Words of Encouragement

GLOBAL HEALTH PROGRAM

UNIVERSITY OF VERMONT LARNER COLLEGE OF MEDICINE AND THE WESTERN CONNECTICUT HEALTH NETWORK
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Produced by the Western Connecticut Health Network
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Introduction

The field of global health has gained remarkable momentum over the past few years, and yet remains elusive in definition. To unseasoned students, a global health elective may resemble a recreational or novel travel experience much like undergraduate study abroad programs. This misconception, often unyielding after even the most extensive pre-departure preparations, leads many to embark on global health electives without understanding global health’s true meaning or demands. As a result, the elective can serve as a harsh reality check that incites significant shifts in perspective by invoking obstacles that can be overcome only with thoughtful intention.
Reflective writing is a powerful tool for processing experiences and bringing awareness to their correlating emotions. For this reason, as part of our Global Health Program at the University of Vermont Larner College of Medicine and Western Connecticut Health Network, global health elective participants write weekly reflections that are analyzed, categorized, and discussed by a team of reviewers. The insights gained are used to assess participant well-being and safety, identify and manage issues alongside our international supervisors, and improve the quality of our program.

As certain themes such as cultural barriers, helplessness, homesickness, and exhaustion recurred in these reflections, a weekly “Words of Encouragement” series was conceived with the hope of enhancing participant experience by actively engaging with their growth through transformative moments.

We believe the ideas conveyed in this collection are not uniquely directed toward our own global health participants, but are universal themes that can provide insight to any such participant, from medical student to global health veteran. Beyond training students into astute clinicians, our responsibility as teachers is to nurture aware and compassionate human beings.

Majid Sadigh, M.D.

Christian J. Trefz Family Endowed Chair in Global Health and Director, Western Connecticut Health Network/University of Vermont Global Health Program
A traveler and a tourist engage in a new environment in distinctly different ways. A tourist, “a person who is visiting a place for pleasure,” separates herself from the local people and experiences a new place through her usual lens. In contrast, a traveler is willing to loosen her hold on that lens so as to glance through that of the locals. The tourist is focused on the self, and the traveler on others. The tourist strives toward pleasure, and the traveler toward discovery. You as a global health participant are not only a traveler, but a traveler working to
understand the roots of inequality within the context of a specific medical education and healthcare delivery system. Think of these systems together as a country, and your motion through it from hospital to hospital, patient to patient, family to family. This immersed movement marks the beginning of a greater mission toward rectifying observed inequalities, devising innovative solutions, and identifying elements from other healthcare systems that are transplantable into ours.

Sometimes described as “public health for the entire world,” global health’s full expression requires a complete absence of poverty and inequality—access to clean water, education, healthcare, and basic human rights for everyone, everywhere. While simple in definition, its realization is undoubtedly the most severe of tasks. It requires thoughtful engagement in activities that enhance the purpose of the elective, such as envelopment in the clinical environment, patients’ homes, and informative literature. Limited emphasis on recreation in

“This place made from our love for that emptiness!”

-Rumi
the tourist's sense opens access to enjoyment from a deeper source: a commitment to understanding.

Of course, these greater-picture challenges weigh atop the more immediate ones like being in a new environment as a noticeable foreigner. The task of immersion can be particularly daunting in light of the fact that you will always be a foreigner regardless of the kindness of locals or your genuine attempts to integrate. You will always be conspicuous in a landscape far from the one with which you are familiar. Your culture, lifestyle, and belief systems will always, in one way or another, be different. There will always be things that you do not fully comprehend, and times when you want to be invisible; to observe everything without you yourself being observed.

This isolation may compel you to take solace in the company and activities that are familiar to you. While it is important to form camaraderie with your peers, indulging too heavily in that comfort can stunt what could otherwise be immense growth. Maintaining a familiar lifestyle by engaging mostly with other Americans and expatriates will prevent you from better understanding the locals, and ultimately yourself and your role in the global community. Engaging in tourist activities only furthers the divide, as most community members cannot afford such luxuries. Instead of perpetuating the gaps of separation, work towards traversing them.

The only way to understand the community perspective is to live as locals do. While discomfort is inevitable, your reaction to it as either a retreat into habit or a plunge into the unknown is a choice. In its essence, medicine embodies empathy for humankind through the fundamental attributes that connect us, as will your craft as a healer.

A learning opportunity as transformative as this one may not come along again for some time. When you return home, you will be able to indulge in everything you have been missing: beaches, comfort food, films, friends, and the luxury of being in a world that is familiar to you—though you may gradually feel somehow stifled by it. But until then, embrace your discomfort. It will only help you grow. See what your roots absorb when planted in new soil.

By Mitra Sadigh and Majid Sadigh, M.D.
Having been on your elective for some time now, the initial shock of entering an unfamiliar environment may have subsided. Hopefully, you feel more confident and comfortable. You may feel less intrigued and more frustrated with certain aspects of the surrounding culture. While you may initially have noticed similarities between you and the people in your host country, fatigue can sometimes shift the gaze toward differences.

Most of you have likely experienced being stared at, touched without consent, or having general assumptions made about your character based on your name, nationality, or skin color. You are acutely aware of looking and sounding different from those around you. Do you feel out of place? Judged? Misrepresented? Scared? For many of you, this is your first time being a minority—an experience as powerful as it is challenging.

Consider the experience of a person of color in the United States, particularly in wealthy white neighborhoods or small towns like those in Vermont. S/he often stands out and may notice as many white people instantly pass judgment, stare, and pull their wallets closer. On the contrary, white Americans can spend their entire lives feeling “normal,” inconspicuous from everyone else around them. This comfort constitutes a substantial component of white privilege. But imagine going through life in the United States always looking different from your peers in school or work. Try to consider that although locals may approach you, touch you, or over zealously try to befriend you, at least they are not scared of you. Rather, they are simply curious and want to learn about you. Although your conspicuousness may cause insecurity, you have the tremendous privilege of being safe.

We can be overcome by emotions and judgments when we feel like we do not belong, understand, or have control over a situation. I encourage you to embrace the discomfort you are feeling and be present with it. Knee-jerk reactions like feeling angry, insulted, or wanting to leave are not productive. Try using these experiences as opportunities to reflect on why you are feeling so challenged, and to what degree your feelings are a result of a lifetime of privilege.

By Michelle Mertz, M.D.
“If you are irritated by every rub, how will your mirror be polished?”

-Rumi
The Uncomfortable Classroom

Picture this: It’s the first day of school and you walk into your new classroom. You pause. Hesitate. The walls, perhaps once painted a shade of green, have reverted to their native concrete. The chalkboard is peeling off the front wall. The desks are crooked and the chairs have no cushioning. In the dim light fighting its way through the tiny, filthy window, you see dust dancing in the air. You force yourself to breathe it in. To keep standing. You hear laughter and instinctively know that it is directed toward you. You don’t look or sound like any of the other kids sitting in the rickety chairs. You are not privy to their secrets. For perhaps the first time in your life, “diversity” refers to you. You are the “other” and nothing in your life has equipped you to deal with the reality of being a minority in your new uncomfortable classroom.

Global health is such an uncomfortable classroom! It is meant to be, especially if you are experiencing it for the first time. Those dichotomous feelings you experience while abroad of uncertainty and excitement, apprehension and curiosity, disparity and assimilation, are not because the global health program you enrolled in messed up. On the contrary, they are the cornerstones of a life-changing experience that will break apart your old self, sometimes with such subtlety that you barely notice, and other times with such a resounding crash that you long to retreat to the familiarity of home. If, however, you stay the course, you inadvertently discard your pride and prejudices, ignorance and inexperience, as you break. Only then are you free to remake yourself using a framework of humility and understanding, empathy and perspective, into the kind of physician that today’s world needs.

When you go abroad for a global health elective, expect to be uncomfortable. Expect to be confused and angry. Expect to laugh out loud and cry, sometimes simultaneously. Expect to miss your people. These feelings are normal. They mean that you are human. Though it may not seem like it while in the haze of unfamiliarity, those feelings do not necessarily mean that you are unsafe. Ants, mosquitoes, and even leaky roofs are all part and parcel of global health’s uncomfortable classroom in underprivileged societies. Far from home, these benign inconveniences can seem threatening and unbearable. Resist the urge to react. Use the filter that reminds you that you signed up with a reputable program that would not intentionally put you in harm’s way, that the safety of the site has been thoroughly reviewed, and
that there is much that is worthy to learn there if you are flexible and open to it. Instead of reacting, act with an open mind and a spirit of adventure that will allow you to connect with a part of the world that has different standards of living from your own.

Remember that a good global health program is not one that aims to remove the discomfort. This would be cheating you out of the richness of your elective time. Rather, the goal of the program is to anticipate and proctor the unfamiliar lessons you will learn in your new uncomfortable classroom. This is achieved through assiduous in-person briefings on the country and program, manuals to which participants can refer, pre-departure teachings on cultural humility and competence, exchanges between first-time participants and alumni, site directors available to answer all questions, and an open forum to voice complaints, concerns, and suggestions. If your program has provided these assets, then you are okay, even in the midst of your despair. You will survive. And if you don't let fear cripple you, you may even thrive.

Don't be in such a hurry to criticize Mama Africa. Despite her dilapidated classroom, she is a competent instructor, tried and tested through decades of adversity. Let her teach you her lessons first—lessons of teamwork from the ants, lessons of blood from the mosquitoes, lessons of poverty and desperation from the leaking roof, lessons of the endurance of the human spirit from patients who are too sick, and lessons of commitment to one's calling from the nurses and doctors who are too few. Only then, informed by the wisdom of Mama Africa's experience, can you in return successfully help feed, clothe, and heal her multifaceted children!

By Tendai Machingaidze, MD

[Mama Africa] has a rhythm and a flow that cannot be terrorised into submission, dictated to, or swindled, without dire consequences. One has to feel with her, listening and learning to step with her at her chosen pace - however unprogressive it may seem. She is a traditional woman, characterised by nuance and richness. Her soul runs deep, and her wisdom and beauty elude modern judgments. Mercilessly scorched by a harsh and unforgiving sun, her temper is relentlessly daunting, draining. Yet, a true Motherland, she nurtures children who are strong, triumphant, majestic even. Deep mahogany sons and daughters, who despite their troubles, and perhaps because of them, are able to gaze upon her copper-red sunsets at the end of trying days and be entirely proud to belong to her....Africa would not be Africa if it were all a purple haze of Jacaranda blossoms. Such beauty would be too much. Too unbalanced. It would weaken the soul. It is right for her sunrise surprises to be countered by her sun-baked earth. Strangers think it strange, but that is Africa, and she will not yield.”

-Acacia, African Perspectives Publishing 2014
“You are not a drop in the ocean. You are the entire ocean in a drop.”

-Rumi
Many students struggle during global health electives with the sense of consuming valuable resources, space, and time without giving anything in return. While these sentiments hold an element of truth, there is a greater context to bear in mind: as a participant of the Global Health Program, you are part of a much broader system comprised of multitudinous components. We are deeply committed to and engaged in each of our international partner sites. Sending medical students and residents from the Global North to the Global South is only one element of a greater whole.

Our partnerships are truly collaborative and mutually rewarding. We approach each of our partner sites with committed thought and intention in capacity building. As educators, we and our partners host young junior faculty from international sites in the United States to support their learning, and vice versa. Local leaders select the best candidates based on the needs of their respective institutions while we in the United States match our resources to the capacity building needs of each site. Participants who are already established in their home countries are prioritized in a careful effort to prevent brain drain. When they return home, we do whatever we can to help them attain their academic and vocational goals as they implement their newly acquired knowledge however they deem appropriate. They share their experiences and thoughts with their medical and social communities, shedding light on what they believe is important and transplantable.
But capacity building extends far beyond the impact on individuals and their communities. Given that our partners are among the most acclaimed universities around the world, and that their graduates become leaders of medical education in their home countries, whatever change participants gain may be implemented in medical education as they grow into drivers of change. In this way, the impact of any change in medical education not only reaches the life and health of patients, but extends to teachers and leaders through collaboration, eventually reshaping an entire system.

We are investing in you because we believe you will someday make a significant contribution to global health. Remember to be patient, as it may take years before you tangibly see the results of your efforts. Furthermore, you are working within a system designed to give by replicating and augmenting itself. We are not merely taking from our international partners. We are all part of a dynamic, bidirectional exchange through which each member contributes and receives, teaches and learns.

For now, simply observe inquiries, injustices, and inequalities, and investigate the reasons behind them. Somewhere down the road, you may be have the power to meaningfully impact the lives of the underserved, from beneath the shadow of New York City skyscrapers to the mudslides of Kampala slums. Your experiences will make you a better physician, and more importantly, a better person—and that will impact everyone around you.

Your observations, many of them difficult to comprehend, are correct. The system is not fair. Resources are not equally shared, and people suffer needlessly as a result. Accept your observations of injustice and do something with them. Resist becoming paralyzed with disillusionment. You can join the movement working to combat injustice, if you so choose. It is a daunting and formidable battle, but one that must be undertaken.

By Mitra Sadigh and Majid Sadigh, M.D.
“The world is a book and those who do not travel read only a page.”

Saint Augustine
The Value of Communal Living in Global Health

When in an unfamiliar environment, small, unexpected events easily become unmanageable obstacles, and simple problems overwhelming. A global health elective brings a wealth of unfamiliarity in the culture, clinical settings, surroundings, and daily experience. Participants, especially those traveling to a place different from their home for the first time, may feel isolated in the plethora of feelings that arise, among them confusion, frustration, helplessness, and loneliness.

To help process these feelings, it is crucial that participants be embedded in a network of support with fellow medical students, residents, and physicians with whom to share experiences and thoughts. This way, each participant can approach a comprehensive point of understanding through the insight of peers undergoing similar experiences and global health veterans alike.

To help facilitate the shaping of this supportive enclave, we send junior medical students with a resident and faculty member to international sites together as a team. By working, living, dining, and socializing together over the course of the elective, members learn about and support each other as the group becomes unified. Within this strong support system, students nurture comfort, confidence, and curiosity, the pillars of a strong foundation from which they can immerse in and engage with an unfamiliar culture, people, and way of life.

Thus, this communally-centered support system is not intended to recreate the home environment as to avoid the unfamiliar, but to encourage a diving into the unknown. This group dynamic challenges the concept of “private space,” the overturning of which will help participants better integrate into host communities that so highly value communal living, and ultimately prepare for future global health experiences that will require sharing of space and resources.

But why do students need to live with residents and physicians? Why aren’t clinical hours at the hospital sufficient? The work of global health spans far beyond the clinical experience. If a working knowledge of global disease was enough to navigate the global health landscape, any able physician would be an apt candidate for the field. Global health calls for a much taller order: to learn to provide care within
a different cultural landscape, context, and medical system. Far from standalone entities, medical conditions are deeply enmeshed in a convoluted web with social context, political history, cultural beliefs, and economic forces at its vertices.

This is why we advocate for immersion in the host country. The purpose of the elective is not to go to the hospital, engage with patient cases, and return home to decompress by means of disconnection. Its purpose is to prompt an overturning of one’s idea of reality and ushering to a new way of life. This is the only path to understanding the circumstances and reasons that drive health inequities. Clinical knowledge is simply not enough.

A global health elective can be considerably challenging. Without the support system provided by communal living, students may be so overcome with fear and anxiety that the purpose of the elective
may be lost. Communal living helps dissolve the barrier between physician and medical student, fostering the trust without which supervisors would be unable to truly support students. It encourages students to remain engaged with their experience and growth process, rather than disconnect from it the moment they leave the hospital.

With the support of a robust team, students can transform obstacles into growth, push themselves through difficulties, and emerge as more adaptable, compassionate, culturally sensitive humans who may someday be leaders in global health.

By Mitra Sadigh and Majid Sadigh, M.D.

“There is a community of the spirit. Join it, and feel the delight of walking in the noisy street and being the noise... Open your hands, if you want to be held... Why do you stay in prison when the door is so wide open?... Move outside the tangle of fear-thinking... Flow down and down in always widening rings of being.”

– Rumi
Severing the Umbilicus

Initially, facets of the systems you are working within may feel shocking, inefficient, or saddening. These observations are common when working in an unfamiliar medical system for the first time. To best manage these challenges, it is important to be an astute observer. Learn the stories of your patients and their families, along with everything you can about the country’s culture, history, and traditions. Open yourself and suspend judgment.

It is easy to believe that what we experience is an objective, complete reality rooted in logical, lucid thinking. As a natural extension, we are convinced that our beliefs based on this “objective reality” are also right and true. But we are seeing only the surface of a complex, deep-rooted system. Even the minuscule fraction of the whole that we do see is colored by an inevitably subjective cultural- and self-centric lens. We then react to this small, colored fraction of a reality as if it were the entire truth, and feel angry, disappointed, and rejected when our efforts fail because we are acting out of an ignorance to which we are blind. This difficulty seeing ourselves is perhaps one of the most human of struggles.

The only exodus from this pigeonholed view is to accept a certain level of naivety and ignorance as a natural result of being an organism shaped by our surroundings. We must assume that we do not even know what knowledge or understanding we lack. We default to measuring a completely new world around us with a tool that was developed to perceive the environment to which we are accustomed. When we witness unfamiliar events and behaviors, we automatically assign them value judgments based on this preconceived scale. But navigating a new environment calls for a new measuring tool and means of assessment that can only be invented by opening ourselves to unbiased observation.

Though we are limited in our ability to observe without bias, it can be approached by severing the umbilicus from our own country and culture. Question your assumption that the way to which you are accustomed is the best way. Critically evaluate Western-centric thinking in which the West knows best. Our societal system revolves around white Western education, history, literature, medicine, philosophy, politics, and world-view such that the ideas and ways of life of the diversity within the United States—let alone the rest of the world—are neglected. Consciously or unconsciously, you are inclined to impose your own ways onto a culture that is entirely different from yours, and to believe that this imposition is just and good. It is this very way of thinking that rationalized colonialism, the culprit of many problems you likely take issue with in the “developing world.”
Lags in paperwork, lack of running water or electricity, imperfect housing, and other minor inconveniences—while relatively uncommon in the United States—are elements of everyday life in many places around the world, and integral to the global health landscape. The Global Health Program has low tolerance of complaints pertaining to such events, as long as they do not jeopardize participant safety. If you find these conditions unacceptable, you may need to reconsider your path.

By Mitra Sadigh and Majid Sadigh, M.D.

As a student of global health, you must experience at least a small fragment of what the locals experience. This can only be accomplished by immersing yourself in your surroundings. When you feel challenged, use the opportunity to explore your creative forces. Once developed, those skills will be vital in your global health work and will only strengthen your adaptability, character, and compassion.

To see the reality and meaning behind what you experience, you must open yourself to embrace the local people and their way of life. They are your teachers. Learn from them.

Ask when you do not understand. Reconsider when you disagree. Reflect inwardly when you react strongly. Allow yourself the gift of discovering beauty in new forms, and the subsequent expansion of your understanding of reality, the world, and ultimately yourself.

“Run from what’s comfortable. Forget safety. Live where you fear to live.”

– Rumi
Finding Your Why

You have everything within you to become a leader in global health. You were selected for the global health elective because we believe that medicine is not just an occupation for you, but a calling. The journey is a severe task that demands tolerance when you are frustrated, endurance to persevere when your strength wanes, and flexibility to adapt to even the harshest of situations. Becoming a leader requires the astute discipline to be the best in your field and refusal to settle for anything less. The path will never get easier. It will only get harder.

The unfamiliar languages and harsh climates will not be temporary nuisances, but a way of life. In the moments when the body tires and craves comfort, you must be fueled by an internal force that embodies the mission of global health: to be the voice of the voiceless and advocate of the under served.

Physicians are healers and teachers driven to continue the quest for scientific knowledge while cultivating the human connection. There will undoubtedly be times when you will feel alone in your journey. The juxtapositions of tragedy can be draining. A patient in a resource-scarce country might die from lack of funds for a simple procedure while another patient in a resource-rich country dies from complications associated with an unnecessary procedure. Operating in both environments is impossible to resolve intellectually, and yet we operate. The reality that a life is worth more in one place than another is incomprehensible, and yet the world revolves. It is painful and paralyzing, and yet we continue in our orbit.

These obstacles are tests to your emotional and physical stamina. Remain vigilant and endure the journey. If you do, the reward is breathtaking. You will become a better doctor, a better friend, and a better human being. Above all, you will have an internal source of joy that nobody can take away from you.

Nietzsche said that she who has a “why” to live can endure almost any “how.” Remember the ultimate purpose of your medical pursuit: the calling that lives inside of you. Synchronize your thoughts and actions to oscillate to the rhythm of your inner wisdom. Find your why and nourish it daily.

By Leah Moody and Majid Sadigh, M.D.
“Be like the bird who, pausing in her flight awhile on boughs too slight, feels them give way beneath her, and yet she sings knowing she hath wings.”
– Victor Hugo
A supervisor is one who is in charge of overseeing and directing a project or people. The role of supervisor helps ensure smooth, proper conduction of workplace-related tasks. Though there is an understanding between supervisor and supervisee that the one will somehow advise the other in workplace-related inquiries, the relationship is not conventionally personal in nature. With so much to be learned in the realm of global health, and so much at stake—principally the physical and mental well-being of students, patients, and partner institutions—supervision may fall short in fully addressing student needs.

Beyond clinical training and other daily tasks, students of global health are confronted with an overwhelming scope of cross-cultural, ethical, personal, and social issues within and without clinic and hospital walls. While these challenges present a meaningful opportunity for transformation, overcoming them requires support of a relationship more personal than that of supervisor-supervisee, which means a toppling of the physician-student separation inherent to the conventional hierarchy. By creating a culture of intimidation that expects students to accept all taught ideas without question, this dynamic stifles the cultivation of trust that is so integral to building a more personal relationship.

By dismantling this barrier, a space for confrontation, discussion, and inquiry through respectful exchange can be unearthed, and from there the relationship can grow. The team approach in which medical students, residents, and physicians travel, work, and live together in a communally-centered space is a crucial means of such dismantling. Within a new, non-hierarchical structure, physician and medical student can discover beauty in each other. Through this process of discovery, their relationship can evolve from supervisor-supervisee to one with greater depth of meaning: that of mentor-mentee.

Originating from the Greek Mentōr, the name of young Telemachus’ adviser in Homer’s Odyssey, a mentor is a trusted guide and advisor. The role of a mentor in a global health setting is not just to ensure that students adhere to the rules and complete their daily tasks, but to push them to confront their boundaries and challenge their limitations. The role of a mentor is to help students better navigate unfamiliar terrain rather than circumnavigate it. To encourage them after a tough case to return to
“Try not to resist the changes that come your way. Instead, let life live through you. And do not worry that your world is turning upside down. How do you know that the side you are used to is better than the one to come?”

– Rumi
the hospital the next morning with renewed energy and perspective. To invite them when faced with a cultural clash to question their value system and try to understand another point of view. To challenge them when uncomfortable with simpler living to experience life as the locals do.

It is only by pushing through the confines of their known reality that students can truly immerse in the surrounding environment and feel the full impact of the global health experience. When founded in openness, respect, and trust, the blossomed mentor-mentee relationship can support students through this endeavor. Part of what makes the mentor-mentee relationship so unique is the mentor's encouragement of the mentee to critically evaluate held certitudes, even those of the mentor; to help the mentee cultivate the tools with which she may someday expand beyond what has already been considered or discovered. The mentor pushes the mentee to fulfill her potential and become a greater version of herself. In so doing, the mentor not only expects, but hopes that the mentee transcends the capacity of the mentor, and takes joy in this reformation.

By dismantling the hierarchical separation between physician, resident, and medical student, the culture of intimidation dissolves and is replaced with one of dialogue, inquiry, transparency, and growth. The supervisor-supervisee relationship transforms into one of mentor-mentee, a beautiful union in which the mentee encourages the mentor to reevaluate her belief system, and the mentor challenges the mentee to embrace the overturning of her known world with the trust that something greater is waiting on the other side.

By Mitra Sadigh and Majid Sadigh, M.D.
Welcome back. I imagine that you are experiencing a mix of feelings as you transition back to life in the United States. I hope you will somehow benefit from reading about my transition into life at home after my first global health experience.

We spent mornings sitting together on her banana-fiber mat in the July sun, speaking pleasantries in our respective languages and beaming smiles at each other as we held hands. Maryam was a sixty-year-old patient at the Uganda Cancer Institute in Kampala, living on the facility’s lawn for weeks awaiting the repair of the sole radiation machine because she could not afford to go home and come back. Where is she from? I wondered. What has she left behind? The recently imprinted Luganda phrases felt artificial in conveying the depth felt through imaginative empathy. But the voice can speak when the tongue is bound. Intonation and intention soon emerged from beneath the linguistic haze, opening a connective space between us. A space that traversed culture, ethnicity, generational divide, and even words. I felt a steadiness in her grasp that seeped from the center of her palms into mine.

Maryam’s strong face, the glances we exchanged, the mango juice sold by the nearby vendor, the auburn dust of Kampala’s streets... these snapshots comprised a transparent sensory experience. But the less tangible impact of their amalgamation set in gradually. In some ways, it is still setting in.

It began with almost inaudible rumblings. A subtle vibration or unidentified feeling unworthy of investigation. I was surprised to feel an unfamiliarity with the place I had known so long despite the relief of returning home. Nights spent in my room were bereft of geckos to keep me company. It was harder to fall asleep without the delicate nestling of the mosquito net. My body was home, but my spirit elsewhere. I heard myself praying each night for the infant of a taxi driver who had suffered from third-degree burn. I sensed myself smelling the auburn dust of Kampala’s streets as if I was ambling along them. I was living in two spaces at once. As my body stepped out into the hallway each morning, slowly waking, my mind stepped into the village morning air and the rich ecosystem of which I felt integrally part.

Rainy days drew my mind’s eye to the girl in a pink dress twirling joy through the littered, muddy paths of a slum.

An awareness of the world’s expansiveness inhabited the backdrop of my mind, along with the variegated ideas of how to live within it. Nighttime conjured the wise gaze of the orphan who sat poised like a queen in between bunk beds, the whites of her eyes glowing like marbles in the dark. White sheets
exhumed the memory of a patient whose stillborn infant was wrapped in cloth and shuffled away in the sunlight. The contrast between these rumblings and my physical surroundings seemed irreconcilable. Transitioning home was daunting in ways for which I could not have prepared.

As I returned to life with my house mates, the words of a Ugandan intern about his time in the United States resounded. “I don’t understand,” he had said. “Everyone is so alone. You get home, go into your rooms and close the doors, shutting everybody out. People living in one house, all with their doors closed! Why?” I began to see his perspective. I missed seeing friends walk arm-in-arm on the street. I missed huddling by the kerosene lamp in a tiny room with my two companions, their newborn son, and our insect friends while the rain heaved. I missed drinking chaiwamata, or milk tea, with my host sisters while they shared their ways. I missed the vivacity of the Lugandan language, the many-pitched “ahs” each voicing a nuanced expression.

Concurrent with this lack of intimacy, I felt an excess of everything else: the overwhelming abundance of butter brands to choose from at the grocery store; the superfluous portions served at an over-saturation of restaurants; the preponderance of advertisements and bombardment of consumption cues; the overvaluing of material possessions and endless mass propaganda to purchase more. I longed for the stillness of the village. I called to the strength of spirit I felt waking each morning to a symphony of birds, with only a backpack in my possession. I tried to hold onto that version of myself.

I compulsively kept abreast with happenings in East Africa. Elections. Political groups. Movements. I sent a frenzy of emails following the 2014 terrorist attack in Nairobi. I knew people in Nairobi. My world had grown bigger. “Did you even know that Africa has a new country?” the son of a patient had asked me. I learned the history of South Sudan. My experiences had changed me, and I had to realign my life to syncretize in tandem. I could no longer live selfishly, or narrowly. My choices held weight—not only for myself, but for others. I could use the resources I was freely granted for myself, or I could use them for others. I no longer felt justified using privilege for any other purpose. It felt like the only purpose.

Four years later, part of me still steps out each morning into the village air saturated with bird calls. I struggle for words to describe the feelings that seize me... sometimes familiar, sometimes entirely new.

I am no longer enamored by comfort. It holds you still, while discomfort moves you. I try each day to live less selfishly, more curiously, and with greater heart. I strive to learn to the greatest extent and remind myself that sacrifices are minuscule in light of their purpose: to fight for a world in which everyone has access to the basics.

In a certain way, I feel more isolated as my commitment to this fight emboldens. Yet in another, I feel more connected than ever. I remember my friendship with Maryam that was so palpable despite a world of seemingly untraversable barriers. When I feel disillusioned, my dreams unattainable, my determination waned, I remember her smile beaming under the July sun atop a colorful banana-fiber mat. Her steadiness seeps from her palms into mine, and from mine, outward.

By Mitra Sadigh
“When the soul lies down in that grass, the world is too full to talk about.”
– Rumi