There are few days in my medical school career that have filled me both with pure elation and deep sadness. This sentiment was true almost everyday at Ilula hospital, and what a wonderful range of emotions it was. Within an hour of time we witnessed a 10-month-old pass away after an aggressive bought of severe malaria while also cheering on a 16-year-old boy with osteomyelitis learning to walk again whose grandmother gathered the funds to transfer him to a larger medical facility.

As a fourth year medical student finding 6 weeks to go to Africa during residency interview season wasn’t easy, let alone the financial burden of both interviews and the unavoidable costs of international travel. That being said, those sacrifices were small compared to the immensely valuable experience that I had while in Tanzania. It provided a rare opportunity to learn about tropical medicine via an interdisciplinary approach.

Upon arriving late in Dar Es Salaam I was pleasantly overwhelmed by the heat and humidity of the city. We spent the 8-hour bus ride to Ilula the next day with our eyes glued to the window observing the scenery, including a safari park. We anxiously arrived at Ilula later that evening and were welcomed by the medical community. I was blessed to experience this trip with my mom, who has been there 4 years previously, and seeing the love that the community had for her and the rest of the returning health professionals set an important, collaborative, tone for the rest of the trip. I think that most of us were in bed by 8 pm that first night in Ilula, and awoke early to the sounds of the roosters. It was a weekend, so after eating breakfast, as prepared by our wonderful cooks, Anna and Ester, we rounded at the hospital.

The first day rounding at the hospital was eye opening. There was one physician responsible for the antepartum unit, L&D, general ward, and new admissions, totaling over 100 patients. It quickly became clear that the healthcare system in Ilula didn’t facilitate the same approach to assessment and plans that we are so accustomed to in the United States. This was not the fault of the provider, but simply a consequence of limited resources. However, this didn’t mean that patients weren’t critically ill. In fact, a good proportion of the patients on the unit would likely be in the ICU back at home. This isn’t surprising given that 50% of the patients were admitted with opportunistic infections from HIV/AIDS. Seeing patients this sick, having such a limited set of tools (medications, labs, imaging, etc) was an incredibly helpless feeling. It was rewarding, however, to see how the local providers adapted to this. At home, we rely heavily on laboratory results to sway our clinical decision-making and guide us towards a diagnosis, and quite appropriately so. However, the limited medications and lab tests available at Ilula necessitate treating patients in a manner that targets multiple diagnoses at once. For example: a 35 year old HIV+ male who presents with AMS and SOB may be given
fluconazole, ceftriaxone, bactrim, and flagyl with hopes of treating him for cryptococcal meningitis, cryptosporidium, PCP, and pneumonia.

The differences in care between the two nations weren’t always easy to understand or process. However, Dr. Hurley, Dr. Olson, Dr. Moody along with the rest of the interdisciplinary team took time each day to help us reflect on the experience personally and academically. Around 5 PM we would take turns doing a PowerPoint presentation on a tropical medicine topic we had prepared for ahead of time. We would then go around the room and discuss patients from our days that stumped us clinically or a systems problem observed in the hospital that we’d like to understand better or improve upon. Drs Hurley, Olson, and Moody have each been to Ilula around fifteen times each, and they provide a truly priceless perspective into the culture at Ilula. Some of the doctors are also licensed in Tropical Medicine so they all pushed us both academically and culturally.

I spent most of my time on the general ward as a result of my clinical interests going into this experience. After a few days I quickly become familiar with rounding, and started understanding treatment plans even in the setting of a significant language barrier. Additionally, the local attendings were incredibly receptive to questions or suggestions to patient’s treatment plan. It was helpful that there were residents, attendings, pharmacists, a PA, and nurses from home on rounds who made the experience truly interdisciplinary and academic. Additionally, the hospital was small enough that we could easily get involved in surgeries or help with deliveries if that was something we were interested in. I remember an inguinal hernia repair surgery I was lucky enough to be a part of. A 45-year-old HIV+ male had been admitted to the hospital with shortness of breath. However, one morning on rounds he endorsed a bulging mass in his lower abdomen. On physical exam it appeared to be an incarcerated hernia so patient was rushed to surgery. The incision the surgeons made initially was a few inches, appropriate size for an open inguinal hernia repair. However, they quickly widened that incision so that it extended half way up the patient’s abdomen. Under only an epidural spinal block the surgeons removed a 6-inch inguinal lymph node that had wrapped itself around the patient’s spermatric cord causing venous obstruction in the patient’s testicles. The patient was eventually transferred to a larger city for further treatment but it was an unforgettable experience nonetheless.

While the medicine was undoubtedly a valuable part of this experience the relationships built were incredibly special. I’ve been blessed to go on other volunteer trips abroad and one of the biggest barriers to these experiences was a lack of sustainable relationships between the two cultures. However, there are so many healthcare providers (Drs Hurley, Olson, Saga, Joseph, McGlave, etc) who makes this trip a yearly part of their lives and who have such strong bonds with this community that they’ve built lifelong relationships. This was highlighted by the opportunity we had to go to hospital director’s wedding while we were in Ilula. Dr. Saga not only invited all of us but also made sure we felt like honored guests throughout the experience and he, along with many others, are certainly people I
would feel honored to have in my own home. The time commitment, resources, and compassion that the leadership team has put into building a lasting relationship in Ilula is what makes this trip so unique and creates a supportive learning environment. I have certainly built lasting friendships both with the team from Minnesota and with medical professionals from Tanzania. I am already planning my next trip to Ilula!

Our amazing cooks and us after Dr. Saga’s wedding ceremony. (photo by Grace Tian)

The top 10 drugs and diseases seen in Ilula on display in the general wards. (photo by Grace Tian)
Families patiently taking care of their loved ones outside the general medicine ward (photo by Grace Tian)

A family of elephants seen in Ruaha National Park. (photo by Grace Tian)