

# John Gossen Lumos Report

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I learned more about what I want to do with the rest of my life working for three months in Tanzania, than I did over 4 years of undergrad. I gained hands on experience into performing medical care abroad, and the issues facing developing nations while delivering care. Going to Africa I expected to work in a system, with a severe lack of medical resources, and equipment. However, over my tenure at Mwananyamala I came to appreciate the biggest obstacles hindering quality patient care were not material, but educational. I did not expect to be the second most experienced clinician in the emergency room, working with intern physicians fresh out of medical school, who often had difficulty assessing patients, and administering basic interventions. I expected to work in a hospital without access to oxygen, instead I worked in a hospital where many physicians did not know how to use oxygen. In that respect, I am very proud of what I accomplished while working in the ER. I can think of 8 patients, who would have likely died, had I not intervened, given them fluid, and rushed them to a surgeon. I am proud of the oxygen protocols I helped develop, which attempt to fill gaps in knowledge Tanzanian physicians may have. I believe I accomplished my goal, providing experienced quality healthcare, in a system plagued by shortages.

However, I gained a great deal more from this experience than I gave. With the insights I gained from my Lumos travel, global medicine has become a passion of mine, and I will definitely be utilizing parts of my Lumos Project in future endeavors. Educational protocols have become a passion of mine, and I would love to perform a research project in medical school, to see if these protocols can help improve patient outcomes, and be deployed in more developing countries. I experienced the friendly welcoming people of Tanzania, both working in the hospital, and living with my host family, and they have affected my heart in so many ways. I learned about the resilience of the human spirit, watching patients lacking basic pain medicine fight through excruciating pain, and overcome their disease. I learned to be thankful for how lucky I am to be born in a country where I have access to some of the best healthcare, and a plethora of resources. I also came to appreciate how little material things mean to one's overall happiness. The quote that has not left my mind came from an old African man, "I feel sorry for some foreigners, they seem to live their lives for dollars. Here we live for each other." In a country lacking clean water, electricity, and stethoscopes, I rarely saw a sad Tanzanian. I miss having every stranger call me Brother, and inquire about my day. While the hospital system was profoundly broken, the people were not. Patients were always respectful, and treated others (particularly healthcare professionals) with respect. I was never chastised by patient's for the long wait times, or manipulated for pain medicine. I have taken these insights back with me to America, and try my best to channel the welcoming nature of the Tanzanian people into my everyday life. I have always been interested in performing global medicine, and the Lumos experience affirmed that I would love to work for Doctors Without Borders, full-time if possible. I have studied more of the social issues that go into forming a developing nation, and the ways one can improve the delivery of healthcare in those nations. I would love to continue researching these topics, and try to standardized care, and implement other solutions in order to improve outcomes for underserved countries, and populations.

I believe I am among one of the first medically related Lumos travelers, and I have some advice for the future clinicians who will go abroad with Lumos. I think the biggest thing for future travelers to have is a medically related certification, or training, and strong ethics. Even basic certifications such as an introductory Nursing Assistant certificate, ensures a volunteer knows how to acquire a set of vital signs, and alert physicians to any changes. Tanzanian healthcare providers rarely took vital signs, and several physicians, did not know how to take a blood pressure. While not as glamorous as "Gray's Anatomy," the majority of patients I saved came from doing an hourly check on their vitals, noticing something was wrong, and expediting their movement to proper care. I don't believe all future medical Lumos volunteers need to have an EMT license, and several years of ER experience, but certification/ training ensures volunteers can contribute something to the hospital system, instead of just shadowing local physicians all day. A volunteer who can do something as simple as reliably take vital signs will be a great asset to an impoverished hospital, but a person with no training at all, is better off being a tourist.

Working in Tanzania one of the larger problems I faced was the "Voluntourism" industry. This is where a future Lumos volunteer's strong ethics come into play. Many volunteers were there to make a difference, and assist the Tanzanian health system, but several volunteers used their travels as a way to "play doctor,"

and perform procedures they were unqualified to perform, attempting to improve their application for medical school. Working in healthcare in a foreign country, comes with several nuances. In some countries physicians enter medical training without an undergraduate degree. These differences in higher education, cause local healthcare workers to perceive young foreign medical volunteers, as medical students with advanced training, instead of pre-med students with no training at all. These issues are coupled with a lack of qualified health professionals, and stereotypes regarding the intelligence of foreigners. Volunteers were often given the opportunity to a slew of procedures they were not trained to perform. I was offered several opportunities to perform surgery, including C-sections and laparotomies, and each time I reminded the medical staff I was not trained to perform these operations. While every pre-med would love to perform a C-section, there is a reason why untrained and unqualified professionals do not perform these procedures in the United States. Overstepping one's training puts patients at extreme risk, endangers human lives, and undermines the trust of local medical staff. The first third of my time in Tanzania consisted of earning the locals trust, and respect. Given bad (even fatal) experiences with previous volunteers stepping outside their scope of practice, local medical staff initially did not trust my opinion. By the end of my project, I was close friends with most members of the ER staff at Mwananyamala. I earned the locals trust by only performing procedures I was authorized to do in the states, treating natives with respect, and being an asset to local physicians. I hope this information helps future Lumos medical travelers to do the same.

There is no way to express the depths of my gratitude to all the people at the Lumos foundation. Being a Lumos traveler was one of the greatest experiences of my life. Working with the incredible people of the foundation, and the kind people of Tanzania, renewed my passion for medicine. I learned so many things about myself, and projects I want to pursue for the rest of my life. I had the time of my life in Africa, and am counting down the days until I can go back. I have nothing but admiration for this foundation, taking such amazing steps to help the lives of young people. One thing I learned from Tanzania, is while the world looks bleak sometimes, with a second of looking, you can find something to smile about. People like you bring happiness, and joy to the world, and I am so thankful for the opportunity you gave me. I am so sorry this report has been so late, but I have been applying to medical school, and had several interviews, which I believe have gone well, thanks in no small part to my Lumos Project. I hope one day, I could establish a scholarship that does so much good in the world, like this one. Have a great day, and happy holidays.

## **Accommodations**



Masai Neighbors and Bedroom



Front Gate and front of house



Washing Machines and dining area



Bujaji and Dala dala. The two most common modes of transportation.



Our home bathroom vs the average Tanzanian bathroom



One of the Locals homes.

### The Project/ Hospital



Dressing Wounds in Minor Surgery. This man was able to keep his hand after a terrible auto accident.



Entrance to the Emergency Department and the department on a busy day



The once a month ER cleaning day. The Neonatal Resuscitation area. The silver horn is a stethoscope



Hospital entrance. Swahili Signs



Hospital Outpatient Department and the Pediatric ward



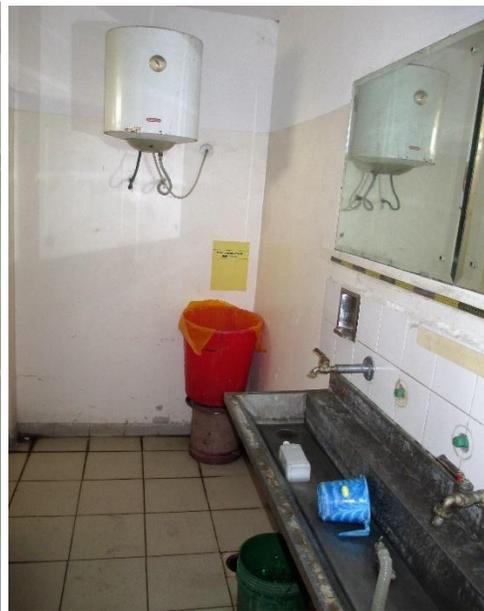
Surgical theater and anesthesia equipment



By the End of my time at Mwananyamala some patients were being treated with oxygen



Tanzanian Ambulance and stretcher back.



A local Tanzanian doctor and the bathroom bin where placentas were kept.

## Miscellaneous Pictures



Outreach where we screened students for ringworm.



The Beaches of Zanzibar



Khanga shop and Dar Es Salaam Harbor



Dar Es Salaam Beach



Coco Beach and Spice Market in Dar.