

Denise Livingston
Individual International Health Elective to Mozambique, Africa
October, 2006

Mozambique is a country of 19 million people located directly to the northeast of South Africa. It is one of the poorest countries in Africa where the average monthly salary is \$20, life expectancy is a meager 41 years and 18% of its population between the ages of 15-49 is infected with HIV/AIDS. This AIDS crisis, which is engulfing Africa, along with the effects of extreme poverty, has left in its wake a staggering amount of orphans and widows.



The medical team: two visiting nurses, myself and Yonnie, the staff PA

The organization that I did my International Health Elective with was, Arco Iris. It is an NGO that has been in Africa for over 10 years establishing orphanages and caring for children. The particular orphanage that I went to work at is located in Pemba, Mozambique. Pemba is a fairly large city (by African standards) located on the Indian Ocean in the northern part of the country. Arco Iris started this orphanage approximately two years ago and it is now home to over 180 children and 50 staff. Located on site is a

small health clinic that attends to all of the medical needs of the orphanage as well as the surrounding community. In addition, the staff of the medical clinic conduct weekly medical outreaches to rural villages where healthcare is nonexistent.

My experience in Africa was life changing. As a medical student, I have a heart for caring for the poor and underserved. I have read a lot on the subject, and volunteered



Me with Dr. Carlos at the local hospital

in underserved communities in this country, but despite that, nothing prepared me for what I experienced in Africa. Poverty takes on a different meaning in these countries. This is not to say that people in this country do not suffer, or are not poor, but the sheer magnitude of the poverty in Africa was overwhelming. In addition, the lack of access to routine medical care, clean drinking water and a general lack understanding of the causes of infection lead to illnesses and conditions that we rarely see here in the States. For example, within the first hour of arriving at the clinic I saw possibly the largest hernia that I will ever see in my entire medical career. It

was literally the size of a cantaloupe and the gentleman with it reported he had had this condition for over 20 years!



Treating a child during clinic hours

The clinic is staffed fulltime by a PA (from NJ- a RWJMS alumni!), and part time by a volunteer Cuban doctor and visiting staff, such as myself. The daily clinic routine includes morning and afternoon clinic hours for the children and workers as well as trips into town for supplies (sometimes an all day affair!), organizing donations and cleaning (there are no windows in the clinic so there is a constant layer of dust everywhere).

Once a week, workers from the orphanage and clinic visit a rural village that the staff has identified as having serious medical needs. While there, they conduct medical education classes for the local villagers to help them learn how to care for themselves as well as perform scabies, impetigo and deworming clinics. These were particularly difficult trips to make because the need was so evident and so overwhelming. We treated people until we ran out of supplies, each time leaving people still needing care, and promising to return the next week with more supplies. It was hard to feel like we were making a dent in the problems of these beautiful people, because the need was so great. I was very blessed, though, to treat a little boy on my first trip to this village and then see him a week later, healing from his horrible impetigo infection. This little boy gave me hope that these people's lives are being changed for the better and that these interventions, however small they may feel in comparison to the overall need, are making a difference in individual's lives.



tion to local
ntal care,
petigo

A little boy I had the privilege of treating before (above) and after (right) treatment for severe impetigo

I was also very excited to bring along with me over \$400 that was raised by a bake sale my fellow MD/PhD students held for the clinic. I was able to buy a tremendous amount of medicine (enough to treat hundreds of people), mosquito nets (this is a malaria endemic area) and to help pay for surgery for the gentleman with the cantaloupe-sized hernia. It was such a blessing to the clinic and I was so proud to tell them that my fellow students cared for them and had raised money to help them.



Buying supplies at the local pharmacy with money donated by RWJMS MD/PhD students

In sum, this was a life changing experience, and hopefully the first of many trips I will make overseas to care for the underserved. It is hard to summarize all of the thoughts, feelings and experiences that I had in Africa, except to say, "Go, see for yourself!". I would recommend an international health experience to all medical students as I believe it will change both your personal prospective and also how you choose to practice medicine.