

# Summer Abroad in Iganga, Uganda

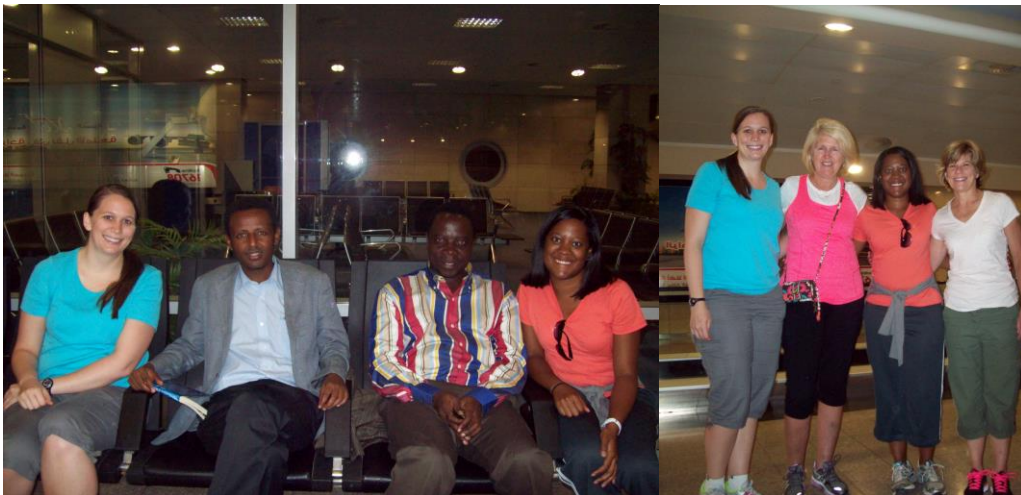
This summer, I was graciously afforded the opportunity through the Brody Scholars Program to travel abroad on a medical mission trip to Iganga, Uganda. I, along with three of my classmates, planned the trip through a well-known program, Experiential Learning International. Through this program, arrangements were made for us to stay with a host family and spend 4 weeks in Uganda at the Iganga District Hospital. My goals for the summer were two fold. As a first year medical student, I hoped to be exposed to as much medicine as possible. Additionally, I was excited to immerse myself in a different culture and find the similarities between some rural parts of the United States and Iganga.

## Traveling to Uganda



Jordan Lull and myself were scheduled to leave for Uganda together at the end of June, and meet two other classmates, Rebekah Jewell and Amber Heckart, who had been in Uganda about 2 weeks. Before even leaving North Carolina, we were met with one of our first setbacks. Our flight was canceled due to weather delays and rescheduled for two days later. What at the time seemed to be devastating ended up being an opportunity in disguise. It allowed us to cross paths with many interesting people who also had ties to both medical missions and Uganda. On our flight from New York to Cairo, we met two women Gina and Malia. These ladies were traveling pros that had spent much time abroad and offered us priceless advice. They were also working in Uganda, although they were a few hours north of us. We also met Sam and Sampson, who were from Ethiopia and Uganda respectively. Sampson was extremely helpful when we arrived at the airport. One of my bags with supplies for the hospital had not arrived at our destination and he helped me communication with the staff and made sure that the proper arrangements were made for my bag to be returned.

We arrived at the Entebbe Airport at 5 am and were greeted by Michael, the In-Country Coordination for the program. After gathering our bags, we started the 4 hour journey from Entebbe to Iganga. Looking back, culture shock really had set in at this point. Driving at dawn through Kampala, the capital, and neighboring towns, I was overwhelmed by the sounds, the sights, and the smells. Initially, I was overcome with a feeling of hesitancy and fear. However, excitement surrounding the trip soon help put me at ease.



## **Week 1**

The first week, Jordan and myself spent most of the time trying to get acclimated. The exhaustion from the 30-hour flight and the severe jetlag did not subside until about the end of the week. We arrived at our host family's home just in time on Sunday morning for breakfast. There we were greeted by our host mom, Biti, and her children: Dan, Sharifa, Joey, Kato, and Bekar. We

were also introduced to another volunteer, Cari, an undergraduate student also working in the hospital. We gathered our bags and were shown to our room. It was set up with 3 twin beds and had a small bathroom in the corner, which we later learned to be a luxury.

After getting our things settled, we were given breakfast: a butter sandwich, tea, and fresh mango. One of my favorite things about Uganda was the fresh fruit. Each day we were inundated with fresh mango, pineapple, jackfruit and the like. We spent the afternoon intermittently sleeping and meeting neighbors and other family members. We also met with our other classmates, Amber and Rebekah, who were staying about 10 minutes away from us. That night, we prepared for our first week in the hospital.

Juliet, who also worked with Michael, was responsible for taking us to the hospital bright and early on Monday morning. She introduced us to a few individuals, we signed in, and were given free reign to go where we pleased. The hospital is set up so that there are separate wards for the patients in separate buildings, include Male Ward, Female Ward, Labor Ward, and Pediatric Ward, just to name a few. Within some of the wards, there are separate departments such as Nutrition, Palliative Care, and Psychiatry. On the opposite side of the hospital were the two operating theaters, the Main Theater and the Minor Theater. The first week, Jordan and I spent a lot of our time in the Pediatric and Female Wards. During this time, we mostly were learning from the nursing students who showed us around and introduced us to patients. We even were able to help with afternoon treatment in the Pediatric ward. Unfortunately this week we did not see many physicians, which we later learned was common. The pediatrician was only there on Saturday evenings and the attending on the Female Ward was only scheduled about 3 times a week.

One of the major frustrations, aside from not knowing enough medicine, was the inability to communicate with patients. Even though English is the national language, many individuals outside of the capital mostly conversed in their local language, which varied by region. Luckily, many of our evenings at home with the boys were spent learning a few words and phrases that would be useful in the hospital. They taught us how to make chapatti, a dish similar to a fried tortilla. After dinner we would often sit around and watch soap operas or music videos before retiring to bed and getting ready for our next day.



## **Week 2**

The second week at the hospital was much more productive. Jordan and I started meeting up with Amber and Rebekah, who had already spent a few weeks at the hospital. Through them, we were introduced to Dr. Waiswa, the obstetrics and gynecology physician. Because working at the hospital was not enough to make a decent living, he often split his time between the wards and his private clinic. When he was at the hospital, he allowed us to round on patients with him and then observe him in the Main Theater. Usually, the day would start with rounds. There we saw many post-partum patients with malaria, which was a very common occurrence. He also taught us how to use a fetoscope to listen to the baby's heartbeat. Once we finished rounding, the

rest of the day was spent in the Theater, usually doing Caesarian Sections. Vaginal deliveries were not as common because many of the women suffered from obstructed labor. Traditionally, the women were sent from their husband's home to labor with their mother's family. Because many lived in very rural areas, it could take days to reach the hospital in the event that the labor and delivery were not progressing. Another procedure commonly performed was a D & C (Dilation and Curettage). Voluntary abortions are illegal in Uganda. However, many of the women suffered from malaria early in their pregnancy, which was often fatal to the unborn fetus.

Being in the Main Theater was a completely different experience from shadowing in the operating room back home. One of the major differences was the definition of sanitation and sterility. There would be days that the Theater did not have running water so buckets were brought in so that the physicians could wash their hands. Also, medicine was delivered at the beginning and the end of the week. For those who were unfortunate enough to have an operation in the middle of the week during a medicine shortage, they often were minimally sedated and we could see some writhing as if in pain during surgeries.

This week we also spent time with another physician, Dr. Kaluna, who worked in the Minor Theater. Here, many of the procedures revolved around wound care and safe male circumcision. Unlike in the United States, circumcision was generally performed on males in their mid-20s in an attempt to reduce the spread of HIV/AIDS. In fact, they had reported an overall 60% reduction.

After leaving the hospital in the evenings, we ventured more into town. We usually spent most of our time at the Internet café planning for weekend trips and talking to our families. This was one of the hardest times for me. I was used to having technology at the tip of my fingers. Here, I didn't have a phone, nonetheless constant Internet. Not being able to talk to my family as often as was used to took its toll at first. But as the trip progressed, I was able to get more comfortable with it and even got to Skype with them on a few occasions.



## Week 3

By the third week, many of the nurses and other medical students had gotten more comfortable with us and would willingly seek us out if they had interesting cases or procedures for us to observe. This week, I had the opportunity to help receive and take care of the baby after a C-section. Under the direction of some of the nursing students, I was responsible for drying and suctioning the baby, making sure the baby was breathing and not in distress, and finally presenting the baby to the family. At times, it was nerve wrecking, especially when the babies took what seemed like minutes before letting out their first cry.

However, not all of the days ended on a positive note. This week was the first week that I saw a stillbirth. Apparently, the fetus had passed away sometime during the 4 day laboring process. The smell and sight of the fetus upon delivery stuck with me. It made me realize that while medicine has its perks, there are often difficult situations and bad outcomes and having an outlet to express associated emotions was important.

Because we had spent so much time with Dr. Kaluna in the Minor Theater, he surprised us one afternoon with a mini skills workshop. He had set up 4 mats, on which he taught us different suturing techniques and situations in which we could use them.

We also spent a little more time exploring other areas of the hospital. Rebekah and I wandered in and out of various department. In the laboratory, we were shown slides of malaria parasites and taught about HIV testing. In the ultrasound room, the student showed us how to do and read various ultrasounds that were often ordered by the physician. After leaving there, we spent time in the X-ray room learning about how to both take and develop the films by hand. This was the busiest yet most rewarding week there.



## **Week 4 and our Journey Back to America**

The last week, we spent our last few days in the hospital and then ventured out to explore different parts of Uganda. Prior to this week, we had used the weekends to go on excursions, usually with a member of the family. We had gone on a safari in Murchison Falls National Park and white water rafting along the Nile in Jinja. This time, Jordan, Rebekah, Amber and I ventured out alone and headed on a hiking expedition to Mt. Elgon where we did day hikes on 2 different trails. Navigating to and from our location without the guidance of our host family was a little difficult at first, but we had picked up enough key phrases and cultural nuances to make it a success. After leaving Mt. Elgon, Jordan and I headed to Sipi Falls, where we hiked 3 of the tallest waterfalls in the area and found some of the tourist spots to check out before finally heading to the airport for our journey back home.

At this point in the trip, I was having mixed feelings about leaving. Our host family had been so kind and generous and truly took us on as their daughters. This was the opposite of how I expected to be feeling; I thought the excitement to see my own family would be overwhelming.

We made the long 30-hour flight back to Raleigh, NC where Jordan's family greeted us. Despite a few delays along the way, the return home was not nearly as eventful as the departure. Flying back gave us time to reflect on our experience. Overall, I didn't learn as much medicine as I had initially hoped to. However, I did learn a lot about myself and my personal strengths and weaknesses that I don't believe would have been exposed otherwise. Additionally, I realized that there weren't as many differences between living in Uganda and living in American as I had previously imagined. And many of the differences were minor.

Again, I would like to thank the Brody Family for allowing me this opportunity to spend such an amazing summer in Uganda. Not only did it open my eyes to different possibilities, especially regarding medicine, but it also allowed me to grow personally and professionally.

