

Reflections of my Experience:

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CFHI Program: HIV/AIDS and Healthcare in Durban, South Africa

I have always wanted to go to Africa. Ever since I first decided that I wanted to be a doctor, I felt drawn to the area; the health, not to mention poverty, of Africans is unlike anywhere else, and the ability to make some kind of difference is so pronounced. At the beginning of fourth year, I learned that I could participate in an International Health elective through my medical school; soon after, I heard about Child Family Health International (CFHI), which offers an HIV/AIDS and Healthcare program in Durban, South Africa. One of my classmates and I applied for the program for the spring of 2010, and I applied for a CFHI scholarship to help offset the costs of the trip. I nervously awaited some kind of response. As a fourth year medical student, I had already taken out loans in excess of \$100,000. For me, getting the notification that I had received the scholarship meant that the trip was finally *real*.

Danny and I flew into Durban in early February; “from the plane, the area was a patchwork of green, a contradiction of images: pools and car dealerships next to dirt roads and metal houses” (quotes are just thoughts from my journal entries). We were picked up at the airport by the program coordinator and transported to our host families' homes. My host family consisted of a mother, father, and three brothers, aged 21, 19, and 14.



We were in South Africa for a total of four weeks. Our first day was spent at the Marianhill Clinic, which is run almost entirely by nurses. They see between 150 and 200 patients every day for primary care, HIV testing and counseling, and referrals to St. Mary's Hospital in more complex cases. That day became my introduction to HIV/AIDS in South Africa. The rumors and misconceptions about HIV are rampant and make prevention so difficult. A huge stigma remains for those with a positive test result. In fact, healthcare workers themselves are silent- some die of complications of HIV/AIDS, while their coworkers don't even know they are sick. Given this background, I was so impressed by Marianhill, as they employ a social worker who is entirely committed to the prevention of HIV. Everyone who is tested, regardless of a positive or negative result, is counseled on safe sex practices. The social worker also spends one day each week in local schools in an attempt to teach the next generation the truth about HIV. After a morning spent in the HIV counseling room, we moved to the primary care section. Even though patients presented with similar conditions to those seen in the states, over there, they were much more advanced. One woman complained of a small sore on her foot but, when we removed her shoes and bandage, we saw a large, necrotic ulceration. I was also surprised to see that adults and children alike wore colorful string around their waists. One of the patients explained that these were a Zulu mark of protection.

We spent the remainder of the week at St. Mary's Hospital, where we had the option of working with the Pediatric, Surgical, or Obstetrics teams. St. Mary's Hospital is located in a more rural area of Durban, but sees close to 64,000 patients in each six month

period. It was established in 1882 by a group of monks, and there is still a monastery within walking distance of the hospital; we often visited the monastery's Tea Garden for lunch (in fact, we met a monk during one of these lunches, and he took us on a guided tour of the monastery). I spent most of that week in the Pediatric Department, where I saw too many cases of HIV/AIDS, tuberculosis, Marasmus, and Kwashiorkor. They also had some amazing pathology, including massive cardiomegaly from a missed VSD and congenital saddle nose secondary to a maternal syphilis infection; here, too, preventative medicine was almost nonexistent. Mornings started in the NICU. "It was a small room without AC; the windows were open and flies were roaming around. But, crazy as it was, they had incubators and bili lights similar to our own. One of the babies we examined was a 28 week premie, only 820 grams! I have never seen anyone that small and fragile looking, and they were managing to keep her alive in a small hospital in South Africa. Sometimes, it's amazing what people can survive with a little bit of help. It was humbling. Even though I'm from a technologically-advanced, highly educated place, these doctors were teaching me so much about real medicine and what it means to be a healthcare worker." It involves so much more than addressing the physical manifestations of specific diseases, the unique signs and symptoms that they evoke. It involves the psychological, social, and financial aspects of our patients' lives. It involves an understanding of the communities they come from, their traditions and cultures, the battles they fight each and every day. It means doing everything we can for our patients, even when we are tired, frustrated, stuck in a building without air conditioning or running water, without the conveniences of technology and quick lab tests. It means treating them, fighting for them, and believing in them.



During the rest of the month, we spent most days at King Edward's Hospital, which is actually associated with the Nelson R. Mandela School of Medicine. Due to that association, we were able to participate in teaching rounds and case conferences with other medical students and residents. We saw many of the same types of cases that were so common at St. Mary's, but we learned a lot more about the actual disease processes and treatments, not to mention how to diagnose these conditions without regular access to the advanced imaging that we have in the states. They taught us to look at and listen to the patients in completely new ways. While there, I saw the most severe case of Kwashiorkor of the entire month: "Her whole body was edematous. Her skin was peeling away from her face and chest, covered in a rash consistent with measles. Her eyes were swollen shut, leaking yellowish fluid from the corners. She had a massive fungal infection under her diaper. She was one step above comatose, not speaking, barely responding to painful stimuli. The doctors had to alert the Public Health System so that they could begin to vaccinate others against measles." I was lost. The doctors, on the other hand, knew exactly what to do. They were used to cases like this.

In the afternoons, once rounding and work had been completed, we were able to spend time playing with the kids. Many were orphans, so they were thrilled to be getting any attention; they just wanted to be held and hugged, to feel loved for a little while. The nurses were great, but they had so many patients that they were pulled in a hundred different directions at once. The kids themselves became each other's family- they ate together, played together, fought together. When they found my camera in a pocket, they took pictures of each other. It was so hard to leave them at the end of the month.



On days when we weren't in the clinics or hospitals, we visited local orphanages. One, in particular, the Baitul Aman Orphanage in La Mercy, is etched in my memory, probably because of the people we met there. The orphanage houses around 50 children, all either orphaned, abandoned, or from families that are unable to care for them. Many of the babies come in not knowing their birthdays, never having celebrated one before in their lives. So, the social worker would estimate their ages and pick an approximate birthday, writing all the dates on the wall, celebrating when they came around. She said that she wanted to do everything she could to give them an identity, some sense of who they are. Experiences like this, while sad and sometimes frustrating, were also incredibly inspiring. Throughout the month, I had opportunities to spend time with some of the most generous, compassionate people I have ever met. They were all naturally drawn to these areas, places where they are most needed, where they can have the most impact, make some kind of difference. It really felt like they were changing the world, and I was so grateful to be a part of that.

When we weren't working, Danny and I spent time experiencing beautiful South Africa with the other six members of our group (two other 4th year medical students, one resident, and three pre-meds). We drove up to St. Lucia on our first weekend, which is about three hours north of Durban. There, they have hippo cruises and safaris; on the safari, we saw giraffes, elephants, zebras, rhinos, etc. During our second weekend, we drove to Drakensberg, or, in Zulu, the "Dragon Mountains." We spent Saturday hiking up into the mountains and went zip-lining through the Blue Grotto forest on Sunday.



On our final weekend, we went shark diving; we swam with about 20 blacktip and dusky sharks. Then, during the last week, we took our families to a soccer game at the new stadium built for the World Cup. The game was our present to them, a small representation of our immense gratitude at getting to be a part of their families. They really made us feel like we were their own brothers and sisters, teaching us, teasing us, watching out for us. In fact, staying with a host family ended up being one of my absolute favorite parts of the trip. I learned so much more about the South African cultures and traditions by living in the middle of them. Our three brothers walked my roommate and I around downtown Durban, taught us about the townships and witch doctors, showed us the scars on their own bodies from where their grandmother had attempted to remove evil spirits. I miss them all already.



It is hard to put into words just how much of an impact this experience has had on me. I was given the chance to learn about healthcare policy and participate in the care of patients in a very different part of the world. I lived with a South African family, where I

got a glimpse into their daily lives. I met individuals who, over the course of the month, became my role models, people who I hope to be like, one day. It was one of the best, most personally defining months of my entire medical school career. In fact, inspired by the month, I applied to a pediatric residency program that is characterized by its emphasis on global health, medical disparities, and patient advocacy. I start the program in June of this year, and I hope to be back in South Africa soon.

