



(Me in the Gardens in downtown Cape Town)

Hello my name is Lauren James and I am a fourth year medical student currently attending Morehouse School of Medicine. I recently participated in the *Health Challenges* program in Cape Town, South Africa during the February 6-March 6, rotation. I was honored to receive the CFHI scholarship and I appreciate the opportunity to be able to share my unique experiences with others. I hope that my stories and experiences will help motivate others to travel abroad and participate in international medical endeavors. With each international trip I have taken I feel that I grow and take away a piece of a foreign culture and incorporate it into my culture.

Here's a little bit about me, since I was a young girl I have always known that I wanted to become a physician and help others. As you grow your dreams expand, throughout college and medical school I have had the opportunity to travel abroad and learn about other cultures. This has fueled my desire to travel further and continue to learn about different cultures. During family trips I have traveled to Jamaica and Mexico. And during college I studied in Costa Rica for a month long study abroad program, lastly during the second year of medical school I traveled to Nicaragua with the Christian Medical Association. In my third year of medical school a fourth year student did a presentation of his CFHI experience in Cape Town, South Africa, I was mesmerized and decided that participation in this elective experience would be one of my major goals during fourth year. All of my trips in the past had been to places within proximity to the U.S. and this trip would be taking me half way around the world and it would be one of the best times of my life.



(Picture taken while on a Sunset Cruise on the Atlantic Ocean)

I have visited many countries but never Africa, and as an African American I knew this would be a once in a lifetime opportunity to combine my love of medicine and travel. February 4, I arrived in Cape Town, South Africa it was midnight and the city was lit up like New York City at this moment I knew this was going to be an amazing month. A few days later we met our host family and the matriarch whose name was Ms. Liz, she was a recently widowed colored woman who lived in the Cape Flats with her daughter Portia and granddaughter Chaundra. She welcomed us and asked us what she could do to make us feel comfortable, I instantly felt at ease and knew we were in good hands.

One of the things that I really liked about the program was that we stayed with host families in the Cape Flats a predominately colored community. I felt it would give us the opportunity to learn about the South African culture on a daily basis and this proved to be true. During our first week in the home we sat down with our host mom to watch the opening of Parliament. Ms. Liz served as commentary explaining the different procedure of the ceremony and telling us about her views on the current president in comparison to Nelson Mandela. Although I had heard of Nelson Mandela her commentary proved to be a much needed history lesson for me which I will always appreciate. She talked about how Mandela united the Blacks and Colored and then compared Mandela with the current president Zuma. She ended by saying that Zuma has not been able to unite the people as Mandela did and that this has been disheartening to her, because South Africa had been making so much progress away from their past full of segregation and racism.

On the following Monday we were introduced to the hospital that we would be working for the next four weeks. The hospital was named GF Jooste Hospital and it was located in the Cape Flats, in a neighborhood called Maniburg. Maniburg was one of the poorest and most dangerous neighborhoods in the Cape Flats due to its infestation with gang violence. The hospital served citizens with no health insurance. I was assigned to the

Internal Medicine team for the month. The first thing we did was take a tour of the hospital, which was drastically different than any hospital I'd seen at home. The hospital consisted of four major wards with no individual rooms, just rows and rows of beds with moveable curtains for possible separation. The few private rooms/wards were allocated to patients with MDR TB. All of the windows in the hospital were open, there TB is combated through the constant aeration of the wards. Next stop was the Casualty/Trauma ward this was an open space with maybe 15 portable hospital beds and a few benches. As we passed through the ward we saw many people walking holding glass bottles with tubes coming out of their chest. I later found out that these were chest tubes and the bottles were drainage due to their high rate of TB they get a large number of emphysemas and pneumothoraxes.



(Me to the left and the other medical students heading to orientation at UCT)

The majority of the cases seen in this hospital are TB complication, HIV complications and Lung Disease. Approximately 50% of the patients have HIV or AIDS. A large percentage of the patients also have TB but their policy on TB differs severely-basically TB is not serious until the patient is immunocompromised such as in HIV then it becomes an issue thus the TB patients are not isolated unless they have MDR TB. But the TB patients are treated when they become symptomatic. The visiting medical students from the U.S. where the only people who were concerned with wearing N95 mask for protection, the doctors their just replied, "Don't be silly TB can only hurt you if you have HIV." And then we explained to them how in the states TB was rare and if detected it warranted isolated and mandated vigorous regimen of medicines.

It is in this Trauma ward that I first saw and learned what the term triage really means. This hospital is underfunded so has to strictly allocate their money. Thus if a person comes into the Trauma ward and has a poor prognosis they are simply stabilized and sent home to demise because they do not have the funding to invest in a patient that may not survive. The hospital also had no ICU (intensive care unit), thus only patients with a

good prognosis were admitted because they will be released within a few days. Because patients with severe unstable conditions could not be monitored properly because they don't have and ICU they are not admitted. The same type of triage is done with receiving expensive diagnostic test such as CT scans or MRI, these test are only received in extenuating circumstances. All patients do receive a chest x-ray (CXR) this is standard since a large majority of the patients have TB, thus TB complications must always be ruled out of the differential diagnosis. The doctors deduce most of the diagnosis for the patients based off a simple chest x-ray, history and physical exam. Within this month I learned new ways to diagnosis disease based on a physical exam only ...this was amazing. It really reemphasized the importance of the physical exam to me and helped me to appreciate it instead of hurrying through it as a mere formality.



(Downtown Cape Town)

Further allocations of treatment is exhibited in their protocols for which patients receive dialysis and kidney transplants. For a patient to receive dialysis they must be a strong candidate for a kidney transplant. Candidates for kidney transplant must be HIV negative, employed, and have no other health conditions. Dialysis is seen as a short term treatment and not as a long term treatment as in the U.S. Dialysis is a very expensive treatment and the government would not be able to afford to provide this as a long term treatment to patients. The Health care system there is already strained so they must take issues like this into consideration. During one of my first days at GF Jooste I was able to sit in on a visit with a 29 year old man with renal failure, origins unknown, who was entering the application process for a kidney transplant. He did meet the initial criteria and was now applying for a renal transplant spot. Although he had renal failure he had to continue working so that he would qualify for the transplant. And he had to keep his condition a secret from his employees so that they would not fire him.

A day in the life at GF Jooste Hospital, we arrived at the hospital 8 am Monday-Friday. From 9 am -11 am we would have Trauma rounds and they would round on all the new admissions with Dr. Abu. Dr. Abu became one of our favorite doctors with using merely a chest x-ray, history and physical exam; he could diagnose anything from Salmonella to Cryptococcus meningitis. It was amazing to see how necessity has forced these doctors to be so proficient using so much less than we would use in the U.S. If we didn't attend rounds with Dr. Abu in the Trauma Ward then we'd join in with the Internal Medicine rounds during the morning. We'd have lunch around noon and then we would attend tutorials with the medical students during the afternoon. Tutorials were headed by various Attending Physicians they would choose a patient and let a medical student examine the patient and then present their findings and possible diagnosis.



(The visiting med students, UCT med students and our resident in front of the Hospital)

My overall experience was enhanced by my relationship with a group of University of Cape Town (UCT) medical students. We learned so much from these students and I hope they learned something from us. In South Africa the medical programs are six years and the students start straight out of high school. The students that we worked with were final year students. Upon completion of the six year program all of the students are fully trained at general practitioners, thus these medical students were operating on a much higher level than we were as visiting fourth year medical students. They were virtually acting as interns taking their own bloods, lab work, lumbar punctures, etc. They were explaining to their superiors their top differential diagnosis and plan, I envied their preparedness and confidence on the floors.

How do you see yourself as a healthcare worker now? How does "service" fit into your future career? Throughout my journey through medical school I think that I have drifted away from what inspired me to do medicine. I think I became fixated on scores and rankings and forgot about the importance of knowing information. The importance is not so you can get high scores the importance is so you can give your patient the best

possible health care. Being around fellow medical students sometimes creates a competitive environment you are always comparing you and striving to be better. But at the heart of it all you should be striving to be the best doctor you can be and this experience brought me back to this core belief. While working in this community I saw doctors, residents, and medical students working with the most strained of resources but I never saw them give up and at all times I truly felt that these patients were receiving the best health care possible. I know longer strive to be better for others and my peers, I now strive to be the best for my patients.



(Me on top of Table Mountain)

I come from an underserved and predominately African American community and against numerous obstacles I have managed to achieve my goals. Since middle school I have been involved in volunteering and “service” thus it is second nature to me. “Service” will always be a part of my life and thus my career. I plan to be involved in “service” on my local level and internationally. Locally, I know that my community still has many issues and needs role models like me to come back and inspire others. Internationally, these are the experiences that allow people to realize that the world is suffering and that we must always help others even outside of our community. And also it gives us the chance to learn about new cultures and bring these lessons back to our homes hopefully making us better in the end. “Service” is very important to me I feel that others have always enhanced my life and now I want to return the favor to others thru these acts of service.

Did this experience improve your medical/health education? If so, how? This experience improved my medical/health education by giving me the chance to expand my view of the how health systems operate. Before this experience I had only been in U.S. operated hospitals but being at this hospital in Cape Town really opened my eyes to a different type of health system. I do not think that one system was better then the other I could see why their system was necessary based on their patient population and lack of resources.

Before this trip I thought little about health care systems outside of North America and this has really opened my eyes. I now see that to understand what type of health care system would work best in the U.S. it is healthful to learn about health systems all over the world to compare and contrast. Discussions like these will allow the U.S. to have a more effective and efficient healthcare system in the future.



What impact did this experience have on you and your future work? What are your goals and aspirations? This experience really changed my outlook on my role as a health care worker. The approach to medicine in South Africa really differed from ours and some things I plan to incorporate into the way I practice medicine. Firstly, I like the approach they take to HIV prevention; they have a program called Love Life which is directed towards the youth. The program recruits youths ages 12-17 and then trains them in safe sex practices, contraception, and pro life issues. Once it trains these youths they are then tasked with the duty of traveling and teaching other youths around Africa about what they have learned. I know that I am more prone to take advice from my peers than from my parents. And especially as a teenager I was very reluctant in discussing sex with my parents; I think this a great idea with a bright future. And hopefully it will have an impact on the HIV crisis in that area.

Secondly, I like their delegation of resources among the terminally ill. I think that in the U.S. we spend frivolously with health care for those that are terminally ill. I truly believe that if patient's families knew how much money it took to maintain patients with a poor prognosis or the terminally ill that they would take a different approach. I think that at some points during an illness when the quality of life is low the family must then start to discuss the options. I realize that death is very hard and that families need time to let go. But in both respects whether the family reabsorbs the bills or the hospital is left with the debt someone is burdened with an astronomically bill. In South Africa the family would not be given the choice to have a loved one stay in the ICU for years, they would be referred to hospice stay. I do think that families should always have a choice regarding the plan of action but I just think that the price of health care should be discussed realistically with them and maybe we would see less of these astronomically expenditures on the terminally ill.



If you are a person of color or from an underserved community background, how did your identity and background shape your experience and what did you learn from this? I am African American/Native American and I am also from an underserved community. I had read about apartheid but until you visit South Africa you can never really understand the stain that it has left on this beautiful country. They were colonized, segregated and ultimately turned against one another. Although I looked like the people I did not feel like one of the people. I think because of my education and background I could not relate to a lot of the people there. I felt that they were very segregated and still bitter about the remnants of Apartheid. I felt that they did not embrace what made them special...the Colored people looked down at the Blacks for their tribal traditions. Where as I admired the Blacks for holding on to these traditions this long, I am actually envious of them to know your heritage and stories of your ancestors is a priceless gift that very few of us possess from the African American community. I felt that the Colored people felt that they were elite due to their not being totally Black. To me it seemed that the Colored people wanted to be associated more with Afrikaner culture vs. Black culture. I realize that these beliefs stem from Apartheid and I hope that with each generation they will slowly dissolve so that the people can work together for the total good of South Africa. This was not the Africa I expected but I am not judging them because I could only wonder what they would think if they came to visit the U.S.

What insight did you gain on issue of international health and underserved communities in other countries? The most important insight I gained about international health was conservation of resources and practical delegation of resources in underserved communities. I think that health care systems like the one in South Africa can be used as model for the U.S. because they are mindful of their resources and try to maximize them. In the U.S. I think we are very wasteful with resources and that we forget to take our patients resources into account while preparing their treatment plan.