

PHOTOGRAPHS:
REFLECTIONS ON AFRICA
-SHEALLAH PALMER

Reflections on Africa

BY: SHEALLAH PALMER

This summer I spent a month in Africa visiting Tanzania and Ghana. This was my fourth trip to Tanzania but my first real encounter with their healthcare. As for Ghana, it was my first trip to West Africa, and I was accompanied by nine other FSU COM medical students, a FSU COM psychologist, and a team of physicians from the organization Hearts Afire. I've witnessed the poverty of Africa since I was three years old; nevertheless, my experiences have not numbed me. Every visit provides a new experience that has a profound effect on me. Since returning to the states, I've had time to reflect on these experiences. For me traveling to Africa is more than just a vacation and even more than just a medical mission trip: I saw it as gaining experience for a future career in global health.

GHANA

Imagine yourself or a loved one in need of a myomectomy, or removal of uterine fibroids. You arrive at the hospital but are told that there is no blood available in the blood bank. You ask your family members and friends to donate but are

unsuccessful. As a result, because you did not bring blood with you, you are unable to have the surgery. This is the story of a patient I encountered during one of our surgery days—a story that not only broke my heart but also made me feel angry that this was a barrier to this woman receiving medical care. Later that day, I was able, under the supervision of an OB/GYN, to assist in a myomectomy and a C-Section. While both surgeries were memorable experiences medically, the myomectomy was an experience I will never forget. During the surgery, the doctor explained that since they do not have access to a cauterizer or vasoconstricting agents, they must use a tourniquet to cut off blood flow during the surgical removal of the fibroids to reduce hemorrhaging. This is an example of how those in third world countries must adapt to their lack of supplies.

One of the great parts of mission trips is gaining experience in a variety of areas. Under the supervision of a phlebotomist, I tested patients for malaria, HIV, and syphilis and also performed glucose and pregnancy tests. I also found hands-



on learning beneficial in pharmacy. Actively assisting to subscribe medication, preparing suspensions, and delivering the medication to patients was academically beneficial. “Hands-on” learning is a major component of these trips. One day, our infectious disease specialist showed the students a woman with brown spots on the palms of her hands, one of the diagnostic signs of Secondary Syphilis. During one of our 2nd year exams we had a question referring to this, and I immediately thought of this woman.

One of the common themes of medical service learning trips is the lack of access to health care, a factor that motivates me to help. I encountered a woman who was bitten by a snake while working in the fields two months prior to coming to the clinic. Her wound was still open, and, because she had not seen a doctor, she was now experiencing venous insufficiency, a complication that could have been avoided if she had access to health care.

People who had not seen a physician for years traveled from near and far to be seen at one of our clinics. They would patiently wait for hours with no guarantee that they would be seen. While we had to turn people away unfortunately, the appreciation on over 2,000 faces and their undeniable need for help continues to encourage me to go on medical service learning trips.

TANZANIA

In Dar Es Salaam, Tanzania I visited a medical school and one of the local hospitals. I spent the majority of the visit in the pediatric ward and observing orthopedic surgery. The most memorable experience for me was the visit to the pediatric ward where I saw wide-open rooms with more than thirty patients in each. There were no patient monitors;

no privacy curtains, no TVs, no chairs for visiting family members, and the windows were made of chicken wire. Each patient received the comfort of a rusty old bed and a mosquito net.

Out of everything that I learned and witnessed, the manner in which medical care was given with respect to their lack of supplies affected me the most. I met a young boy who had seriously broken his leg. If he had broken his leg in a developed country, his physician would have likely set the bone using a metal plate with pins. However, lacking such supplies, the physicians relied on the gravitational pull of a plastic bag of rocks to keep the healing bone straight. There was also an entire ward devoted to children with hydrocephalus and spina bifida. A ward essentially devoted to housing children who would likely die because there was nothing else that the hospital could do for them. That is their reality.

A CALL TO ACTION

Medical service learning trips are not just a medical experience but a chance to learn and experience the local culture and people. They’re a chance to understand people’s struggles and hardships. You will leave feeling that you helped a lot of people in so many ways. Maybe it was through medicine or just giving attention and playing with the children; many of them are young mothers or orphans. The reality may set in that you only helped a fraction of those in need. You may leave your trip feeling resentful, hopeless, maybe even angry for all the opportunities that you and your friends and family possibly take for granted. That’s natural. However, I promise you that all of the memories you make on a medical service learning trip will change your life for the better and will hopefully encourage you to go on subsequent trips.

