

Through the provision of the Brody Summer Enrichment Program I was able to spend 8 days working with a medical mission team in Condega, Nicaragua. It was an incredible week of personal growth and discovery! My Spanish was rusty at first, but by the end of the week the translators stopped speaking to me in English. I took this as a sign that I was at least intelligible. I certainly gained confidence and hope to be able to communicate more easily with Hispanic patients in Pitt County.

Our team was composed of approximately 7 physicians, 3 nurses, 4 dental workers, one ophthalmologist, one pharmacist, a handful of logistics personnel, both American and Nicaraguan, and me, the one medical student. We held clinic from 9am-5pm Monday-Friday and treated around 400 patients each day. Because I was the only student I was allowed to spend time with each doctor throughout the week. In addition to taking histories and performing basic physical exams I also had the opportunity to administer joint injections and assist with minor surgeries. One of the most exciting aspects of the trip was the opportunity to treat patients with illnesses and infections that are rare in the United States, either because we treat the symptoms early enough to prevent full-blown disease or because certain parasites/bacteria do not survive in our environment. I will always remember one patient in particular – a five-year old boy named Dennis with a terrible case of hydrocephalus. His head was about the size of two large watermelons. Dennis most likely will not live to turn six, and it struck me how easily he could have been treated and gone on to live a normal life if he only had better access to standard health care.

There are, of course, hospitals and clinics in Nicaragua but they appeared to be difficult to access for many Nicaraguans living in the rural countryside or in poverty. Although our team worked with a local physician, there are many foreign-based medical mission teams providing care independently of Nicaraguan physicians. I am not familiar enough with the Nicaraguan health care system to understand the financial and resource limitations that may prevent local physicians from providing care in rural areas, but I was disappointed that more Nicaraguan health care workers were not in our clinic. This observation impressed upon me the importance of first and foremost investing in the health and well-being of my own community and caring for those around me.

Being my first time in a third-world country, I was of course impressed by the destitute conditions of so many of the people we cared for. On one occasion we made house calls in Condega, and I was humbled by how welcoming and generous the people were in spite of their material poverty and apparent lack of anything to be generous with. In particular I recall an elderly lady whose home consisted of bare cement walls and floors with only a few white plastic chairs to break up the monotony of the gray room. Flies continually threatened to invade the site of her wound as we performed a procedure on her eyelid, yet, she was still giving thanks to God for her blessings and blessing us in our turn. Truly, good health and material comfort are not the things that sustain the human spirit.

Jennifer King

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I am very grateful to the Brodys and the Medical Foundation for enabling me to work with Global Health Outreach in Nicaragua. With time, I hope it will be evident that the experience has made me a better, more compassionate physician than I would have been otherwise.