

## ALUMNI

## FACES

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COURTESY OF RACHEL BRONZAN

Rachel Bronzan took time out from her clinical and laboratory duties for a trip to Mt. Mulanje, the largest and highest mountain in Malawi.

## From Yale to Africa, an alumna finds her niche

A decade after her graduation, Rachel Bronzan studies malaria in Malawi.

On a typical morning in Malawi's rainy season, which runs from November to May and brings mosquitoes out in force, **Rachel N. Bronzan**, M.D. '95, M.P.H., sees patients with severe malaria. "It's sort of a perverse lottery jackpot," said Bronzan of the ward she works on at Queen Elizabeth Central Hospital in the city of Blantyre. "We can provide better care because we have fewer patients, but you have to be very, very sick to come to our ward."

In the dry season, Bronzan puts on her public health hat—she works for the Centers for Disease Control and Prevention (CDC) on epidemiological studies and disease monitoring for Malawi's National Malaria Control Program.

It is in Malawi that Bronzan has combined her love of Africa with an interest in science and a desire to use medicine to help others. Malawi, in southeastern Africa, has been her home since 2002, but Bronzan's interest in Africa started long before. "When I was young I was always taken with the idea of Africa—its natural beauty, diverse indigenous cultures, exotic wildlife and vast expanses of land and sky," she said.

She first traveled to Africa in 1991 as a Downs fellow studying HIV in Senegal. During her fourth year at Yale she went to Kenya for a clinical rotation and worked at a malaria research post. Now Bronzan lives in Blantyre, the commercial and industrial center of Malawi, a landlocked country of 94,000 square kilometers of rolling plains with meandering rivers, vibrant green tea plantations and peaked highlands bounded by Mozambique, Zambia and Tanzania.

Bronzan's foray into medicine seems natural when you understand her beginnings. Her father, a theoretical particle physicist, taught at Rutgers, and her mother, a clinical social worker, counseled psychiatric inpatients. She absorbed her father's methodical, logical approach to problem solving and her mother's nurturance and respect for others. Growing up with a younger brother only a half-mile from their maternal grandparents, she was also inspired by her grandfather, a physicist who worked on the development of color television at RCA. In his basement workshop they blew glass, built and detonated small cannons using compressed gas to fire bits of pencils and erasers, and created electromagnetic fields with wire coils (like an MRI) in which Bronzan's grandfather tested the effect on his vision.

In 1990, after graduating from Stanford with a degree in chemistry and working in an infectious disease lab, Bronzan began medical school. By her fourth year she still felt the lure of research, but during her travels in Kenya she saw the rewards of treating patients. "I was impressed by the great impact that the family physicians made, with broad training and simple interventions skillfully applied in a resource-poor setting. I realized that if I were to practice medicine I would most likely do it in a setting like that, where basic need is high," she said. She spent a fifth year at Yale, during which she got an M.P.H. at Harvard, and in 1995 began a residency in California at the Community Hospital of Santa Rosa.

AUTUMN 2005

yale medicine

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YALE SCHOOL OF  
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After working at hospitals in the Bay Area, Bronzan applied to the CDC's Epidemic Intelligence Service (EIS), which provides on-the-job training in epidemiology. While waiting for her first posting, she traveled to Malawi to care for seriously ill children at Queen Elizabeth Central Hospital with Terrie Taylor, D.O., a professor of internal medicine at Michigan State University. For six months she received housing and a \$100 weekly stipend. "I thought this was a fantastic offer, although some of my friends wondered why I would be so happy about such a dramatic salary cut," she said.

In July 2000 Bronzan started her job at EIS, which over the next two years took her to Mali, Kazakhstan, South Africa and Florida for work in infectious diseases.

Now, along with her malaria research, Bronzan works as a part-time clinician-researcher for Taylor. "What is unique about my position is that it allows me the opportunity to do clinical care of severely ill children, clinically related research, as well as field surveys and public health-related projects," said Bronzan.

Her epidemiological studies and program planning could affect malaria control in Africa and abroad, but she finds that caring for children afflicted with malaria is her true reward. "Although mortality is high—between 15 and 20 percent of comatose children die—those who survive tend to recover quite quickly, and the majority of them do not have long-term neurological or developmental problems. They come to the hospital in a severe coma and can walk home in as little as two or three days. That in itself is really exciting."

—Kara Nyberg

