Peru Issue

Greetings, Fogarty Scholars!

Once again, we bring you the AITRP News, featuring pictures and stories about our students and alumni from a different corner of the world — this time from Peru. We also have some links of interest, to a pair of ethics manuals produced by Suneeta Krishnan and her colleagues in India (p.9), and to a talk that Art Reingold gave (p.10) on swine flu for an audience in Singapore. The subject of our lead article, Eddy Segura Paucar, really impressed me with his diligence during his final semester in Berkeley when he showed up for nearly every masters presentation that was given. Eddy is light-hearted, but he is a deep thinker, as you will see..

Till next time, as always...

My best to all of you,
Roberta Myers, Editor
When people ask me why I decided to study medicine, if I don't care for any patients at all, they usually believe that I lost several years of my life. I do not see it the same way. I think that helping people has always been part of my sense of cooperation towards my peers. It was because of my medical exposure that I could refine my interest in public health and pursue graduate studies. I realized that there are other ways to help people. I believe that clinical medicine is important, and I think I would have been very good at it, but I think my skills are better exploited and applied in public health research.

Since I was very young I have recognized in myself two qualities that even today I am proud to own: curiosity and my desire to find the underlying truth, the cause or rationale for what my curious eyes have seen. These two qualities, together with the diverse and stimulating experience I had during my university life and beyond were the main ingredients to begin to shape my interest in research, epidemiology, public health and especially in taking them to a higher level through graduate studies.

When I was 16, my father gave me the opportunity to study medicine in Mexico. Although at the beginning I was very excited about the idea of travel and study abroad, I knew that leaving Peru would separate me from the reality of my country and family. After being admitted to this Mexican school of medicine, only two days before the big day trip, I told my father that I wanted to continue studying in Peru.

In that year, when I was supposed to travel to Mexico, I had the opportunity to meet several doctors—brothers, cousins or parents of my college friends. I remember the advice of one in particular who said that there was much to be done in Peru and that the work for doctors was not limited to dress in white coats and meet patients in a clinic or office.

At that time, I did not understand what else a doctor could do, since I was only 16 years old, but I was sure that if these words came from a Peruvian doctor, then it was probably very true. Later on, this interest in learning what else a doctor does became one of my paradigms. I think that without this decision I would have never begun to know the situation in Peru.

The university medicine career in Peru lasts eight years, and most of the people are around 17 or 18 years old at the moment of admission. This implies that most of the training of Peruvian physicians occurs during early adult life. Most of the medical education I received was clinically-oriented problem-solving on an individual basis, perhaps the hallmark of medical education in my country. However, I noted there was a gap or apparent contrast between what I was taught in class and what I saw every day, and that made me reflect on the implementation and extension of the work of health professionals in general. I had a presentiment that not everything could be as simple as a linear algorithm disease-diagnosis-drug.

During those early years, it was difficult for me to translate these concerns into specific questions. I remember, for example, that I was interested in knowing why there are normal ranges for laboratory parameters, and none of the professors had a satisfactory answer for me. These experiences were stimuli for me to investigate in textbooks.
What I found was beyond satisfactory: I met for the first time the concepts of normal distribution, mean, standard deviations, outlier values, and other items that I would meet again in courses such as statistics and clinical epidemiology.

My classmates used to advise me not to lose time in seeking explanations for everything and just to accept the actual facts as golden rules, but the search for truth and my underlying explanation-seeking sense were playing on my side.

Halfway through the medical education, courses were more clinically-applied, but even then I had this individualized guidance that I had slowly begun to extrapolate. I always questioned medical treatments and dosages—not because I was suspicious of them, but because I wanted to know where the guarantee was that such treatments actually work. The answer from my professors was always the same: There have been "studies" showing that they work.

In the clinical pharmacology and medical therapeutics courses, I never received a clear explanation of what a "study" was, so I decided to seek it myself. It was in this circumstance that I met many professors who were also researchers at my university's Institute of Tropical Medicine who were kind enough to show me all the details of clinical drug trials whose aim was to assess the efficacy and safety of a new medicine, knowing from the protocols, the handling of data, the form of supply of medicines and all the human infrastructure and equipment that was required for this purpose.

I discovered that there really was a great underlying explanation to my questioning observation. I discovered that there were many other kinds of research. I knew that one of the main strengths of research in my country and university were applied to infectious diseases. I knew about different designs and studies being conducted in various subjects such as tuberculosis, HIV/AIDS, and other diseases that I would not know until the end of my education. I began to understand and confirm that the medical and health sciences in general were more than a simple algorithm disease-diagnosis-drug and began to really believe there were other approaches. I started to spend hours on the Internet looking for more information on these topics. I became very interested in that kind of activity and started working more closely with the professors with whom I have a close working relationship and friendship up to today.

With all these new experiences—very unusual for a medical student—I entered into the final courses of the medical curriculum. Those courses were purely clinical, but I always tried to find the research aspect in each. I noted that there was always a gap in many diseases, either for lack of diagnosis or treatment method or prevention. Also, I discovered the importance of the distribution of diseases in different people, times and places. It was fascinating to understand how heart diseases were more common in men older than 40 years, or understanding why there is malaria in the Peruvian Amazon while not in Lima, and understanding how other conditions not necessarily associated with medicine (such as education, poverty, lifestyles, attitudes, etc.) were associated with the occurrence of disease. In my last years at the medical school, I had the opportunity to travel for two weeks to the Peruvian Amazon for our regular course of infectious diseases, and that was when I saw what I learned, both inside and outside the classroom, within an actual reality.

My medicine career was very intense and exciting because its intellectual and challenging contents, but I always had the feeling I was not shown the whole picture and felt the need to seek this reality that I had not even seen. Thanks to the university I could travel both to the Amazon region and to the southern part of the country for clerkships in other public hospitals where I could compare the reality with regard to the hospitals in the capital city. Being in contact with other people, other climates, other customs, made me understand that Peru was more varied than I had thought. It also taught me that there were variations in living conditions, education, employment, access to health services, prevention programs, etc. and probably these explained much of the various health problems of each region.

I noted that it was not very useful to know that the X treatment has to be prescribed for the Y disease,
especially if a person does not even know he/she is at risk for a disease, or has no access to a health facility or cannot believe that a pill indicated by a strange doctor is better than local beliefs and traditional medicines. I think those trips influenced me a lot and aroused my interest in wanting to know what was happening and why things happened in this way. This awareness of the actual reality, as I like to call it, was very crucial because it helped to put aside my interest in infectious diseases from a narrow clinical or biomedical point of view to embark on a more comprehensive understanding of the determinants of the diseases where tools such as biostatistics and epidemiology began to have more importance in my plans.

On my return to Lima, I was very satisfied. I knew that health sciences-oriented research was the missing part in my medical training -- and it was not just a need, it was also an area in which I had already discovered potential and new abilities I was good at. I wanted to explore them even more. After my graduation, I decided to devote most of my time to research. I believed that research was essential in achieving the truth and improving both health and prevailing status of knowledge.

During the first year after graduation, I worked for a local NGO dedicated to the evaluation of nutritional interventions programs for the Peruvian government, organizing the field work and data collection. It was not a position to be commonly assigned to a young non–experienced physician.

Then I had the opportunity to return to the city of Iquitos in the Peruvian Amazon for three years to work as general coordinator of research projects aimed at describing and understanding the epidemiology of tropical diseases, especially malaria and leptospirosis. This experience was very rewarding and allowed me to make many trips, interact with many researchers, launch publications, get a few awards and use the results of my research on suggestions for implementing actions of local public health in the Amazon.

In this experience, where I had a chance to work alongside biologists, nurses, mammalogists, entomologists, etc., I found that interdisciplinary work as a team is very important to achieve aims in general. And this interdisciplinary work is, or should be, the key characteristic of public health and research in general. I also discovered that although my interest in research was very high, the work that was required to achieve the objectives of the study was very tiring and demanding. But among these things, several good outcomes show up: I could both build up my leadership and group skills and make independent decisions, because most of the time I had to face alone various situations requiring immediate actions. Definitely, this awareness served me very much because it represented the move from what was written in therapeutic textbooks to epidemiologist field handbooks.

After that I returned to Lima and joined the staff of the school of public health as a research assistant. I was responsible for both academic research projects and also research studies that our university led with national and international health agencies. Most of these addressed HIV/AIDS and other sexually transmitted infections, but also aspects of public policy, program evaluations, external consultancies and case studies at the request of the ministry of health. This new experience allowed me to complete the spectrum of my experience in research: basic, clinical, field epidemiology, operational and implemented in public health with direct involvement. I reinforced and strengthened my interest in a public health career. I began to see that I have the ability to generate original research and get the sponsorship required to do so. I affirmed my motivations, which have always been in place. Next, I needed more training. I applied to the MPH Program in Epidemiology at U.C. Berkeley and sought Fogarty AITRP support.

I chose UC Berkeley because I knew the School of Public Health here and felt that its wide variety of

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students with different cultural backgrounds would be a very challenging and stimulating environment. I thought it would be perfect to have such peers to share and discuss ideas, topics of study and learning every day at school. I think we all have something to learn, teach and share; being part of a very diverse group is beneficial to me. I also believed that my skill at working in a team and being an independent thinker would be well received in this type of environment and that my sense of leadership would be valuable. During my studies in medicine and the five years that I worked in research after graduation, I was able to work with people from diverse professional backgrounds, academic and cultural life, and I know the importance of this interaction in the workplace and that the same interaction in a learning environment would be of great benefit. In the same way, I hoped that my experience would help to make the classroom an even more stimulating and beneficial place to all participants, because I like to promote active discussion rather than being a passive recipient of information. Finally, I believed that studying at a foreign university such as UC Berkeley would allow me to establish bonds of cooperation that could eventually lead to or be transformed into initiatives and collaborations in joint work upon my return to Peru. Most of the public health problems of my country are related to infectious diseases and I think that the research topics I will cover upon my return to Peru will be linked to STD and HIV infections as well as tropical diseases in which I have developed great experience.

As seen in my above descriptions, my motivation for research has stemmed from my curiosity about seeking the truth and an explanation. These are the motivations that have nurtured and helped me so far and that continue to develop my plans for the future.

I think it is not enough to be an intelligent person, well prepared and capable of being admitted into a great school in order to achieve the best results academically and professionally. First, I think it is important to learn how to learn and teach the way public health is understood outside the Peruvian reality. I could have chosen to study at a local school of public health, but I already had a very extensive exposure to the local system. What I needed next were tools to understand and intervene in this reality. I think it is always important to recognize the importance of the external approach. Secondly, I think that the environment is just as important to reinforce learning in a group context - or more so. I wanted to strengthen my academic standards and refine my training with graduate studies that would give me the tools needed to become an independent researcher with the capacity to understand, critique and intervene in the processes that determine health at the population level. I chose this, knowing it to be a very difficult pathway that might take several years to fulfill, starting with a master's degree and eventually progressing toward a doctorate. But I think that the best things in life are not only those that are large and hard to achieve but those that are conceived or planned in a large scale from the very beginning.

Now that I have finished the one-year MPH program, I am returning to Peru to continue working within the HIV/STDs research area. This is a big and important area of research with great interest from government, academic and private institutions. I aim to get a faculty position at my alma mater, Universidad Peruana Cayetano Heredia's School of Public Health, and settle my family life, along with my wife Monica. This experience at Berkeley will definitively impact my professional life and allow me to better contribute to the institutional strengthening and capacity-building at Cayetano. I am deeply in debt to the Fogarty Program for this invaluable support and for providing me with the tools to produce substantial contributions for the good of Peruvian public health.

- Eddy Segura Paucar, M.D., M.P.H.
Peruvian Fogarty Alumnus: Carlos Caceres

Carlos Caceres, M.D. (MPH '91, DrPH '96) is a Professor at the School of Public Health and Administration "Carlos Vidal Layseca," at Cayetano Heredia School of Public Health, where he conducts research in sexuality, sexual health and sexual rights, and coordinates the Integrated Program of Studies in Gender, Sexuality and Reproductive Health. He chairs the Unit of Health, Sexuality and Human Development as well as the Institute of Studies in Health, Sexuality and Human Development.

He works as a Principal Investigator and heads multiple projects, such as the Peru Site of the NIMH HIV/STI Collaborative Prevention Trial and the Study "Comunidades Positivas and enhanced partner treatment in Peru," both conducted in collaboration with the Program in Global Health, University of California, Los Angeles, and funded by the US NIMH; the studies “Effects of the Collaboration with the Global Fund for HIV/AIDS related interventions in Perú” (funded by WHO/AHPSR and a member of GHIN) and “Globalization, HIV/AIDS and Financial Flows” (funded by IDRC); the second phase of the study “Estimation of the Size, Epidemiology and Legal and Human Rights Characteristics of Sexually Diverse Populations in Lower and Middle-Income Countries” (funded by UNAIDS). He also directs the Project “Cultural Activism and Human Rights in Latin America, (funded by HIVOS).

He was President of the Organizing Committee of the First Public Health Research Congress in Peru (July, 2006). He has been President of the International Association for the Study of Sexuality, Culture and Society (IASSCS) and of the Organizing Committee of its VI International Conference (Lima, 2007).

He has been the Co-Author and Editor of several publications, including Ciudadanía Sexual en América Latina: Abriendo el Debate (2004); Sexualidad, Estigma y Derechos Humanos – Desafíos para el Acceso a la Salud en América Latina (2006); Nuevas Evidencias para las Políticas y Programas de Salud en VIH/SIDA e Infecciones de Transmisión Sexual en el Perú (2007), and Investigación Científica y Políticas Públicas en el Perú – Memoria de las Primeras Jornadas Científicas de Salud Pública, July 2006 (2007).
ALUMNUS PROFILE: Nicola Zetola, MD (MPH ‘08)

Living the challenge of practicing medicine in a developing country during my medical school training in Peru opened my eyes to enormous social and economic inequalities. I was witness to the major disparities in health and health risks among minority groups. This provoked a strong desire in me to dedicate my career to change them. However, I realized that I was lacking the skills to achieve such a change.

Looking for an opportunity to improve my abilities, I decided to go to the United States for my postgraduate training. I had the luxury of being chosen to attend at the Johns Hopkins Hospital for my training in internal medicine. Since infectious diseases account for the highest morbidity and mortality worldwide and offer opportunities for high-impact interventions, I continued my training as a Fellow in Infectious Diseases at the University of California, San Francisco.

Despite having had the privilege of superb clinical training during those four years, I realized that that I was still lacking the skills I’ll need for high-impact public health interventions. I recognized that in order to decrease health disparities, especially among minority populations, new knowledge and understanding to prevent and control disease was required to guide changes in health policy and medical practice. Since leadership from epidemiologists was particularly critical in health initiatives, I looked for a position as a research fellow at the San Francisco Department of Public Health, where I gained hands-on experience in research and public health interventions in HIV and sexually transmitted diseases.

In that position, I worked on several projects looking into ways to expand HIV testing and medical care in underserved populations in San Francisco. Together with a multidisciplinary group of stakeholders, we analyzed the impact of simplified HIV testing procedures and found that eliminating the previously required written HIV testing consent increases HIV testing rates and case detection. Similarly, we designed and implemented programs for HIV testing and acute HIV testing in the emergency department and other busy hospital settings with rapid turnaround of patients. While helping me to develop skills in public health and epidemiology, those studies provided useful information that led to policy changes.

After my post-graduate training in the United States I looked for a position in Africa that would allow me to use and transmit the skills I learned. I joined the Botswana-University of Pennsylvania Partnership in July 2008 and moved to Gaborone, where I am currently developing and implementing several research projects and public health interventions in HIV and tuberculosis-related issues. Currently my responsibilities include teaching, mentoring and bedside rounding on the inpatient medical wards and outpatient HIV-TB and MDR-TB clinics at all the tertiary hospitals in Botswana; outreach to district and regional hospitals in Botswana where we mentor and advise on issues relating to chronic care of HIV infected patients, opportunistic infections, and HIV-TB co-infection; to assist in the development of national guidelines for the comprehensive management of HIV-infected patients and the teaching curriculum for its region-wide dissemination; to provide assistance in the implementation of a women’s health initiative based on mentoring health care providers on the “See and Treat” approach to cervical cancer screening in HIV infected women; and the development and implementation of several research projects looking into multiple tuberculosis-related issues, with emphasis on MDR-TB and infection control. The training in public health and epidemiology I received at Berkeley dramatically improved the quality and increased the potential impact of my work.

- Nicola M. Zetola, M.D., M.P.H.
ALUMNUS PROFILE: Alfonzo Silva Santisteban, MD (MPH '08)

Alfonzo Silva Santisteban describes himself as a doctor and an activist. His interest in politics and social activism began at home. His father, a lawyer, worked for 35 years at a public bank that gave micro credits to artisans and small entrepreneurs, and he told Alfonzo that the poorest were the most reliable, but they had no access to credit.

Alfonzo attended medical school at Universidad Peruana Cayetano Heredi (UPCH). Working in public hospitals, he saw firsthand how economic inequalities prevented people from receiving care and treatment, and became interested in the relation between health, education, and social exclusion. After graduation, he joined a project led by a local NGO to enhance educational materials in child and maternal health and insect-borne diseases for the Matsiguenga people in the Cusco jungle. During a field trip to assess native traditions and lifestyles, he saw how small interventions on education and prevention could have a direct impact on health improvement of the community.

At the Institute of Tropical Medicine, and later at the Health, Sexuality and Human Development Unit of the School of Public Health, both at UPCH, he worked in infectious diseases, especially on HIV and HTLV-1. Through these and several other projects, including coordinating a training program for the Global Fund Project, he realized that he wanted to pursue a degree in public health and develop a career combining research, community work, and large scale interventions in the health system.

Meanwhile, he became a clown. As president of the UPCH student's association, he learned about an NGO called Bolaroja that was working with hospital clowns in the National Institute of Child Health. He joined Bolaroja in 2002 and feels that clowning was the responsible for the redirection of his professional life. His work with Bolaroja has been mainly with children at hospital wards, but with Patch Adams' U.S. group, The Gesundheit! Institute, there was also work with communities in the Andean and jungle regions of Peru. He credits clowning for the opportunity to bond with people from these regions in Peru "in a manner that I probably would have not achieved as a doctor -- dancing, talking, even playing, but always having in mind the fact that most of the people that we have worked with live in poverty, with little access to health or education, and that situation could be transformed."

In a poor neighborhood of Iquitos in the Peruvian jungle, a ten-day activity was staged: painting the houses of two blocks of Belen. Quite skeptical at first of the impact of something so seemingly shallow and gimmicky, his perspective shifted over a few days: "I had the chance to meet these people and talking with them without any scent of paternalism, or aid provision. I realized how a simple activity like painting a block could gather up a community and reinforce their solidarity and self esteem. People from Belen were proud to see their bright colored homes and were thankful to have the opportunity to accomplish a task by themselves and with us."

Working on HIV/AIDS, he says, "has given me an integral vision of an epidemic, how disease control goes from bedside care to strategic planning or national decisions. I have also had the opportunity to work directly with the people living with HIV and to travel across the country seeing different realities and everyday problems that patients have to confront, such as inequity, discrimination, intolerance, cultural differences and many others. . . . I felt the necessity to go more deeply into my understanding of public health, in order to acquire more tools and skills which could help me to accomplish my goals."

So, he applied to the Fogarty International Center for support and was admitted to the U.C. Berkeley M.P.H. Program in Epidemiology. After completing the MPH last year, he returned to Peru to work at the Sexuality, Health and Human Development Unit of the School of Public Health at UPCH, collaborating with ongoing projects and developing his own initiatives, focusing on access to health of vulnerable populations and on translational and operational research.

Alfonzo sums up his philosophy this way: "I always recall a phrase that Patch Adams said at a pediatrics congress in Lima:

'People ask me if I am a doctor or an activist. I always respond:
  I am an activist because I am a doctor.'"

- Roberta Myers
Recent Publications

Purnima Madhivanan (MPH 03, PhD '07) wrote to let us know about an editorial and an article that she published recently:

Doesn’t the Public Have the Right to Know that Male Circumcision Protects Against HIV? Purnima Madhivanan, Karl Krupp, Indian Journal of Medical Ethics VI (1):5-6, January—March 2009.


Purnima is now an Infectious Disease Epidemiologist with the San Francisco Department of Public Health as well as an Adjunct Assistant Clinical Professor with the Department of Obstetrics, Gynecology and Reproductive Sciences, University of California, San Francisco.

Ethics Training Resource Group Releases Ethics Manuals

Announcing the web release of Ethical Issues in Health Research: A Manual for Introductory Training and Ethics Review Board Resources. The Ethics Training Resource Group, India, a national network of individuals committed to promoting bioethics training for biomedical and social sciences researchers, has compiled an introductory research ethics training manual. The manual is a result of several years of collaborative training efforts and consists of a set of core modules that have been used in workshops in India. We plan to update this compilation in the near future. In the interim, we look forward to others using this resource and enhancing and tailoring these materials to their needs. Although prepared with an Indian audience in mind, we believe that this manual will be a resource to researchers working in other resource-constrained settings. Many individuals contributed to this effort, including (but not limited to) Sunita Bandewar, Lester Coutinho, Amar Jesani, Suneeta Krishnan, Neha Madhiwala, Sailesh Mohan and Mala Ramanathan. The manual has been edited by Amar Jesani, Suneeta Krishnan, Karl Krupp and Mithu Tharayil. A companion volume of Indian case studies is available upon request. A resource was also developed for the formation of ethics review boards. We would greatly appreciate feedback, questions, and/or comments on the manual, which can be addressed to Suneeta Krishnan at Suneeta.krishnan@gmail.com. We gratefully acknowledge the support of Professor Arthur L. Reingold and the University of California, Berkeley - University of California, San Francisco Fogarty International AIDS Research Training Program (Grant TW00003-15).

(Editor's Note: Go to the Links page of the Division of Epidemiology website at http://epi.berkeley.edu/links.html to obtain a downloadable copy.)
J. Maziel Giron Vilela of the Universidad Peruana Cayetano Heredia in Lima is coming to Berkeley in July for several months’ study and research. Ms. Giron has a masters from UPCH in Gender, Sexuality and Reproductive Health and has worked as a researcher and consultant at CARE, the Peruvian Ministry of Health, and the Universidad Privada Antenor Orrego in Trujillo, where she got her bachelor’s degree in Obstetrics. Her research involves sexuality, gender, sexual health, reproductive health, and social dimensions of health and the AIDS epidemic, especially in vulnerable populations. She has been a trainer for STI/HIV counseling, a qualitative research methods teacher, and has experience with the design and implementation of maternal-perinatal services. Welcome, Maziel!

BREAKING NEWS

Art Reingold’s swine flu talk, “Options for Reducing Morbidity and Mortality in an Influenza Pandemic”, is available in several versions on our Epidemiology website. Art gives a brief history of influenza pandemics and efforts to contain them as well as some detail about flu strains, discusses modern strategies to prevent the spread of infection through public health tactics such as screening, and concludes with recent data about vaccinations for the various secondary infections that accompany influenza epidemics and their efficacy in preventing the spread of disease. Originally, Art was invited to speak on a panel on influenza in Singapore. Ironically, he was not able to attend because of Singapore's quarantine regulations, so he videotaped his Power Point presentation for webcast instead. You can access it in Real Player, Windows Media Player, or I-Tunes (podcast version) by going to our site at http://epi.berkeley.edu and clicking on Links.

Hello from the Division of Epidemiology: Left to right, Diane Hinkly, Ron Jeremicz, Art Reingold, Juanita Cook, Roberta Myers (Photo credit: Lorretta P. Morales)