (left, with Coco), who has taught us to take life in nano-moments and enjoy it a little.

We would like to take the opportunity to thank Art Reingold for his generosity in supporting us with NIH Fogarty funding throughout our graduate studies. We wish the program continued success and we hope that it continues to attract good students from all over the world and achieve its vision in due course.

~ Nikki Pai
Saranya Sridhar

After finishing my MS in Epidemiology from UC Berkeley, I moved to Imperial College London to the Department of Respiratory Medicine as a post-doctoral researcher. I am currently running two immuno-epidemiological studies in London - one a longitudinal cohort study investigating natural cellular immunity to pandemic influenza and another 10,000 patient cohort study to evaluate immuno-diagnostic assays predicting progression of latent tuberculosis to active disease.

I have also eased back from playing softball for Lowered Expectations! (the SPH team) to the more sedate pace of village cricket. I have great memories of my time at Berkeley and would be delighted to host you in London to share your work and Berkeley experience!

~ Saranya Sridhar

Hello from Art and the Epidemiology staff!
Left to right, top row: Juanita Cook, Art Reingold, Diane Hinkly;
bottom row: Eugene Konagaya, Connie Perez, Roberta Myers