

Stories from Participants Spring 2016

Laura Francis, RN

Our surgical trip to Uganda has opened my eyes to how fortunate my peers and I are to live and work in the United States. Running water, consistent and reliable electricity, as well as safe drinking water are just a few of the obstacles Ugandans face every day. Despite enduring what many Americans may consider hardships, the Ugandan people are generous, thankful, warm, and welcoming. Lawrence was one of our first patients to receive a free flap reconstructive surgery during the camp, and to me, he exemplified these characteristics entirely. When visiting him a few days after surgery, there were no complaints of his hospital room being over crowded with three other patients and their families. He did not mention an inability to use the water taps, or have water to flush a toilet. Instead, joy and thankfulness were written on Lawrence's face and displayed in his actions. He understood that the procedures he underwent would not have been possible without the help of our team. I am proud to have been a part of an amazing group of people who bring hope and aid to many Ugandans with head and neck cancer.

Kerry-Ann Walker, CNP

This trip was my second to Uganda. Again, it was filled with a sense of wonder. However, this time, it was the wonder and joy of seeing the nursing staff react to the patients with confidence in their skills that they had learned from the previous trip. Skills that I had helped to teach them. My expectations were exceeded as I watched them get report on the patients as they came from the recovery area. Without prompting, interventions that were previously taught were implemented such as suctioning, stripping drains, cleaning incisions, and more. The nurses, called sisters in Uganda, took complete ownership of caring for their patient population and even engaged in educating the patient's families for assistance. I saw families cleaning tracheostomies and administering medications through feeding tubes. These actions were evidence of nursing progress and improvements.

A few special moment during this trip was seeing a mother/daughter duo that returned for a follow-up visit from the last camp. The mother had a large jaw mass removed and her face was reconstructed with a fibula free flap tissue transfer. Seeing the two of them so happy and engaged in the world around them warmed my heart. The patient was no longer the shy woman who hid her face, but instead was now able to live her life fully and without fear or shame. I will never forget her smile and embrace when she returned to say thank you.

Sami Melki, MD

It took me awhile to decide if I would join the team to Uganda. The trip itself was outside, way outside, of my comfort zone. However, reflecting back, I am very grateful to have been able to participate with such a wonderful team.

The trip has been an eye opening experience about the hardship that some people in the world, in this case Uganda, have to endure. It took me a while to understand that the people I saw carrying buckets of water up the hill were doing so because there was no running water in the hospital. And they had to walk for quite a distance to obtain it. It felt surreal—as if this real life was part of a documentary and not actually happening in front of my eyes.

The patients have been grateful and kind despite the enormous amount of pain or disfigurement they suffer. In this resource scarce environment, their complaints are few. Instead, they listen carefully for instructions and follow directions with the support of their very present family. Without hesitation, they learned how to take care of their tracheostomies and feeding tubes. One patient with laryngeal cancer was a teacher and headmaster at a school. However, he was eager to sacrifice his voice to be able to live and be with his family. He greeted us with a huge smile on his face every morning after the surgery, clearly focused on what he was gaining rather than on what he was losing.

Finally, I was impressed with the surgical staff in Uganda. At first, I wasn't sure how they would fit into our team. However, they demonstrated an enormous willingness to learn and were eager to roll up their sleeves and participate with us in surgery. They helped us navigate social interactions with the patients and families, as well as the healthcare system. I began to understand that many of the residents came from other countries of east Africa, including one from the DRC, and are interested in learning as much as they can in order to return home to help their people. This kind of commitment and eagerness to learn is the key to getting more people taken care of in this beautiful part of the world.

Luke Apisa MS3

The ubiquitous Ugandan “eyebrow raise” is striking to any Westerner staying in the country. A subtle raising of both eyebrows accompanied by an almost imperceptible lifting of the head signifies assent, agreement, comprehension, permission, and myriad other meanings: it is the almost-universal Ugandan gesture. Medical history taking is complicated enough with a language barrier, but the replacement of simple yes-or-no questioning by an ambiguous possibly-yes or possibly-no facial expression is, to the uninitiated, extremely frustrating.

Annett A. was one of the first patient's I saw in the waiting area outside our operating theater, and our initial conversation was a mixture of translated L'Ugandan and serial Ugandan eyebrow raises saying everything from “hello” to “yes, my jaw is painful” to an interrogative “what do you mean?”. At this point, early on in the week, the gesture was still difficult to parse. With the help of the patient's fiancée's translation however (both of spoken L'Ugandan and gestures), I was able to get an outline of her story and convey it to the attending physician. Annett was scheduled for a fibular free flap reconstruction of her mandible after tumor resection the following day.

The subsequent week following her surgery was the first opportunity I had had to manage a patient clinically after a free-flap and airway-altering procedure. Annett was unable to speak, and her feeding tube and tracheostomy were a source of constant frustration to her. Every day she would point to her feeding tube, gesture as if it were being pulled out, and then flash that quintessential Ugandan expression. As the first week progressed, context clues were recognized, and the ubiquitous signifier began to take on vague outlines of meaning. I communicated in this way with Annett for over a week, with our nonverbal dialogue becoming increasingly natural. Finally, on the last day of our trip, we were

ready to remove her feeding tube. Immediately after removing the tube, Annett made a gesture I had not seen in our 8 days together – she clapped for joy. After the team had moved on to another floor in the hospital, I stayed to ask Annett if she was feeling, breathing, and swallowing well. Every answer came as the universal Ugandan sign, but with the added accent of a shining white smile. I told her I was so glad that she had healed so well, and as I turned to give my regards to her fiancée, I heard Annett speak for the first time since her surgery. Her fiancée translated: “She says to thank you for your work; and she says that when you go, God will surely go with you.” Over my week and a half working with Annett, I had developed a new appreciation for the Ugandan manner of speaking without words – something that was, in her case, a necessity. However, in that final moment of our relationship, I could not have been happier to hear her voice.