Pre-Medicine Internship Program

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International Medical Aid Internship Reflection: From Fear to Action

When I was young, the doctor's office was one of my least favorite places to be. I hated the smell of antiseptic wipes, the crinkle of the exam table paper, and especially the sharp sting of shots. If someone had told my childhood self that eight years later I would spend my summer in an East African hospital, shadowing doctors, observing surgeries, and rushing from ward to ward, I would have laughed and run in the opposite direction. But my fear of healthcare did not last forever. As I grew older, the very things that once scared me began to fascinate me: how the body works, how diseases disrupt it, and how doctors step in to restore balance. That curiosity is what caused me to apply for an internship with International Medical Aid and board a plane alone to a very unfamiliar location: Mombasa, Kenya.

After interning in a hospital in San Ramon, California for a year, I thought I knew what to expect from my experience with International Medical Aid. I would be rotating through obstetrics, surgery and pediatrics. Also, because I have traveled in a handful of developing counties, I thought I knew what to expect from the environment around me. However, nothing could have prepared me for the totality of the experience in Mombasa. The city was chaotic, with crowded streets, blaring horns, and a humid air with the lingering smell of cooking fires and burning trash. A constant reminder that life here moved quickly and under challenging conditions. I was initially overwhelmed. Looking back, this experience has profoundly changed me. It enabled me to make a real difference in another human being's life. Beyond a single patient's case, the experience ignited my interest in global public health because I witnessed firsthand the disparities in healthcare delivery in such a resource-limited setting.

I will never forget the day I observed an emergency C-section. Although Kenya is not among the top 10 African countries with the highest maternal mortality rates, it continues to experience a high maternal mortality (OD AWE 2023). In 2015, Kenya's maternal mortality rate was 510 maternal deaths per 100,000 live births (Muthee R 2025). This is an exceedingly high number when compared, for instance, to the US maternal mortality rate of 17 per 100,000 live births in 2023 (WHO 2025). According to more recent data, the national institutional maternal mortality ratio declined to 99 maternal deaths per 100,000 live births in 2022 (Muthee et al., 2025). That day at Coast General, the mom was in distress, lying on her side in pain because she had been in labor for hours, and everyone in the room was tense. When the doctor finally delivered the baby, I felt such relief when I heard the first cry. But then, everything changed as the baby stopped crying and became limp, not showing any of the normal reflexes babies usually have. I kept waiting for someone to do something fast to address the situation, but the nurse did not seem worried at all. The seconds seem to drag on like minutes. The nurse moved slowly, cleaning the instruments like nothing was wrong. My heart raced. I knew the baby

was not breathing, and I could not just stand there, so Dani and I gently but urgently tried to stimulate the baby's body, which did not open the baby's airway. I spoke up and asked if they could suction the baby's airway, and the nurse finally grabbed the bulb and cleared the mucus, and after what felt like forever, the baby gasped and started to cry again. I could finally breathe, too. That moment shook me. In a hospital back home, a whole team would have rushed in right away. But here, with fewer resources and a calmer attitude toward emergencies, things moved more slowly. The nurse was operating in an environment that was under-staffed and to her the baby's status was not an emergency. In that moment, I felt I witnessed a situation that teetered on the edge of life and death. Responding to my perception of an emergency, I also learned that even as a student, I have a voice, and using it can make a difference. I believe it is crucial to act quickly when someone's life is at risk, regardless of where the emergency takes place. As I reflect back on this moment, however, I can see that "less" does not necessarily mean "worse." It means using the tools around you to the best of your abilities. In this case, for the busy nurse, that included relying on the two interns to try to revive the newborn.

After that moment in the operating room, I started paying closer attention not only to individual cases, but to the entire healthcare system around me. Working at Coast General gave me an unfiltered view of what it means to practice medicine in a public hospital in Kenya. The wards were crowded, sometimes with 70 patients in one large room, and just a couple of nurses caring for everyone. Each morning, before even entering the wards, lines of patients waited in areas overflowing with people, and many of them had been waiting since dawn. It looked very different from hospitals at home, where there is privacy, access to technology, and a sufficient number of staff. Even though the doctors were working with so little, they were incredible. They cared about their patients and took time to explain things to us students. They were patient teachers, despite being clearly exhausted. When the doctor could not do well, it was not because they did not care, but rather because they lacked sufficient resources, staff, or equipment. Or the patient came in too late in the evolution of a disease process. Sometimes doctors had to make hard choices about which patients to treat first because there simply was not enough time or supplies for everyone. My experience in Kenya taught me that healthcare outcomes are not purely just about medicine and physician expertise, but also about systems, access, and resources. I saw how strong clinical skills mattered more without advanced technology to rely on. And I learned how important it is to speak up when something feels wrong, even as a student.

My internship with International Medical Aid was more than just a learning experience, it was a life-changing journey. I came to Kenya eager to observe medicine in action and care for people, but I left with so much more: a deeper understanding of health inequities, a stronger sense of compassion and independence, and a clearer vision for my future career. In the developing world, healthcare, I learned, is not just about curing disease; the human being, who has come into the clinic for help, has a particular

life story and background that is relevant to their reason for being there. Their treatment is embedded within a complex health care delivery system with its own limitations. In a developing country, what I witnessed is that delivering healthcare means working to create the best outcome possible for that patient. I will continue to carry the lessons of Mombasa with me into every classroom I sit in, every patient I meet, and every decision I will make as a future healthcare professional.

Through this experience, I learned that fear can evolve into passion, challenges can lead to growth, and even the smallest acts of care can change or even save another person's life. Most importantly, this journey showed me that medicine is not just a career, it is a calling to help people who need it most in the worst or hardest moments of their lives. And it has shown me how great the need is in other parts of the world.

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