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How do you see yourself as a healthcare worker now?

Presently, I see myself as experiencing my purpose in life by dedicating myself to the healthcare industry. My experience reinforced the importance of extending a helping hand through both attitude and behavior. As such, service fits into my future career by seeking additional volunteer opportunities and educating others about possible experiences to encourage service learning.

Did this experience improve your medical education? If so, how?

This experience definitely improved my medical education as I was exposed to diseases that occur at lower incidence in the . As an example, I had an opportunity to visit King George hospital in Durban, which functions mainly as a tuberculosis treatment facility. I was able to directly observe tuberculosis in major organs and tissue systems, diffusing my ignorance that TB occurs specifically in the chest.

My experience was also impacted by the willingness of the medical personnel at the hospitals to allow me to learn and help with patients despite my limited clinical training. I was actually able to physically participate in procedures due to the receptive staff and patients. Dr. Dumi of the Kwa-Mashu clinic, allowed me to observe him perform several simple surgeries, including syringing earwax from a troubled patient. Soon after, I was offered an opportunity to perform the procedure on a patient who presented with similar symptoms. This example is one of several that highlighted and improved my medical education through the CFHI experience.

What impact did this experience have on you and your future work? What are your goals and aspirations?

My experience has been phenomenal. The networking that occurred among me and the program participants has been life-changing. Ian Metzler, a fellow CFHI group member, ironically met a dermatologist on the plane on his way to . After he learned of my future career aspirations of becoming a dermatologist, he provided me with her contact information. Dr. Dlova oddly worked at King Edward's hospital, a large facility where our group would visit.

The dermatology department was extremely welcoming, allowing me to observe a myriad of skin, hair and nail pathologies and educating me with different treatment plans. Following the conclusion of the program, Dr. Dlova allowed me to continue to attend the facility, invited me to her private practice, and provided me with a

beginning dermatology manual to assist me with terminology. I was also encouraged to take pictures of HIV related skin diseases.

As a measure of taking full advantage of this opportunity, I opted to postpone my visit in by two months, originally due to return to the on Nov. 2nd, 2006. I did not return until Dec. 21st. I have been able to better contemplate my desire to become a dermatologist, and am now considering a career in cosmetic chemistry to assist patients with products that will expedite their physical and emotional healing processes. I am also more aware of HIV related skin diseases as Dr. Dlova provided me with a parting gift of a signed copy of the first color atlas of HIV- related skin diseases she authored!

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?

As an African-American, I am both a person of color and from a community that is medically underserved in the . I found myself particularly sensitive to the observation that non-Zulu speaking physicians communicated to patients via a nurse that functioned as a liaison between patient and physician. I questioned how the patients felt as well as the limited scope of compassion that doctors were able to give their patients given the language barrier. I was able to draw parallels with my own experiences in the when I felt uncomfortable with physicians who I felt did were unable to relate to my cultural differences. Many of the physicians agreed that the language and traditional healin practices of the Zulu population conflicted with efforts to provide optimal medical care.

I was astounded by the physical similarities I shared with the South African population. My host family taught me how to translate the phrase “I do not speak Zulu, but am learning”, which served quite useful as people immediately assumed I was a native South African Zulu. I learned that most of the Zulu population also spoke fluent English (and a number of other languages), and was disappointed with my limited language capacity. Although I have wanted to learn Spanish, my experience reaffirmed the need to be able to serve different populations of patients in the despite my first language being English. The growing Hispanic population in the supports this claim.

What insight did you gain on issues of international health and underserved communities in other countries?

I have developed a deep appreciation for the manner in which is coping with their healthcare issues. Although the concept of health insurance is different from that of the , the ability of to provide medical care and medication to patients irrespective of an ability to pay demonstrates the concern that the country has for the well-being of the population.

I was able to accompany nurses into the rural areas of Durban in a mobile unit designed to provide basic healthcare to those who were non-ambulatory or unable to obtain transportation into the city. I marveled at how grateful the patients were and the dedication of the healthcare team in lieu of monetary compensation.

The economy of also affects the healthcare industry, contributing to an exodus of healthcare professionals into other countries such as the and .

Some of the physicians at one of the hospitals indicated that due to budget problems, they were practicing without pay for a number of months. The level of commitment I was able to observe has been inspiring. Would I be willing to treat patients daily without income? It is a sacrifice that I must be prepared to confront.