

Ugandan Healthcare



Midwives at Ishaka Adventist Hospital teach new mothers about breastfeeding, newborn care, and kangaroo care. PHOTOS COURTESY OF DR. RACHEL BANACH

A Culture of Community

Doctors spend 10 days working in Uganda

BY KAYLA RUNKEL

tepping inside the Ishaka Adventist Hospital in southwestern Uganda feels like stepping a century back in time. With no drinking water or many luxuries of the modern-day American hospital, the quality of patient care might seem lacking from an outside perspective. But if you asked Jody Cousins, MD, that couldn't be further from the truth.

Dr. Cousins is a family medicine physician practicing in Cheyenne, WY. She is a proud WWAMI graduate who completed her residency at UW Family Medicine in Cheyenne, where she would later become a faculty physician. It was here that she met now second and third-year residents Natalie Cazeau, MD

and Rachel Banach, MD. Drs. Cazeau and Banach have known each other since medical school. They are both interested in global medicine, learning from and about different cultures around the world. The mutually shared respect for cultural differences in medicine is what landed these three Wyoming doctors in Uganda together.

After their recent medical mission trip to Uganda with second and third-year residents Natalie Cazeau, MD and Rachel Banach, MD, it became abundantly clear that patient care amid limited resources can go far beyond what the eye can see. Especially in Africa. A place where community is at the heart of everything, including medical care.

"Africa is people," Dr. Cousins says. "From the morning when you wake up until the moment you fall asleep. It's all about the people."

Of course, this wasn't Dr. Cousins' first mission trip. In fact, she's been on four and is planning another trip in August to Rwanda. It was, however, the first trip for Drs. Cazeau and Banach. The first, but most certainly not the last.

"When we heard about the trip from Dr. Cousins, we both immediately said we wanted to go," Dr. Banach says. "We even spent a couple of months fundraising beforehand, and everything we raised went to the people of Uganda."

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The trip was organized through the Overseas Medical Volunteer (OMV) group, a nonprofit through the Seventh-day Adventist Church. This was the OMV's second mission trip to Uganda, where they worked with the Ishaka Adventist Hospital and the affiliated school of nursing and midwifery. The OMV group included volunteers from different professional backgrounds from dental hygienists to professors, physicians to nurse practitioners, and a pastor. They organized and worked at the medical camp, donated to community events, and met with the local medical students and residents they're actively sponsoring.

Dr. Cousins has a Ugandan medical license, which means she and Drs. Banach and Cazeau could participate in rounds and actively care for patients at the hospital. In their 10 days spent in the Ishaka community, they saw thousands of patients. While most patient visits lasted only a few minutes, some were much more extensive, even going so far as to step into the operating room.

Dr. Banach admits that her experience in the OR in Ishaka came with a few unique challenges. "It was a bit of a struggle for me to find new, clean scrubs, and a scrub cap. There were no disposable surgical gowns or drapes," she says. "In the OR, I was given large white rubber boots to wear."



Dr. Rachel Banach helps a child while visiting the boarding school for disabled children. The child got a bloody nose while playing soccer with the older kids.

Despite the medical resource limitations, she insists that having the ability to witness Ugandan resourcefulness first hand was an enlightening and priceless experience. Having helped so many patients, it's hard to imagine that any circumstance would stand out above others. Still, there are a few unforgettable stories they're happy to recount.

For Dr. Cazeau, it was the element of culture shock in the Ugandans' approach to medicine that struck a memorable chord. "Some of the patients that came to the hospital had scarring all over their bodies," Dr. Cazeau says. "That's because when anyone was sick, the village doctors would cut the patient and sometimes put herbs inside the wounds to heal their ailment."

These unconventional remedies were commonplace for everything from serious illness to infertility. Still, it was the supposed causes that were, perhaps, most shocking. When a disease or misfortune had no apparent medical explanation, witchcraft and curses were to blame.



Ugandan Healthcare

Dr. Cazeau was adamant not to discount her patients' experiences. "That's what they believe in their culture, and I did my best to work within that. Keeping an appreciation for our differences was important to me."

While Dr. Banach worked in the medical camps and in the labor and delivery ward, she also found that taking part in grassroots organizations, community events, and youth groups were all very rewarding. "Connecting at the individual level outside of medicine helps to ground a person," Dr. Banach said. "Experiences like this bring us back to human connection and help instill empathy."

For Dr. Banach, the culture of the community in Uganda, but particularly among women, couldn't be understated. "The female companionship was unlike any other." The hospital

offered everything from lactation consulting to lessons in

kangaroo care. A generous benefactor also helped pay the hospital fees for those who couldn't afford it. New mothers had a refreshingly unexpected level of support.

"It really was an amazing community," Dr. Cazeau says.

"There were usually six moms in one postpartum room, and they all helped and learned from one another."

To all this, Dr. Cousins nods emphatically. "That's because the business of Africa is born by women," she says. "The weight of Africa is on women."

Of course, bringing aid and resources to the Ishaka community was only a tiny

part of a much larger picture. As doctors, they weren't crossing cultural lines in hopes of changing systems and practices. They wanted to learn from them. By the end of the 10 days, there was no doubt in their minds that they were leaving Africa better doctors than when they had arrived.

"Learning to do medicine in a culture with such limited resources absolutely made me a better doctor."



Drs. Natalie Cazeau and Rachel Banach visited a rural secondary school for girls, where they taught the students sexual education and hygiene practices, and distributed menstrual kits which included reusable pads.



Drs. Natalie Cazeau and Rachel Banach learn how Ishaka Adventist Hospital midwives and doctors triage and document from Sister Joyce. Midwives did most of the triage, labor, and vaginal deliveries at the hospital. The maternity ward at the Ishaka Adventist Hospital was the busiest unit.



From left, Drs. Natalie Cazeau, Rachel Banach, and Jody Cousins at Ishaka Adventist Hospital.



Triage and labor and delivery beds in the maternity ward at the Ishaka Adventist Hospital. Women were expected to bring their own bedding, clothing, laboring supplies, and newborn blankets.



Dr. Natalie Cazeau visits the Ishaka Adventist Hospital garden. The garden is used for growing plant medicine, herbs, and food. It is part of the Lifestyle Department of the hospital.



Ugandan Healthcare

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"Learning to do medicine in a culture with such limited resources absolutely made me a better doctor," Dr. Cazeau says. "I didn't have the ability to do all these fancy tests and labs. I just had to treat the patient based on my knowledge, and that was okay."

"Personally, I don't want to be another cog in the wheel of the medical system," Dr. Banach says. "Seeing the culture and companionship in Ugandan healthcare helped me further solidify that it is so much bigger than that."

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While their overall experience on the mission trip was unparalleled, Dr. Cousins points out that some may question the point. After all, wouldn't it have been easier to simply send money to the Ishaka community? Perhaps. But their goal to support the people of Uganda went far beyond what they could provide financially.

"It's like that story of the starfish," Dr. Cousins says with a smile. "A woman was walking along the beach after a horrible storm washed thousands of starfish ashore. Whenever she came across one, she would pick it up and throw it back into the ocean. As she grabbed another starfish, a man asked why she bothered helping since she would never be able to save them all. To which she replied, 'Because it matters to this one.'"

Of course, financial support, medicine, and medical supplies matter. But so do the people. Because in Africa, it's all about the people.

"Going to a place like this tells people they are important," Dr. Cousins says. "That's what makes this poor country so incredibly rich."

