



Emma Dahmus, MS2
Global Health Scholars Program, Zambia Site
Trip Dates: June 10th- July 22nd

Emma Dahmus
Global Health Scholars Reflective Paper

During my time in Zambia, Celeste and I were assigned to the Triple C program at Macha. Triple C, Comprehensive Community Care, is responsible for community outreach and quality control to rural health posts and centres providing HIV treatment, counseling and testing to the local community. Celeste and I traveled out to the posts or centres about three times a week and observed the roles of the Macha Research Trust (MRT) workers in this program. Over the course of the trip, Celeste and I gained more responsibilities, which included taking vitals and counting pills for patients as well as recording data from the logbooks. The data included information regarding the number of people who got tested, the number of positives, and the reason for why the person sought out testing.

While the Triple C program was amazing to observe, my most unique experience while abroad was my time shadowing the plastic surgeon at Macha. I got to observe what surgery was like in Zambia, at a non-government hospital. It was soothing to smell the cleanliness of the surgical theater in comparison to the urine smelling operating theaters I saw while I traveled to the Gambia. The surgeon performed cleft lip and burn contracture repair surgeries to those who have waited for him to return to Macha. Anesthesia was incomparable to that of the U.S. The anesthesiologist just waited for the patient to start moving until he gave another dose of ketamine or another form of anesthetic rather than an IV drip. Also, the anesthesiologist would disappear at times, and so when the patients did begin to move, one of us not performing the surgery had to search for him. And if those events were not eye opening enough, during the one surgery on an infant, the O2 saturation dropped down to 35%, and this drop only seemed to be alarming to the non-natives.

The last case of the day was a boy who came in with horrific burns all over his legs. I was informed that they believed the boy had that bad of burns because he had a seizure near a fire. Supposedly he fell into the fire while seizing, but was not saved because many Zambians believe that if you touch a person while they are seizing, then that person will pass on the spirit that is taking over them to the person who is trying to help. This boy I saw in the hospital was left in the fire, and I saw the results, and I will never forget that. Seeing a few of these surgeries really opened my eyes to the differences in providing medical care in another part of the world and how the culture of the people really impacts how medical care is provided.

I am beyond words to describe how happy and thankful to have had the opportunity to meet the people of Macha and observe the community outreach program such as the Triple C team. It was amazing to see what such a small program

can do to impact hundreds to thousands of lives by providing free, accessible HIV testing and treatment. The HIV infection rate continues to decrease over time, and hopefully one day, programs such as the Triple C program can continue to grow and impact more people to continue this decrease in infections. On my last day in Zambia, I watched a sensitization play and question and answer session at the care house at the hospital. The care house is a place on the hospital's campus where people squatting on Macha's campus can go and watch plays and gain information regarding HIV. It was amazing to see how eager these people were to learn more about the disease, but also disheartening to see how little many of these people knew. I had to explain what the difference was between HIV and AIDS in a country where HIV is very common and where the people I was informing didn't have a large amount of education. The desire to learn is there, but the means and resources to correct information is what is lacking.

Macha is a great place for the global health program. Its only downfall is that it is located in the middle of nowhere. It takes about an hour to get into town for groceries, but the MRT workers, the patients you see and the physicians you meet make up for this less than ideal location. I am more than excited to go back to Macha and see the people I have built relationships with and to finally help take care of patients. Dr. Thuma is a great resource and is more than helpful with any questions or concerns a traveler may have. Macha has the housing, food and experience that any global health scholar would need for their experience abroad.

Personal Learning Goals:

To better understand how health care is provided in a developing country and compare these differences to that of what I know in the U.S.

Travel around with the Triple C program to observe their community outreach programs. Shadow in the hospital and talk to health care workers to observe and discuss the concept of health care. Compare these observations and discussions to that of what I know in the U.S.

While this goal is not necessarily measurable, I did record a journal for every day I was in Zambia, and there were specific days I spent special attention to understanding Zambia's health care system and comparing that to the U.S. I spent time shadowing in the OR and traveled to rural health centres and posts and observed how they tested and treated patients with HIV

To understand how outside resources help in Africa, and what can/could be done for these programs to not be entirely dependent on outside funding.

The Triple C program is entirely dependent on outside resources, and we learned while we were working with them that their funding is being cut in September. There is talk that another organization will take over the costs of this program, but

this is still unclear. I had talked to all the workers of the Triple C program about their opinions on outside resources helping their programs.

I have documentation from interviews with workers of the Triple C program that discusses these difficult topics about funding, what happens if it is cut, and the possibilities of the Triple C program being able to support themselves. Providing aid to Africa is a very difficult topic to discuss and is even more difficult determining how we can fix this dependence.



Spirit of Life Foundation - Post Trip Report 2015

Zach Hutchinson

zhutchinson@hmc.psu.edu

971-209-9444

Zach Hutchinson Senegal Trip Journal Entries

Entry 1

Today I visited one of the saddest, most terrifying place I have every seen in my life. From the outside looking in, Gorée Island does not appear much like the rest of Senegal that I have seen so far. The buildings, constructed by the handful of different European nations that occupied the island since the 15th century, are colorful and ornate with lavish gardens, unlike the square, grey, cinder-block homes that dominate the dusty mainland. Children play at the beach as you arrive via ferry, and merchants are eager to sell their goods and trinkets. Our tour took us around to the island's various viewpoints and artist displays before leading us to a former slave house, where horrors of the slave trade played out for centuries. Walking in the main door, one sees two grand spiral staircases circling up to the second floor, where the slave masters lived. The slave cells were beneath on the ground level. Men were housed on the right side, women on the left, and children in the rear. Families would be forced or tricked into coming to the island based on physical characteristics that masters deemed favorable for manual labor, then separated and stripped of their names once they arrived. Fathers and mothers could hear the cries of their children in neighboring cells, but would be able to do nothing. In cells roughly the size of an average house's bathroom, as many as 20 people would be chained tightly to the walls with their hands attached to a pole at shoulder height. Attached to these poles for the vast majority of the time during their often several month long stays, the men, women, and children would sit in their feces and urine in the hot, humid, Senegalese days in these cells with only tiny slits for ventilation. Those that survived dehydration and starvation would often die of infectious diseases bourn out of these horrendous conditions. Entire epidemics sweeping over the whole island would arise out of these houses. As ships would arrive to pick up the slaves, they would be led to a "the door of no return" overlooking the sea. Fed by a continuous supply of dead slave bodies, sharks would eagerly await any who tried to flee and swim to freedom. A quote is engraved on a plaque in the doorway exiting the house: "'If the sky were paper and all the seas ink, I would not be able to describe the brutality of the slave trade.'"

While incredibly difficult to witness, I am grateful to have seen this important historical landmark. I feel much more aware of the brutal history that befell much of Africa, as well as the horrors that brought African-Americans to Africa. Slavery is a thing of the past in America and most of the world, but I

couldn't help but feel that this inequality of the slave masters living on the comfortable, spacious second floor while the slaves suffered in the dungeon-like cells beneath the floorboards was somewhat symbolic of the current state of people living in impoverished places around the world.

Entry 2

The more time I spend in Senegal, the more I become aware of just how privileged I am. Within the US, I would not consider myself particularly "privileged" as some use the word. Both of my parents are middle class, and my first year of medical school was the first time since I was 16 that I did not have a job to pay for expenses. However, simply being born in the US placed me in a privileged group of people. In my case, it saved my life. I was born six weeks premature, and unable to breathe with my poorly developed lungs, I was flown by helicopter to a larger hospital that could take care of me. This is the standard of practice in the US for complicated medical cases. With the exception of time-sensitive emergencies or other extenuating circumstances, if a hospital does not have the facilities or staff to adequately take care of a patient, that patient is transported to a hospital that is able to do so, no questions asked.

As I watched an 800 gram premature baby with severe respiratory distress gasp for air in the NICU of the small ill-equipped hospital in M'Bour, I couldn't help but think of what I might have been like when I was born. I wondered if I used to be the size of my now adult forearm. I wondered if I had chest retractions, abdominal breathing, and nostril flaring as bad as this baby. Because I am still here I know that I received more care than this baby that was given only an oxygen mask and a few basic medications. Out of sheer blind good fortune, I opened my eyes for the first time in a state of the art medical facility in one of the most prosperous countries in the world. This baby that fought for air for four hours with every muscle in his body would not open its eyes. No helicopter would come.

Entry 3

The media surrounding Africa seems to focus almost entirely on poverty, disease, ISIS, pirates, war, and famine. Each of my parents in fact were strongly against me going to Senegal due to fears of me being affected by at least a couple of these dangers. Despite me telling them over and over that it was safe where I would be going, they still objected. I know that this is likely

due to parents simply fearing for their child, but the fact that they were convinced that where I was going had all of these problems despite it not having any of them speaks to the unfortunate portrayal of Africa. Why do the insane people that make up a tiny fraction of a percent of the population of only a handful of countries of a giant continent get the spotlight? Why don't these kind, welcoming, outgoing, and fun people that make me smile everyday get a news story? Sure, there is some truth to the problem of malnutrition in the small piece of Africa I have seen, and yes, some media coverage helps raise funds for food. That is not all that there is to Senegalese people though! Despite not having a lot of food to put on the table, they will give it to you if you are a guest in their house! The media portrayal elicits pity for these people, but they are far from pitiful. They play their own music and whole neighborhoods get together to dance. Women wear some of the most vibrant and colorful dresses I have ever seen. Kids play soccer on the beach for hours. Merchants smile and laugh together as they hand make their goods. There is no denying that Africa has more than its fare share of problems. If the media would look further it would also see that it has some of the most amazing people in the world.

Entry 4

In general, the people that I have encountered in Senegal appear to be rather happy people. I see more smiles and hear more laughs than I generally would while in the US. It is interesting to me that this is the case. Americans are far more wealthy and have access to travel and experiences that the average Senegalese person will never experience.

Feeling guilty during my 3 weeks of traveling after my time in Senegal, I pondered this as I sat at dinner on a Croatian island overlooking the sea. My girlfriend and I were almost done with dinner when the waitress walked over and picked up my girlfriend's cushion to put on her chair. "Oh, thanks. I didn't even notice," she said. The waitress replied, "Now you'll notice that your back is nice and soft." I felt that this was spoke to what it's like to live in Senegal vs the US. It's perfectly possible to be happy sitting in a chair without a cushion if you are focusing on the right things. For the Senegalese people that I met, those things were family, friends, music, dancing, food, spirituality, and spending time together. With all of these there is no need for the cushion that is huge mansions, fancy dinners, nice cars, amusement parks, and malls.

Entry 5

I did not realize it until I arrived in Senegal, but learning how to better trust others has been a major goal of mine while abroad. I think that this is so important because it involves making an effort to open oneself up to seeing the best in people. The easy thing to do is close oneself off based on fear of strangers or how the media portrays certain parts of the world.

It was at first unsettling to get in a van at the airport with somebody whom I had never met and with whom I could not communicate. I had to trust in Fatou, one of our hosts, that the driver was trustworthy and reliable. While I never had any real doubts, it was still a relief to arrive safe at our destination an hour and a half away from the Dakar airport. It has been a goal of mine to adopt a “go with the flow” mentality while in Senegal. I accept that I don’t know enough about this place to have control over my life to the level that I do at home. I know that our hosts and Dr. BeLue know this place well and that they will ensure that we have a safe, enjoyable time here. Truthfully, it feels liberating to trust that people will treat me well while I am visiting their country. Worrying is an easy thing to do, but I think it really holds people back from truly enjoying the great things that a place and its people have to offer.

Entry 6

One of the hardest things for me to see during my time in Senegal has been the plight of the poor patients in Senegal, which unfortunately comprises a large part of the population in this country with 60% unemployment. The health system here is nearly 100% privatized. If a patient or family cannot pay for medicine or tests, then they do not get them. Period. In the pediatrics ward where I have spent all of my time shadowing, I have seen this play out in the worst way possible. A 5 year old girl was brought to the doctor after she fell down some stairs and hit her head, then lost consciousness. In order to care for this patient, an emergent head CT was needed to determine the plan of care. The family was poor, however, and could not afford to have this done. The pediatrician and intensive care doctor agreed that the best thing that they could do was provide supportive measures and intubate the girl if she was unable to maintain her airway. The next day I returned to the pediatrics ward to learn that she had died later that evening. A head CT could have provided information that could have saved this girl’s life. I wish I

could have done something more for her than swat flies away from her motionless face as she lie in the hospital bed. While this and similar cases in Senegal were some of the saddest things I have ever seen, they are what drives me to pursue global health. I am distraught and furious that life ends this way for poor people in undeveloped countries. It is not the fault of any one person or any one hospital, but of an entire system and the preceding social, economic, and historical events. These feelings motivate me more than anything, but I know that it is extremely difficult to make positive changes in a health system even as an experienced physician, much less a first year medical student. If anything, this trip has taught me that my role now is to learn as much as I can and to not forget that kids die when they might have survived had they been born in a different country.

Entry 7

A unique issue that we have experienced during our trip is that of polygamy, which is very common in Senegal. As a popular phrase used by the men here goes: “How can I be opposed to polygamy? I wouldn’t be here if my father wasn’t a polygamist.” If anything, this experience has been a good exercise in learning to respect another culture, even though it is one I oppose. It was a bit shocking at first to see the many men stroll into the Diabetes Association Banquet we attended with 2-4 women following them closely. Nonetheless, they all smiled, shook our hands, and greeted us in their native Wolof. Not that I ever considered saying anything, but I know that as an outsider it is not my place to tell them why polygamy is wrong. As far as many of them see it, monogamy is wrong. While I certainly have no plans to become a polygamist, I know now that I can at the very least keep an open mind to it and accept that it is a different cultural and religious choice that some people make. I feel that this mindset will serve me well as a future physician, where it will not be my place to make moral judgements but to accept people as they are and treat them with dignity.

Entry 8

Leaving Senegal has been almost like leaving home for me. Some of my first sights of Senegal were of the ubiquitous dirt and trash that littered the streets lined with plain cinder block buildings and huts. The baobab trees were sparse, and the black smoke billowing out of trees was frequent. We arrived in front of the hospital and instantly more than a dozen young boys

surrounded our vehicle. I felt almost as if I was in a cage at the zoo. Not knowing what else to do, I smiled and waved at the kids. Then I stuck my tongue out at them. As they smiled and waved back, all my feelings of unease evaporated. While I will never be able to forget some of the sad stories that I saw play out in the hospital, the joy that these people have for life is what I will remember and cherish most about my time in Senegal. I will remember playing soccer on the beach, teaching them how to throw a Frisbee, swimming in the ocean, dancing Jembe with a whole neighborhood, playing the drums, and all in all enjoying life more than I regularly do while entrenched in medical school. When I think back on my time in Senegal, I won't be able to help but smile.

Summary

My time in Senegal was everything that I had hoped that it would be and more. The time there was well split up between hospital educational opportunities, research, and cultural activities/traveling within Senegal. We also participated in a community Diabetes and hypertension screening event. I spent my time in the hospital shadowing the local pediatrician, with whom I also am working on two research projects involving child malnutrition and neonatal birth outcomes. I know that this experience will shape my future career as a physician. After spending time in an extremely resource poor setting, I am more motivated than ever to incorporate global health into my career to work towards improving health inequalities. The people I met during my time there were some of the kindest, most welcoming people I have met, and I hope that one day I will have the skills and knowledge to work with them towards improving health measures.

My future advice to incoming students is to participate and learn as much about the host culture as possible. This is an amazing opportunity to expand your horizons and have great fun doing so. Be prepared to be taken out of your comfort zone, especially if you do not speak the host language. Seeing the state of health care in most of the sites will likely involve very sad cases, but you will also be amazed by what the doctors are able to do with the little resources that they have. Also, be weary of traveler's diarrhea and bring Cipro, Immodium, Pepto-Bismol, etc!

I feel that the biggest strength of this trip was the blend of educational and cultural activities. It was very flexible in that we could shadow in the hospital as much as we pleased in any of the departments. We could also spend more days doing research if required. There was also plenty of time for leisure and exploring M'Bour. Our hosts and Dr. BeLue did a fantastic job of showing us around Senegal and immersing us in the culture! The only weakness I can think of is that the community Diabetes and hypertension screening event seemed fairly disorganized, which could be improved for next year. Setting everything up in advance and doing a walk through of the event the night before would likely help solve this problem. Overall, though, everything was fantastic!

This experience had a significant impact on me as a physician in training. After seeing the terrible outcomes that many of the poor people in Senegal face, I am now a much stronger supporter of socialized medicine. The health system in Senegal is completely privatized, making it very difficult for the 50% of the population that is unemployed to receive adequate treatment. I know that this is a very complicated topic, but I have to believe that there is a better alternative than that which ends in poor patients dying because they cannot afford medicine. I found that as the trip went along, I became more laid back. I tried to adopt the "go with the flow" mentality that seems to dominate in Senegal. While it will be more difficult to continue during medical school, I hope to bring this mentality along with me during the years to come.

This trip has made me want to become a physician that works toward improving the health inequalities both in the US and abroad. During this trip I saw multiple babies and children die, in part because the families could not afford medications or necessary tests. Seeing this firsthand, I am now motivated to incorporate global health work into my career as a pediatrician.

2015

Spirit of Life Foundation – Post-trip Report



Jane Trinkkeller

jtrinkkeller@hmc.psu.edu

(661) 714-4162

Program Title

Penn State Global Health Scholars Program – Ecuador

Program Location

Quilapungo, Ecuador and Cumbaya, Ecuador

Program Timetable

4-week Program, June 15th through July 11th, 2015

- First 2 weeks: Clinical Shadowing and Medical Spanish Course
- Second 2 weeks: Clinical Shadowing, Community Improvement Projects, Medical Student Research, and Community Health Fair

Summary of Experience

While in Cumbaya, we spent our mornings shadowing physicians in two hospital clinics: a public hospital clinic in Yaruqui, about 45 minutes away by bus and a private clinic next to the Universidad de San Francisco de Quito (USFQ), within walking distance. The afternoons were spent taking Medical Spanish courses at USFQ. We stayed in pairs with host families, which allowed us to practice our Spanish and learn more about Ecuador. For the second two weeks of the program we went to a rural community in the Andes mountains called Quilapungo, which is outside of the parish of Zumbahua. We either shadowed at the Centro de Salud, a public clinic, or prepared for our community health fair. Our community health fair was held on a Sunday, which was the only day that community members were able to take a day off of working. We offered stations to check blood pressure, screen for diabetes, screen for cataracts, learn about dehydration, learn about exercises to prevent arthritis, and see a physician for minor health complaints. My particular role involved teaching adults about stretches and exercises they could do at home to relieve and prevent pain associated with their daily labors as farmers.

Highly recommended is living with host families both in Cumbaya and Quilapungo. It is beneficial to be within walking distance of the University in Cumbaya for Spanish classes. There are so many potential projects that can be addressed in the coming years in the community of Quilapungo, including: vision health, arthritis, lung health, water sanitation and hygiene. The community is willing to work with you, but there is a lot of personal work and drive that is required to get things started. Learn Spanish! Make sure a translator is available, as many people speak Kichwa!

Learning Achievements

One of the major advantages of this trip was an opportunity to shadow physicians in both a public and private setting. This not only allowed us to see different patient populations and the health

issues faced in each, but allowed us to better understand the health system in Ecuador and the disparity in *how* medicine is practiced amongst practitioners in a public hospital versus a private clinic. Especially enlightening was interacting with new physicians who were completing their service year: a year in which they are required to practice family medicine in an underserved community after completing their medical degree, before they can go on to specialize. What I found was that these physicians, though native Ecuadorians, were not from the community and not familiar with the culture or the people in rural areas who still live in traditional ways, speaking the native tongue. They were from more affluent communities in the city, with access to education and resources that people in underserved communities lack. As such, these budding physicians seemed disconnected from their assigned communities. They sometimes seemed bored and dispassionate, but mostly frustrated by their working conditions and limitations. They tried to teach their patients about preventative measures to prevent illness, but they told us that the message never came across, perhaps because of cultural barriers or perhaps because they did not have adequate time to sit down with their patients and establish the kind of relationship that would help foster change (appointments in the public system are limited by a 15 minute time constraint). For example, one of our projects included education about preventing parasitic infection by boiling water before consumption. One of the physicians told us that they have already told the community about this many times. We noticed in our surveys that there was still a disconnect between information, and many still would not boil their water.

I realized that the above situation happens in the United States as well. Physicians often have difficulty teaching their patients about lifestyle modifications or changes that would be beneficial to their health. I see the dire need to work together with public health programs to ensure that the education is available and given to patients, and to not expect my patients to learn anything from a brief 15-minute appointment with me. I realized that it is important to be patient with such education and to not give up on or become frustrated with patients who do not appear to listen to my advice. I may need to take more time to deliver this information, in different modalities than in the office. Often, I will need to rely on relationships with people in the community who may be better equipped in delivering this information to patients or who may have more time to deliver it so that it is understood.

The health care system in Ecuador is much more socialized than in the United States. I enjoyed seeing a different type of health care system, which seemed conscious of the lack of medical care in rural communities. It was apparent that a lot of money was being put into renovating and building public hospitals, which were free for individuals who did not want to purchase insurance. Though this was mandated in Ecuador, I liked the idea of serving in underserved communities for a few years after medical school in an effort to increase access to medical care in underserved communities. I believe that I will voluntarily strive to do this, possibly through the NHSC Scholarship program. I also think that in whatever field of medicine I choose to pursue, I will also strive to incorporate more time for education. I am now conscious that appointments in the office may limit this time, and to effectively reach my patients, I will need to schedule additional time for education and/or establish relationships between my patients and public health programs.

Program Strengths

All of the scholars involved in the program rotated through and shadowed physicians in both a public and private facility as well as in urban and rural settings. This allowed students to compare different aspects of the health system in Ecuador. Students were allowed to complete some basic

physical exam skills through clinical shadowing, while practicing Spanish with physicians who spoke little English. In addition the program was well-integrated with a Medical Spanish course that allowed students to practice their Spanish and gear their learning toward practical medical vocabulary. An additional strength of the program was the opportunity to stay with host families throughout the entirety of the program. This not only facilitated learning of Spanish but also of the culture. Staying with families and seeing first-hand what they eat and what they do at home every day helps to understand factors affecting population health, which may not be seen in the clinical setting.

Program Weaknesses

This program is a very strong program and offers many learning experiences, but the availability of these opportunities were mainly student-driven. The program could use better defined and longitudinal support both in and out of country to ensure that the program is sustained in the years to come.

Impact

This experience has shown me how complicated the practice of global health can be. One thing that I will need to keep in mind as a future physician abroad is the absolute necessity to have an in-country contact to better establish a relationship with a community before all else. We were fortunate to have that contact, Hector, a member of the community who helped coordinate host families for us as well as arrange a community meeting to organize and spread the word about our health fair. What was especially essential was his ability to communicate with us in English and with his community in their native tongue, Kichwa. This helped eliminate confusion on our end, as no one in our group is a fluent Kichwa speaker. Hector was also able to appeal to the community in ways which we could not have, because he was a member, and he understood them. Moving forward, I realize that I am fortunate to have someone like Hector to help me in my future efforts: my mother. My mother still speaks the native Miskito dialect of the region of Honduras which I plan to establish a relationship with for future global health work. She can help me forge relationships and help me better communicate and educate the communities I plan to work in. I also have the rest of my family in-country who could help me, and be a presence to help establish sustainability when I am not in the country.

Speaking of sustainability, there are still so many components of global health which I have to consider, including relationships I should make with existing public or private health systems in the country. This past year in the Global Health Scholars program, I have come to realize the importance of utilizing these already established systems. I realize now that this is the most promising way of enacting real change to the health of developing countries. Part of this is encouraging the communities I visit to see their closest health clinic, which may be closer than they think. I know I was surprised to find a functioning public health clinic in the isolated community of Zumbahua which many people still did not utilize. In addition, I could work with the powers that be to help establish new public health clinics in other areas. I do realize that the reality of all this planning is complicated and political, and will require a lot of networking and collaboration on my end. There is still much that I have to learn and prepare for, but this trip has given me a much more realistic picture of the goals I have for myself. I have a lot of work ahead!