Children’s National Global Health Resident Alumnae

**Ophelia Adipa** completed residency training in 2014. She was accepted to the Global Pediatric Fellowship program with Boston Children’s Hospital and Partners in Health. During residency, Ophelia completed a rotation in her home country of Ghana.

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**Amber Alayyan** completed residency in 2010. Her primary interest had always been in conflict and health and humanitarian emergencies.  Before medical school, she completed a Fulbright scholarship on environmental health in Israel/Palestinian Territories and then received her MPH from the London School of Hygiene and Tropical Medicine. During residency she completed two international rotations, first with the Baylor Pediatric HIV program in Lesotho, and then with a pediatric tent hospital in northern Haiti after the earthquake.   Since late 2010, she has worked with Medecins Sans Frontieres/Doctors without Borders (MSF), both as a pediatrician and as a medical team leader, specifically choosing to work in conflict zones, focusing on the care of pediatric (and often adult) patients in the contexts of acute or chronic conflicts and complex emergencies.  She has worked in the Central African Republic, Pakistan, Yemen, Iraq, and, most recently, Jordan.   Through her leadership MSF opened a surgical border hospital for war-wounded refugees from Syria.   She currently resides in the U.K., but you may also find her doing shifts in our ER.

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**Cristina Cardemil** completed residency in 2010. She came to residency with an MPH and experience in global health research, and continued her work in Malawi during residency researching the role of community health workers in case management of childhood illness. She applied and was accepted to the CDC Epidemiology Intelligence Service (EIS) after residency and continues currently as an EIS officer. She has had both international and domestic experience during her time with the CDC.

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**Shubhada Hooli** completed residency in 2009 in the Community Health Track. She moved to Boston where she worked as a hospitalist, and in 2011 completed her MPH from the Harvard School of Public Health. In 2012-13 she worked with the Baylor Global Health Corps in Malawi. She then returned to work for Harvard Medical School as a faculty member of the [Rwanda Human Resources for Health](https://bearmail.cnmc.org/owa/redir.aspx?C=JGIvMA8NnECNvob3TATmdPwOeN1lcdEINJB86m1wBAi0mVVKhKj7O_qKLO_lMAVzc5PUqI2gfOc.&URL=https%3a%2f%2furldefense.proofpoint.com%2fv1%2furl%3fu%3dhttp%3a%2f%2fwww.hrhconsortium.moh.gov.rw%2f%26k%3d6JSkda1SE0Yss6Wblf1qjA%253D%253D%250A%26r%3dbkzKqg081mnVXk0Y5WacMDrC1yVY5J0XbRCNuzHZboY%253D%250A%26m%3dlKOYyrkzPLVTj3YD2GKPJu2j1Whd60jJo85lz51UdIc%253D%250A%26s%3d7a0d2d74703920c5e582f2089b6abdfe33e10319b039d337d10165d999cc05d8) Program.  This is a consortium of US universities under the auspices of the Rwanda Ministry of Health supporting a massive scale up of the healthcare and medical education infrastructure.  In this role Dr. Hooli’s primary focuses are pediatric critical care, neonatology, and graduate medical education.  She is a co-investigator of the Prevalence of Acute critical Neurologic disease in children:  a Global Epidemiological Assessment – Developing Countries (PANGEA-DC) study.  Additionally she provides technical assistance to the Rwanda Ministry of Health in Maternal, Newborn, and Child Health.

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**Susan Hrapcak** completed residency in 2012. She completed two international electives during residency – one with the Baylor Global Health Corps in Malawi, and another with Health Frontiers in Vientiane, Laos. She was accepted to work with the Baylor program in Malawi and has continued to work there for two years.

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**Molly Moore** completed residency in 2010. She completed an international rotation in Kolkata, India during residency and also volunteered with Project Medi-share in Haiti. Molly was accepted to a two year Global Pediatric Fellowship Program with Boston Children’s/Partners in Health after residency. She did her field work in Rwanda. She currently works as a pediatric hospitalist in Burlington, VT where she is working to increase global health education opportunities for residents.

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**Caitlin Pedati** completed residency in 2015. During residency, she independently arranged to do a one month elective working with the CDC in Guatemala, studying epidemiology of bacteremia in infants. She continued to work on this project while back at residency, and then also completed a Spanish language immersion elective in Costa Rica. Caitlin was accepted to the CDC Epidemiology Intelligence Service. She would be happy to have interested residents contact her.

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**Bina Valsangkar** completed residency in 2012. She had completed an MPH prior to residency at the Harvard School of Public Health. During residency, she continued research initiated in medical school as the founder and executive director of The Quito Project, a research organization partnered with the Ecuadorian Ministry of Health, to implement community-based effectiveness trials for innovative programs in maternal-child health, nutrition, and primary education. After residency, she served as a project manager at Community Empowerment Lab (CEL) in Uttar Pradesh, India, where she worked on a program and research trial to scale-up essential newborn care in rural communities. She now works in Washington, DC as a Newborn Technical Advisor at Save the Children, where she is responsible for providing technical and program expertise for reducing neonatal deaths in Malawi, Ethiopia, India, and Nepal.

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**Testimonials and advice from some former residents:**

**Shubhada Hooli:**

*I completed my training in the Community Health Track at Children's National Medical Center in 2009. First great decision - my continuity clinic was at Upper Cardoza.  Basically I was immersed in a different culture and language at my continuity clinic once a week.  That and doing electives abroad were integral to figuring out if this was the right field for me.  My first year out I was an ER Associate at CNMC.  I think this was the best move I could have made - it gave me the time to solidify my clinical skills and gain confidence as an attending while still in a safe (for patients) environment.*

*Although I had always wanted to work in global health, finding the appropriate position proved to be a challenge.  I must have applied for at least 30 positions and never heard back.  I applied to the Baylor program twice before I was given an offer.  I considered many training paths to global health including two fellowships in global health, an infectious diseases fellowship, MSF, EIS, and a PhD.  In 2011 I completed my Masters in Public Health at Harvard School of Public Health.  This was a sentinel experience, not just for the education it provided but for the amazing networking opportunity.  Originally I was supposed to begin an ID fellowship but withdrew just prior to finishing my MPH.  In an attempt to buy myself some more time to figure out what I wanted to be doing, I worked as a hospitalist in the MSICU at Boston Children's Hospital.  That experience helped me gain confidence in managing critically ill children and gave me a skill set that proved incredibly valuable in global health.*

*From 2012-2013 I worked with the Baylor Global Health Corps in Malawi.  In this position I temporarily ran a pediatric oncology program and worked in pediatric HIV and emergency medicine.  It was an amazing experience integrated into a model global health organization, working hand in hand with the local government.  Since I had an MPH and experience working in advocacy/health policy in the US via the AMA I was given the opportunity to provide technical assistance to the Malawi Ministry of Health pretty early on in my time there.  I can't say enough positives about my experience with Baylor, it was very difficult to leave the organization.*

*I was then recruited to my current position at Harvard Medical School where I'm pediatrics faculty for the Human Resources for Health program (*[*http://www.hrhconsortium.moh.gov.rw/*](https://bearmail.cnmc.org/owa/redir.aspx?C=JGIvMA8NnECNvob3TATmdPwOeN1lcdEINJB86m1wBAi0mVVKhKj7O_qKLO_lMAVzc5PUqI2gfOc.&URL=https%3a%2f%2furldefense.proofpoint.com%2fv1%2furl%3fu%3dhttp%3a%2f%2fwww.hrhconsortium.moh.gov.rw%2f%26k%3d6JSkda1SE0Yss6Wblf1qjA%253D%253D%250A%26r%3dbkzKqg081mnVXk0Y5WacMDrC1yVY5J0XbRCNuzHZboY%253D%250A%26m%3dlKOYyrkzPLVTj3YD2GKPJu2j1Whd60jJo85lz51UdIc%253D%250A%26s%3d7a0d2d74703920c5e582f2089b6abdfe33e10319b039d337d10165d999cc05d8)*).  Whereas my position with Baylor was almost entirely clinically focused, in my current position I have a traditional academic medicine faculty role but am based in Rwanda.  This appealed to me because I feel like a lot of my work is spent on improving the health system for years to come.*

*The best advice I can give to someone entering global health:*

*1)  Really think about what you enjoy and go for positions like that - don't just reach for anything that will take you abroad.  Don't do a fellowship unless you absolutely want that training.*

*2)  Spend time as an attending in the US.  You will gain more confidence and credibility.*

*3)  If after you've moved abroad you find that you don't enjoy the lifestyle, that's alright but leave.  Don't cling to an identity you created for yourself before you really knew what you were getting yourself in to.  Plus, you're opening up an opportunity to another person who's just as qualified.*

**Rajesh Daftary:**

*To those pursuing global health interests following residency, I would highly recommend the Texas Children's Hospital Global Health Corps, or work with another established organization such as Partners in Health, MSF (Doctors Without Borders), Peace Corps, or a WHO partner agency.  Your training at CNMC is excellent, however, obtaining on the ground work experience is invaluable to understanding contextual challenges to healthcare delivery in resource limited settings.  If you plan to work abroad clinically, I'd recommend planning on staying for at least two years, as the learning curve is steep and it will take some time to be truly effective in a setting different from which you trained.  You do not need to limit yourself to US based agencies, but I would recommend finding an organization that has a clear mission within country, has the approval and continued support of the local government, and has a clearly defined role for what work you will be doing.  Apply early as many positions are highly competitive.*

*For those looking to work on a policy level, consider an EIS (epidemiology) fellowship with the CDC, the Robert Wood Johnson Fellowship in health policy (more domestic policy oriented), or any number of fellowships offered by the Department of Health and Human Services.  Agencies such as USAID and the State Department are excellent ways to work on global health policy, but your opportunity to participate in clinical medicine will be limited, and generally some work experience is preferred.  Finally, there is much need in the United States, and you are interested in working with a population in need, consider the Indian Health Service or the National Health Service Corps which offer loan repayment programs.*