

Recognition of Distinction in Global Health

University of Alabama at Birmingham Heersink School of Medicine

Clinical Elective: Baní, Dominican Republic INTEC: Instituto Tecnológico de Santo Domingo

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It's no easy task to travel to a different country, especially one where the primary language is not your own. I knew some Spanish, but I was still nervous as I prepared to leave for the Dominican Republic for my global health elective. The timing made things even more challenging—I left the U.S. just two days after finishing my renal final, accompanied by four of my classmates who were also in the program. My family was worried about me, but they sent me off with prayers and well wishes. As the plane lifted, I carried with me not only excitement for the opportunity ahead but also a sense of uncertainty about how I would adapt, communicate, and contribute in a new environment.



That uncertainty quickly gave way to one of the most formative experiences of my medical education. Over four weeks in the Dominican Republic, I rotated through both rural and urban settings—spending two weeks in the town of Baní at primary care clinics known as UNAPs (Unidad de Atención Primaria, or Primary Care Units), and two weeks in

Santo Domingo at major hospitals where I worked in obstetrics and gynecology and internal medicine. These experiences broadened my understanding of healthcare delivery, strengthened my clinical skills, and deepened my commitment to global health. Looking back, the elective challenged me to adapt, to learn in settings that differed from those I had previously known, and to reflect on what it means to practice medicine in resource-limited environments.

During my first week at the UNAP, I felt a strong sense of unease and hesitation. The students we were paired with spoke English at varying levels, but the patients and doctors spoke only Spanish. Every consult was conducted in Spanish, and I remember holding back at first, unsure of how I could meaningfully contribute. Still, I noticed that every patient who walked in had their blood pressure checked manually. Back in medical school, I had learned how to take a manual blood pressure during our cardiology module, but I never felt confident in my readings and often just went through the motions during practice evaluations. I decided to ask the Dominican medical students to teach me how they did it. They shared tips that made the process clearer, and when the next patient came in, they suggested to the resident that I should take the blood pressure. That small moment gave me a new sense of confidence, and it was the first time I felt like I could really contribute in that setting.

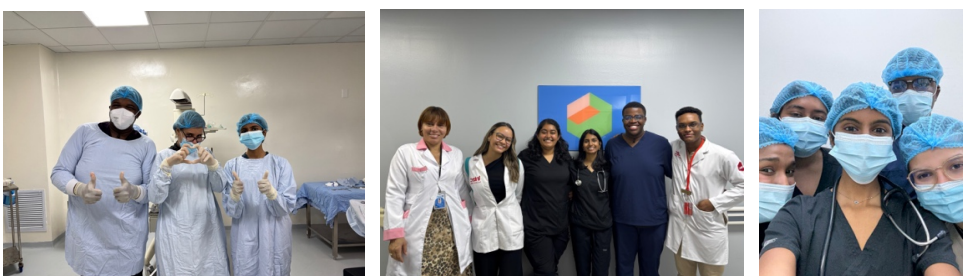


One of the most striking experiences during our community screenings was when we went door to door and came across a man casually sitting outside eating edamame. We asked if he had any issues with his blood pressure, and he said yes. When I measured it, the reading came back at 220/116. For a moment, I felt a rush of fear that he was about to experience a hypertensive emergency right in front of us. I quickly called over the fifth-year medical student I was paired with, and we referred him to the clinic. He came in the very next day, and his medications were adjusted. The encounter made me realize how easily a life-threatening condition could be overlooked without basic community outreach.

Beyond these individual encounters, I came to appreciate the vital role that the UNAPs played in the community. These centers offered free health services under conditions of limited resources and high demand, yet they were the backbone of care for countless families. Alongside Dominican medical students and physicians, I performed blood pressure screenings, blood sugar checks, Pap smears, and vaccinations. I also assisted with a research project on the impact of hypertension and diabetes in the local population, which involved visiting residents in their homes. Sitting in living rooms and porches while talking to families gave me a new perspective on the social determinants of health—how diet, lifestyle, and access to care shaped outcomes in ways not captured in charts or lab values. These experiences reinforced my belief that primary care and preventive services are the foundation of a healthy community.

The transition from Baní to Santo Domingo highlighted the spectrum of healthcare delivery in the Dominican Republic. At Hospital Marcelino Vélez, I rotated in obstetrics and gynecology, where I

assisted in Cesarean sections and tubal ligations, participated in prenatal screenings, and spent time caring for newborns. One striking observation



was the disproportionately high number of Cesarean deliveries compared to vaginal births, which prompted me to reflect on the systemic, cultural, and resource-driven factors that shape maternal health practices.

At Hospital Plaza de la Salud, I rotated in internal medicine with a focus on cardiac care. I performed blood pressure screenings, observed electrocardiograms, and learned how echocardiography was used to guide management. The contrast between Baní's resource-limited clinics and Santo Domingo's access to



advanced diagnostic tools demonstrated the challenges of health equity within a single country. It reminded me that the presence of sophisticated technology does not guarantee universal access, and that health systems must be designed to serve all patients, not only those with means.

Beyond the clinical experiences, this elective offered invaluable opportunities for cultural exchange and professional growth. The local students we worked with went out of their way to make us feel welcome, often serving as teachers not only in medicine but also in language and

daily life. They helped us practice Spanish, patiently correcting our mistakes and teaching us phrases that made communication with patients easier. They also introduced us to the richness of Dominican culture—sharing meals of traditional foods, going to cultural museums and the renowned mango festival, teaching us the rhythms of bachata and merengue, and even taking us to the beaches that the country is famous for. Just as important were the bonds I formed with my classmates who traveled alongside me. Living together and navigating a new environment brought us closer, and with only one fluent Spanish speaker among us, we leaned on each other and gradually built the confidence to communicate more effectively. That solidarity, combined with the support of Dominican students, gave me the reassurance to step into situations that had once felt overwhelming. Collaborating with students from INTEC (Instituto Tecnológico de Santo Domingo) further broadened my perspective; despite language barriers at times, we worked together, shared approaches to patient care, and built friendships grounded in our shared purpose as future physicians. I learned to adapt quickly, to listen more carefully, and to rely on nonverbal communication when words were limited. More importantly, I gained an appreciation for the resilience of patients and providers who strive for quality care despite systemic challenges.



This experience reaffirmed my passion for global health and patient advocacy. It also connected directly to the United Nations' Sustainable Development Goal 3: ensuring healthy lives and promoting well-being for all. My time in the Dominican Republic reminded me that advancing health equity requires not only medical knowledge but also cultural humility, adaptability, and sustained collaboration across borders.

As I continue my medical education, I carry forward the lessons of Baní and Santo Domingo: that medicine is as much about understanding communities as it is about treating individuals, that health systems reflect broader social realities, and that even small contributions—screening blood pressures, listening to stories, offering education—can make a meaningful difference. This elective was not only a

learning opportunity but also a call to action, strengthening my resolve to build a career that integrates clinical care with advocacy for equitable health access at home and abroad.

Zeetee Njoku