**Global Health Elective:**

**My Summer in Colombia By Tessie Allan (Class of 2020)**

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Why Colombia? South America seems dangerous enough with its economic instability, and to willingly plunge into the cradle of the nineties-Pablo Escobar-drug cartel capital seemed like bad judgment. But our M2s enthusiastically recommended it: it was *safe,* it was *educational*, it was *incredible*.

They were right on all three counts. The decision to go abroad during the “last summer” should be mandatory for every medical student. Not only did I learn about medicine internationally and develop language skills, I had one of the best vacations of my life. The combination of challenging yet relaxing was the ideal way to unwind from the stresses of M1 while still personally enriching my life. My brain fought every day to embrace new grammar, new vocabulary, and new culture, which, while satisfying, gave the science synapses a well-deserved rest.

Samuel Medina Luna and the other coordinators of our program were fantastic. The first half consisted of Spanish lessons at Universidad CES, with four hours of grammar and classroom-based activities in the morning and simulations in the afternoon. A young EMT took us through CPR, AEDs, EKGs, bandaging, stretcher transfers, and intubation exercises on dummies, all in Spanish.

The next two weeks of the program consisted of hospital exposure. We practiced our halting Spanish skills with the staff and patients of Clinica Las Vegas. We rotated between Surgery, Emergency, Orthopedics and Radiology offices, and they let us get hands-on immediately. I made a cast, drained an abdomen, assisted with a prostate biopsy, read MRIs, practiced the patient history, and removed surgical pins. There was also an infectious disease course we took one week, which focused on tropical diseases like Chikungunya, Zika, malaria, tuberculosis, and Chagas disease, all of which had a real presence in the Colombian medical system.

We also learned about the Colombian medical system. They have universal health
care, with a tax on each person’s income and a certain percentage that employers have to pay, that is then subsidized according to socioeconomic status. There is also the option of supplementing with private insurance, which was a separate wing of the hospital. One of the doctors also explained that after medical school, all the doctors are sent to work for a year in the under-resourced parts of the country. While many in the United States scorn universal healthcare, it seemed to be working at least as well as the USA’s system, with the benefit of being a lot cheaper as well. A California college student came through the ER one afternoon with a broken foot. His injury would need surgery, and while they would have to wait two weeks for the swelling to go down, the doctor explained that he could go home to have the surgery. “But it would be a lot cheaper here,” she added, laughing.

My time abroad in Colombia shaped my world view and contributed enormously to my future career. I have always wanted to work with under-resourced communities, and with my Spanish language skills, I am certain I can contribute positively to the Hispanic communities in the United States. ◼