Lessons in Global Health: What Every Student Should Know

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When I turned twenty-four last month, I did something that I frankly don’t do often enough: I stopped to catch my breath. I was at least a quarter through my life, and I felt like this was as appropriate a time as any for some serious self-reflection. I’m a second year medical student with a deep commitment to, and genuine fascination with, challenges related to global healthcare in low-income regions. Why would a suburban Los Angelino be interested in the health of people thousands of miles away? In fact, why should any US medical student worry about issues outside their borders? My journey answered these questions.

Where had my life taken me in its first major phase? Quite literally, it took me on nearly a dozen journeys to Africa, India, and Latin America, where I learned about healthcare challenges that those living in poverty overcome regularly just to subsist. From the research I published, I learned that visual aids significantly improved informed consent comprehension for Indian villagers of low education status, discovered that financial poverty and cultural norms had strong influences on Nicaraguan families’ ability to overcome parasitic infections in their households, and confirmed that HIV/Tuberculosis care in Sub-Saharan Africa required more streamlined patient oversight and management systems. Yet, when I think of what I’ve done, where I’ve been, who I’ve met, and what I’ve learned, my research is not what comes to mind.

One of the first and most important lessons I learned was that earlier in your career, you will receive far more than you will be able to give. Many of the projects I worked on, although they were “completed,” did not result in sustainable change. Nonetheless, they were still important because they taught me the complexity of navigating research design and protocol in other countries, the uncertainty involved with international endeavors, and the persistence that differentiates those who remain in global health and those who come to visit for a short time. The patients often gave up time they would usually spend cleaning, cooking, working for pay, sleeping, or attending to many other essential needs. They gave their time despite past experiences with other researchers who may not have delivered upon their promises. They sacrificed, not necessarily because they believed it would make a difference in their lives, but rather because in poorer regions of the world, relationships and hospitality are valued sincerely. Something I have noticed consistently is that those in poverty may not have much to offer in the form of payment, but they are wealthy in their humanity and selflessness. And so, in light of the first lesson I learned, I would like to thank

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all of the people who taught me what global health was through their commitment and investment in me. I hope to use these experiences to one day be able to improve people’s health as a physician.

Another important insight I gained only by taking chances was that you are your only limitation. When I began working for an eye care non-governmental organization (NGO) during my first year of college, I proposed doing a research study alongside my duties as a volunteer. At first, the CEO thought it might be too overwhelming for a student to do both as none had done so at the time. I insisted and found a way—largely through unyielding determination—to conduct the research. At the end of the summer, I completed a randomized controlled trial, and eventually published the results in a peer-reviewed journal. Moreover, I continued to work with the organization to help them establish a research branch; today, hundreds of students have completed and published research projects that are improving care for illiterate and vulnerable patients around the world. The reality is that no one knows how something will turn out—other people’s recommendations are based on their own experiences, but your experience will be dependent on one main factor: you.

One last lesson I learned was that as a student in global health, your biggest contribution will be determined by the greatest need. It is your responsibility to make this connection. During all of my work, while I often would have projects in mind that I designed with teams of people who lived and worked on the ground, I acknowledged that the plan could change at any moment. I learned this quickly in Mozambique—days before my flight, the institutional review board at the hospital in Maputo decided that my study examining health system limitations from patient perspectives was not their top priority; I flew in with essentially no agenda. Still, I found my place, eventually working for the Mozambique branch of the US Center for Disease Control, studying health politics of HIV, an area in which I already had experience through my previous work in Uganda. As students, it is critical that we are helpful and contribute as much as we can. Often times, only we know what our maximal contribution might be and it is essential that we capitalize on this effectively no matter the circumstance.

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The challenge and opportunity to contribute to health inside and outside the United States is unique to our generation. In a world of increasing inequality and growing global health burden, it is an obvious moral and medical imperative that we contribute our knowledge and practice to help improve health outcomes for all. We have the technology, the role models, and the systems in place to allow us to partner with students and healthcare leaders around the world. The question will be whether we will bring with us the insight, persistence, and creativity that global problems require. I’m hopeful that some of the lessons I’ve shared will bring us closer to doing so.