

Yangon, Myanmar

Tuesday, January 6, was my classmates' second day back to school on the Evansville campus after a relaxing winter break. That same morning, I was comforting a Burmese orphan with a tummy ache while sorting medical records written on index cards. As I attempted to put everything in order before flying back across the world later that evening, I could only hope that the stacks would make sense to those who had to read and transcribe them later. Instead of being smart and taking the Christmas holiday to relax and catch up on sleep, I had decided to exhaust myself all over again by going on my church's annual trip to an orphanage we support in Yangon, Myanmar.



The trip had a rocky start for me, as I went a week early to spend Christmas with friends in China and wound up catching a particularly unfriendly case of food-poisoning. Fortunately this didn't last longer than a couple days, and I was mostly fine by the time I reached Myanmar. My intended role on the medical team was a combination of nurse and pharmacist, recording height and weight and dispensing medications. However, another equally-pressing need immediately presented itself to me: despite the decade or so that medical personnel have been visiting this orphanage, almost no records of their work have survived. While this was only mildly surprising in a place that has begun to keep administrative records of its children just in the past two or three years, it was still disconcerting that we could not know what had previously been done for them. I spent the week doing my original job while also creating a record-keeping system that would work both for the Burmese who might need to refer to it throughout the year and for the American doctors who would add to it in the years to come. What I came up with may or may not be good, but it is at least a starting place that can be improved in the future.

I am naturally a strong organizer, so it was quite comfortable for me to step up and do what I could to meet this need, and I think it was a large part of my purpose in being there this year; but neither it nor even the medical work were the heart of what we wanted to accomplish. It is unfathomable to me that my presence for one week can have such tremendous emotional significance for these kids, but that is what we see happen over and over there, that all that we do – construction, medicine, teaching, and more – communicates a profound sense of worth to children who have been cast away by so many others. The bonds they form with us are shockingly strong, and it is because they understand that we do these things because we value them.

Being a member of this team was not a convenient thing for me to do. There were many times in the fall when I regretted that I had committed to it, knowing how hard it would be to miss the first several days of school and then spend several more recovering from jet lag. Even after coming home, I have occasionally wished that I had taken the chance just to rest after my first semester of medical school. But when I really stop to consider the experience, I realize that it accomplished an essential purpose in me. There is one question that nagged at me all through last semester: Why am I subjecting myself to this hellish misery? I haven't quite stopped asking the question, but now I remember the answer.

Practicing medicine is not my end goal. It is merely a tool for achieving something greater. The little girl who was sick my last day was comforted because I gave her an antacid and because I held her until it worked. Emotional and physical care come together to heal; one doesn't work without the other. I certainly don't need to be a medical professional to give love and encouragement, but I want to have more to offer. In meeting their physical and emotional needs, I can help to shape their futures.