A Slice of Ugali: Thoughts from a Medical Student in Kenya

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For the first time since we arrived in Kenya four days ago, I managed to sleep soundly through the night. I am hoping that by next week, I will be able to sleep a full night despite the cacophony of animals, torrential rain, and people pumping water before dawn. I am also developing a personal vendetta against the rooster outside our window that insists on crowing every five minutes starting at 4:37 AM. I know this number because whenever he starts sounding his call, I blearily open my eyes to check my watch. Consistency is his strong point. Relinquishing control to this feathered annoyance represents one of the adjustments we have had to make to Kenyan life: relaxation. Time is flexible and unpredictable, so it is difficult to stick to strict regimens and bullet-pointed schedules. Perhaps this reflects an agrarian lifestyle, but it is also testimony to how people here value family, friends, and traditions—everything else will get there when it gets there.

With fifteen other medical students from Northern Louisiana, I have traveled to a small town called Bungoma in Western Kenya during my third year of medical school. We are working with a local non-profit organization to conduct mobile health clinics. Every day, we squeeze into vans with medications, translators, and as much water as we can carry; we travel for as long as two hours on makeshift dirt roads to get to remote areas of the region. We see patients of all ages with a wide assortment of problems. There is no way to predict what we will see on any given day. During our very first clinic, one of the fourth year students was seeing a six year-old girl who suddenly began to have a seizure. As her limbs were flailing outward, we could only look on as this student held on to her to prevent her from hurting herself. We called for the vans to rush her to the hospital, and it was only after she was on her way with one of our attending physicians by her side that we noticed this student’s scrubs had been soiled with excrement from the little girl. Someone lent her a jacket that

Figure 1. Bungoma, Kenya: Western Kenyan landscape on the way to mobile clinic.

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she fashioned into a skirt and promptly went on to see the next patient.

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Some of their medical issues are easy to diagnose, like lower back pain from years toiling in the fields. Other issues like dementia are difficult to communicate even without the added challenge of a language barrier. I had fully expected every patient to be afflicted with malaria or typhoid – the typical “zebras” one hears about in medical school. But in a twist, perhaps linked to globalization and certain practices like smoking and drinking, there has been a rise in chronic diseases in the developing world. We see lots of hypertension, gastroesophageal reflux, chronic obstructive pulmonary disease, and other “bread and butter” conditions I commonly see back home in Louisiana. On the other hand, a major difference is that being out here removes the security blanket of upper level residents, blood tests, and imaging we have in the hospital. I am the first line - and sometimes the only line - between a problem and a resolution. I have to rely on my ability to examine a history and unearth clues with a good physical exam. As a third year student who has just begun my clinical training, this experience has brought me confidence—confidence in my skills, in my knowledge base, and above all, in knowing that I have chosen a good and decent profession.

While I firmly believe that we are doing solid work for the community, it is easy to feel overwhelmed with the number of patients we do see and the numbers we do not. The far-reaching bureaucracy and challenges of maneuvering within the system make it difficult to balance our desire to be advocates for our patients while being respectful as outsiders. I feel conflicted when I see people in their eighties walking great distances with lung disease or giant “jungle” ulcers from cutaneous leishmaniasis to see a bunch of foreign doctors with limited supplies and few diagnostic capabilities. It is, in fact, the most frustrating aspect to a trip like this. I want to be more than a bandage.

Parts of these struggles we end up discussing every morning, a time for introspection and relaxation before the eight hours of work ahead. Breakfast takes place in the gazebo, a structure that actually resembles a giant hut, replete with thatched roof, concrete floors, and mismatched plaid furniture. I happen to like its kitschy look. In addition to daily presentations about tropical diseases, we huddle together around the long table, eat mandazi (a traditional fried bread reminiscent of beignets), and drink chai. A few people have brought some miniature speakers so we often play music, which brings a little bit of home to our African experience. It is these moments that feel the most surreal to me. In the midst of everything, bits and pieces of our life seep through – impending nuptials, clerkship rotations, even favorite restaurants back home. I know that our personalities – which, for many of us, had never crossed before - in thirty minutes time will be replaced with our doctor selves, more mature, aligned and in tune with the mission at hand working in this unfamiliar land. But we all have medicine in common – something
that has its own language and manners. It propels us to function and be productive as a group. I feel like a stronger version of myself, and I am able to let go of what are trivial concerns in comparison to the everyday struggles for many of the people here. I remember treating a five year-old child at the school who had been hit by a bicycle on his daily two mile walk to school. He was scratched up and bleeding from both knees, but he still went to classes and showed up to school the next day. This is nothing new. This is every day. And we may temporarily adapt and become part of this scenery, but in the end, I know that I am going back to an entirely different world.

I have learned so much about perspective and struggle from the people with whom we have been fortunate to work. They are unsung local heroes who spend every day of every year working to make their homes safer and healthier: a former bishop turned away from the church for daring to speak out about HIV, women taking a stand for maternal health, teachers who work even when their paychecks do not come in. I see this daunting task of administering medical aid to people in villages far away and while some would argue that what we do is merely hand out a temporary reprieve, the reality is that we build trust and goodwill. It has been a privilege to be a part of this vision. It is not just about health or politics or finance alone, rather a careful balance of all. Sustainable development relies on the idea that communities cannot sustain these slow and grueling changes without involvement of those very same members they seek to affect - for which trust is a key component. These amazing people are fighting upstream for a different future when so many would have faltered or quit by now. For me, some of these seemingly complex social and economic issues have been harshly simplified. One of the Kenyan doctors working with us carried a little sketchbook used to take notes or sketch diagrams. He showed me one of his charts from a time when he had been contemplating malnutrition. The chart was simple: “Rich children vs. poor children; have food vs do not have food.” And for me, that stark difference is difficult to reconcile.

I will not forget our encounter in a village called Masango. It was “near” in the words of our guides, which meant over an hour away. On the drive over, Masango seemed to be in a more developed and populated area than some of the other places we had been. There were lots of shops and gas stations along the way. The roads were generally well paved, and we saw lots of schools with actual playgrounds. When we arrived at the clinic site, the town hall building was too small, so we set up our tables and chairs outside in the sun under the trees. Shortly after arriving, this wizened old woman named Judith came to visit. She was a tiny little lady with a huge smile and some missing teeth, but had so much energy and sweetness. She said hello to all of us as she clasped our hands individually and kissed them, thanking God and us for being there. She brought out a drum and rounded up some children to sing a welcome song for us. Both she and Ann, one of our favorite translators who made us rice and beans, led the song, echoed with the voices of both kids and adults. They tried teaching us some of the words, but we were all too happy to settle with dancing.

It started pouring later that afternoon so we had to grab our equipment and rush inside the small hut. This still turned out to be kind of fun, even though it was cramped and we smelled like wet hay. Some children who ran in after us to hide from the rain huddled in a corner, looking a little afraid and wary - that is, until we gave them lollipops. They lit up and just stood there patiently and happily. The only sounds anyone could hear were the low mumbles of conversation, rain on the roof, and discordant rhythms from sucking on that candy.

Being here makes me happy. I feel competent and feel like I am doing something worthwhile.
No matter how little the gesture, it is appreciated. I especially love working with the very old who exude this rugged patience and remarkable quality of “I can wait” that is seemingly the antithesis of the Western “I want it now.” Wherever we seem to go, people – 99% of the time, hordes of children – come running out to wave at us and yell, “Mzungu!” (translation: foreigner) or “How are you!” (not as a question; usually said in lieu of hello). I feel as though my arms will fall off, but I cannot in good conscience willingly not wave back to a child. Kenyans are some of the most welcoming people I have encountered in the world. From a hotel waiter in Nairobi to a cart vendor in Bungoma, all over we have met people who have tried their hardest to make Kenya a second home to us. They have gone out of their way to make our weeks here as comfortable as possible, whether it is cooking us meat when meat is quite a luxury or putting a light bulb in our room so that we can see in the dark.

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Part of me feels like these memories belong to someone completely different who has lived another life: barefoot children laughing and running after our van in the dust, learning how to make chapati in the kitchens inundated with smoke, wonderful conversations with some of the Kenyan doctors and translators challenging our principles and figuring out that we all are searching for something fulfilling in life. I remember the group going out one night to a clearing in an open field to see the stars, because on this side of the hemisphere the constellations are different. It really did not matter since it appeared we were only adept at identifying the ever-popular Orion’s belt anyways, but our lack of astronomical knowledge could not undermine the beauty and grandeur of a clean, unpolluted sky. Looking out at this great expanse, I could not help but think: we are small and yet we are large.

As I go through medical school and realize becoming a doctor is a more tangible goal than it was four years ago, the dream I once had as a child of being able to travel the world and help people becomes more feasible. My experience here has been a trial in independence and has shown me that I can do this. I love this work despite the challenges that come with it. I am truly privileged to have met so many people who have altered, for the better, my insights into medicine and the moral and professional responsibilities of being a physician. We are in a critical position to defend the rights of individuals to attain a better quality of life through improvement in personal health and dignity. As many say and I still perceive to be true, we get more out of experiences like this than the people we serve. My eyes have been opened - shades removed.

Maybe it is something in the water, maybe this is a part of growing up, but I simply feel different. I have been given a wonderful gift, a realization that perhaps some people can discover without going abroad but something that for me has made all the difference because I did go across the world: the mental clarity to know and see my true self. And the certainty that this is just the beginning.

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