Pre-Medicine Internship Program

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What I Saw, What I Felt, and What Changed: A Journey Through Global Healthcare and Personal Growth

It was 5:45 am following the landing of my final plane ride and I was greeted by the view of the Mombasa city skyline met with a magnificent sunrise. The most beautiful shades of pink and orange stripes blended effortlessly as if it was hand-painted. As I gazed into the enchanting East African sunrise, it felt like home. But with every mile we drove, I felt farther and farther away. In the city, I noticed hundreds of people crowding the streets, many walking without shoes. Local shop owners were opening for the day—displaying various goods that were unfamiliar to me. Traffic was chaotic. Buses, tuk tuk's, cars, and mopeds seemed to operate as if they were in a video game--- obeying no rules or right of way. Dizzying thoughts came to me. Where am I? This doesn't feel like real life. Did I make the right choice by coming here?

A few days later, I approached the faded "Coast General Teaching and Referral Hospital" sign for the first time and those same thoughts flooded back into my mind. The hospital was wildly different than anything I had seen before. Beds lined the walls of the "casualty" department, most of which were occupied by people with oozing infections or bloody stab wounds. The aroma of bleach mixed with blood filled the air. We seemed to follow a trail of blood that dotted the floor, passing by a room that looked like it should have been in an old mental asylum. The hospital seemed to operate similarly to a human body, consisting of many intricate systems all working together to make the body function. The providers in the emergency department worked efficiently and tirelessly to treat incoming trauma patients, we passed by maternity where nurses held newborns as they took their first breath, and observed the ICU where some people took their last breath. It was a lot to take in all at once.

As my first rotation in the hospital approached, it was safe to say I was very nervous. However, upon my arrival at the Ear, Nose, and Throat department, I was warmly greeted by the medical students rotating there that week. They immediately struck up a conversation, asking more personal questions than I was expecting. "What is America like?" "What struggles do you have in America?" "Are you a Christian?" "Who are you voting for in the upcoming election?" I chuckled knowing that Americans ask much more lame questions on the first date. I felt guilty telling them what America was like. It seemed unfair that I was looking into their life for a few weeks then get to go home to a place where many of their problems didn't even exist. To my surprise, they seemed more curious than envious and began to talk about Kenya with an immense amount of pride. They beamed with joy and happiness as they showed me their bracelets beaded with the Kenyan flag colors. The first takeaway of my internship came from this encounter: I live in the greatest country in the world, yet I don't have nearly enough pride in where I come from.

The medical students led me into the exam room where a kind smile from the physician lit up the room. Dr. Juma looked younger than most doctors I had shadowed in the US but had an immense amount of knowledge about his specialty. I had purchased a 100-page pocket-sized notebook for the notes I would take over my 3 weeks at the hospital, but by my third day shadowing Dr. Juma, my notebook was full. I learned more than I thought possible about different types of ear infections, tonsilitis, thyroid conditions, and much more. Every night after leaving my ENT rotation, I would do more research on the cases I had seen that day which is where my excitement for medicine grew. I even got to watch my first surgery which was a tonsil removal---one of the most common pediatric surgical procedures done in Kenya (Oburra, 2001). By Friday, I had a newfound interest in ENT and took some time to collect my thoughts and feelings for what I had seen.

Two cases in particular stuck out to me, one that I can't help but smile about and another that broke my heart. Midway through the week, a boy who appeared to be around five years old came in with a large facial tumor, invading his face and most of his neck. The tumor was impossible not to notice. His eyes seemed dull as if the weight of the tumor burdened him physically and emotionally. I couldn't imagine what it would be like to enter kindergarten not looking like the other kids his age. Dr. Juma examined the boy and quickly determined that the growth was a cyst which differs from a tumor in the sense that it is fluid-filled and easily excisable via surgery. Dr. Juma reassured his father that the procedure would be easy and would require little recovery time. For the first time since meeting this little boy, I saw a sparkle in his eyes which crinkled with a smile. He had hope that his unfortunate appearance would not be this way forever. Almost every job you can obtain helps others in some way, but physicians have the unique privilege to change people's lives and give them back a sense of normalcy, whether that is physical or emotional. Physicians are also in a more vulnerable position than most. They listen to people's biggest insecurities, are with them in their most painful moments, or play a part in the best day of their lives. For this boy, Dr. Juma had the opportunity to give him back the most important feature he has—his smile.

The second case that stuck out to me involved a special needs girl who came in for a hearing consult. The room quickly became crowded as many family members flooded in around her. Mom, dad, grandma, grandpa, aunts, uncles, and siblings made up her army of support. The head of the family—the grandfather--- appeared to struggle as he pushed her wheelchair towards Dr. Juma's desk. I noticed that her wheelchair was practically falling apart. Both wheels were completely bent, the handles previously used to push her had fallen off, and the seat's pleather had eroded. It broke my heart to see what a burden this old chair was to the family. It was obvious that even this appointment would financially devastate them. After Dr. Juma consulted on her case, I asked the nurse how much a new wheelchair would cost them and she answered, "about 10,000 shillings, which is $77 US dollars." I understood why this was such an expense as I recalled learning that many families lived under a

poverty line that equated to three U.S. dollars per day (Odhiambo & Njeru, 2019). Something as simple as a working wheelchair would have the ability to change this family's life but instead, it was something that stood in the way of getting her to doctors' appointments or even just outside of their home. It frustrated me even more seeing her loving family who probably would give anything they could to help, yet it's still unaffordable. Physicians get the opportunity to see people's greatest needs and give to the poor from their excess. It may be impossible to truly erase issues regarding poverty, but we can change one family's life at a time by having eyes to see what they need.

My next two weeks were spent rotating in the surgical and maternity departments where I felt heavier in spirit. It was constantly up and down, happy and devastating, life and death. I would walk into one operating theater to see surgeons miraculously putting organs back in a newborn's chest, yet the next room would be a man screaming in pain after mistakenly waking up during brain surgery. The high-highs and low-lows weighed on me and I believe my body responded by shutting down my empathy towards patients. On my first day in the hospital, I couldn't fathom how the doctors could seem so uninterested when things went wrong, or people died. They would just pull the sheet over their head and move on to the next. But as I moved through my more intensive rotations, I started to understand. The doctors and nurses are understaffed and overworked due to there only being approximately 16.5 healthcare workers per 10,000 people in Kenya (Odhiambo & Njeru, 2019). They're also under-resourced and are tired of seeing problems they can't fix. They treat septic, HIV, and TB infections all day long, seeing people die constantly, but have no power to fix the root of the issue. Despite the frustration I personally felt, I didn't like the feeling of seeing patients as just another helpless problem or time of death. It sickened me that I felt minimal emotions seeing a mother and baby die during childbirth. Although we are taught to "turn off" our emotions when treating patients, I saw the harm it can do as I was observing at Coast General. Many laboring moms cried out in tremendous pain while being left in the dark about what was happening to them. A simple "we've got you momma" or "we're going to help you through this" truly makes all the difference to someone alone and in pain. Patients are humans just like us and we should be allowed to laugh with them, cry with them, and pray with them—all of which I believe separates competent physicians from extraordinary physicians.

My time interning in Kenya with International Medical Aid was truly an experience like no other, an experience that not only reinforced my love for health care but also softened my heart towards the communities around me. Although I only discussed experiences I had in the hospital, I learned something from every single interaction I had. I met people who had unwavering joy despite circumstances, a work ethic like none other and embodied a welcoming presence to those around them. Many of the people and patients I met in Kenya are now people I strive to be more like in my life back in America. As for my journey to becoming a doctor, I realize the pressure I feel, whether that be about getting good grades or scoring well on my MCAT, is an immense privilege. Having the opportunity to

become a doctor is one of the greatest gifts I have been given and I fully intend to steward it well. This experience taught me what kind of physician I want to be: a smart, kind, empathetic doctor who always feels for her patients and provides the best possible care there is.

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