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Connecting Cultures Through Communication: A Speech Language and Hearing Science Journey

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Purdue University launched its inaugural Speech Language and Hearing Science study abroad program to Zambia, Africa, in summer 2013. Twelve students, both undergraduate and graduate, were carefully selected to participate in the program after applications were sent in January of the same year. The overall goal was to aid several medical centers and schools through work in audiology. Students, in turn, would receive clinical experience as well as having the opportunity to learn about a vastly different culture. Two Purdue audiology professors coordinated with a sole audiologist in Zambia, who happened to have been a Purdue student himself, and created the criteria for the trip.

During my four and a half semesters at Purdue, I have heard the repetitive use of the term “service-learning.” I had an idea of what this meant at the beginning of my time here—the name is self-explanatory. However, after taking part in the Speech Language and Hearing Sciences’ (SLHS) inaugural program to Zambia, Africa, in summer 2013, I have discovered a profoundly deeper meaning of this phrase and its application to my career. I came across the program’s flyer while browsing Purdue’s study abroad web site. When I was 14, my family moved to Europe for 2 years, and a curiosity of the world has bloomed within me to continue my global explorations since then. I find other cultures and languages fascinating, so an SLHS trip to Africa was enthralling to my inquiring eyes and ears. Applications were available to anyone, but specifically students with a major in Speech Language Pathology or Audiology. It was also available to undergraduates and graduates; however, the advanced work that the program required made it a better fit for students with greater experience. Two audiology professors helped launch the program after connecting with a Zambian Purdue graduate of audiology who lives in the country’s capital, Lusaka. Without the hard work of all these people, I would never have ventured on the journey that awaited me.

In many ways, I began this program believing I would learn much more than I could serve; this is not always the case with service-learning programs. I had never observed a lab, seen an audiogram, or held an otoscope. I was definitely the least experienced in my group, being the only freshman, and I could not even picture what the airport in Lusaka would look like. What could I offer the Zambians that would be beneficial to them? As it turned out, quite a lot. Before I could serve anything, however, I first had to learn some basics.

All of the 12 participating Purdue students were required to complete a training course in simple clinic work for audiology. I learned how to use an otoscope, give hearing tests, what bone conduction is, among other tasks and material. We also learned some background information about Zambia. Zambia is a third-world country with a population of about 14,000,000. Despite having a relatively peaceful history, there is governmental corruption, a plethora of AIDS cases, and abject living conditions for the poor. English is a language reserved for the
upper class, while there are 11 other main languages. Of these two, Bemba and Nyanja, we learned some beginner’s phrases. Because of these facts, I was warned not to arrive expecting to save everyone. While we were there to do our clinic work, the main problem with which we engaged was creating a bridge between two vastly different cultures.

After our training concluded, the time had come for us to make the physical journey of travelling to Zambia. This was a trip where I was constantly learning, even outside of the clinic. I had become somewhat familiar with the other students joining me on this adventure. There was an undergraduate sophomore, five undergraduate juniors, one undergraduate senior, one second-year graduate student in Speech Language Pathology, two third-year graduate students in Audiology, an Engineering graduate student, and our two Audiology professors. Typical of Speech and Language students, our way of getting to know one another was by talking about sign language. It turned out that several of the girls knew some American Sign Language, and a very animated and physical discussion began while we waited for our flight to be called. We had a layover in Amsterdam, where memories of Europe briefly greeted me and waved farewell as we boarded our flight to Zambia. It was on this plane that we began making friends with people from Africa. Before I knew it, we landed in Lusaka, Zambia.

The first cultural difference I witnessed was the sparse airport conditions. For example, there was nowhere to buy water; there were simply the customs counters and the baggage claim area. We met our bus driver for the next 2 weeks, Emmie, and drove in darkness to the guesthouse. We spent our first day familiarizing ourselves with the living accommodations and local market. There were about three girls in each of the rooms, a dining room, and a quaint courtyard with duck figurines. Above the front desk hung a picture of the country’s president, Michael Sata. Toast and jam quickly became our daily breakfast as it was one of the few foods we were allowed to eat due to water sanitation sensitivities we might have had.

We spent our first day touring Beit Cure Hospital where the Purdue Audiologist, Mr. Mwamba, works. We were given a tour by a German volunteer who explained some of the cultural differences to us. First, it was hard for me to believe that what I was seeing was a hospital. It consisted of a cluster of buildings connected by walkways with grassy knolls in between. Each building had a narrow sign, such as Children’s Ward or Ear, Nose, and Throat Clinic, hung above it. The children’s ward was basically made up of two large rooms that had cots set up next to each other. At the end of each cot there was a file that included all of the patient’s information, even as detailed as their religion. Zambia’s health care system does have nurses, but they have very different responsibilities than what is seen in America. Nurses take care of patients strictly in a medicinal way, while it is the mothers or a close relative who will perform tasks like bathing the patient, feeding him or her, changing his or her clothes, and so on. As I passed cot after cot, I locked eyes with a small child who had hydrocephalus. No online picture could have prepared me for that moment. I felt my chest constrict and an ache in my throat. The child began to cry as I forced myself to continue walking, but I still carry that fleeting image with me to this day. Our tour ended with a brief meeting with our guide. He talked about some of the difficulties that the hospital regularly faces. First, it is very far for some people to reach and can be expensive for people to get there. Second, superstitions about white men or “modern” doctors still exist, and many of the rural people would rather practice indigenous medical cures than be treated in a hospital. For example, cuts will be made on the forehead in order to release evil spirits. Keeping this information in mind, we were given volunteer stations for the rest of the afternoon. I began in the physical therapy building while others worked in places like the operating room (theatre), audiology building, and kitchen.

We took a break for lunch soon after. There was no cafeteria, only a few picnic benches placed outside the building where the chefs cooked. Kale and chicken are part of a normal Zambian diet, but nshima is the most important food of all. It is a cooked corn meal, and a woman is not a good wife unless she knows how to make it, according
to Zambian philosophy. After lunch, I worked in a peculiar building at the edge of the hospital. It was the size of a trailer and full of papier-mâché objects. A man with a limp greeted my partner and me as we walked over. He explained that there are not enough resources for the hospital to order fancy equipment like wheelchairs and head supports, so they make their own using layers of glue and paper. They also used wire attached to shoes to help treat clubfoot. I stared openmouthed, not sure whether to feel pity or awe at the resourcefulness that lay before me.

I still felt awestruck as we returned to the guesthouse that night. A tradition had begun to have a group meeting each evening in the professors’ suite. This gave everyone a chance to share her daily experiences, accomplishments, frustrations, and hopes for the next day. It was not only me who had been affected by what I saw, and it only added to the emotion when I heard of the other students’ experiences.

![Figure 2. Children gathering around the ENT bus at the Kizoto gradeschool.](image)

We worked at a few different types of schools during our trip: the Munali Secondary School, Kizoto School, and the Deaf Bible Baptist School. The schools were set up much like the different buildings of the Beit Cure Hospital, but each of these schools had something a little different about it. The Munali Secondary School, specifically, is one of only five deaf secondary schools in the country.

One of the most challenging experiences I had on this trip was giving the hearing screenings for older children who knew they would not be able to hear, but who so desperately wanted to. I would put the headphones on them and sign that they were to raise their hand when they heard the beep, but they were unable to hear the beeps. I questioned myself as I waited behind my cold machine, and I would feel helpless at each turn of the dial: Maybe I did not explain the directions correctly. Maybe they were just nervous. But many times, it was because he or she simply could not hear. It was painful for me to stay professional as I watched them storm out in anger or see their shoulders fall in defeat. Then, every now and then, there would be someone who could barely make out a sound. He or she would grin from ear to ear, and it was impossible not to beam right back. Outside the testing room was much more relaxed, and it was a thrill to see the kids talking to each other. Under a large African tree, there was a group of students signing to us. I was able to use some of the signs I learned in the airport to learn even more signs. In many ways, it was the best conversation I had during the whole trip.

After having been to several schools and hospitals, we changed our schedule one day and ventured to the city’s compounds. The compounds are the poorest areas of town where the streets are dirt and running water is a myth. We were not the first Americans to visit there. Vermont couple Eric Nelson and his wife Holly helped to begin the Special Hope Network and chose Zambia as their target location. Zambian culture has a history of shunning children with special needs, and the Nelsons have made it their mission to help these children find a better place in society. One of the most impactful lessons I learned on this trip is that true and lasting change must come from the Zambians themselves. The Nelsons have taken this message to heart by only employing Zambian workers and focusing on useful donations. Something new that I learned was that not all donations are useful. It seems obvious, but my eyes were opened when I realized just how specific their criteria is. As for the employees, they are trained to help the parents or siblings of the children with disabilities to interact. Small meals are provided at their buildings within the compounds. There are a few mats and some small toys. The types of disabilities seen range from moderate to severe, and the type of attention given follows accordingly. It was with the Special Hope Network that I truly felt immersed in the Zambian culture. During clinic time, I was able to use some of the Bemba I learned in training and loved meeting the different children. Every staff member is a Zambian native who is working towards building a better future for his or her country.

We worked with numerous children during this trip, and one of my favorite places we visited during our time in Zambia was the Cheshire Homes complex. Like the buildings of Special Hope Network, this was also a sort of sanctuary for children with special needs. Cheshire Homes is run by a group of nuns, and sister Marjorie was a delight to work with. We were greeted with the
children singing a song about loving themselves. It sent chills down my spine, and I could hardly wait to begin interacting with them. It was hard not to notice that there were kids without legs and some who could barely move due to conditions like cerebral palsy. However, I quickly learned that those children were fast, and the others could make their point quite clear without having to move their mouths. There was a purity of spirit in these children who just wanted to play and laugh. If they felt any pity for themselves, they did not show it even when it was lunchtime. The lunchroom was in a separate building that would take a typically functioning person only a few minutes to walk to. This was not the case for the children of Cheshire Homes. A line of wheelchairs waited outside the therapy room. I went straight to work by putting kids in chairs, until I paused for a moment to observe.

The children were helping each other: Those who could not move their legs at all were hoisted into a wheelchair while those who could walk or needed a cane leaned on the chair for support and pushed the other. I had never seen anything like it as the pairs would painstakingly take step after step along the cobblestone road to the lunchroom. Like Zambia itself, the best way to help these children was to give them the opportunity to help themselves. I was not there to do tasks for them, but instead, to encourage them on what they could already do.

That lesson stuck with me, and the students at the University of Zambia (UNZA) repeated it. Before we left for Lusaka, we were given e-mail exchange buddies who attend one of the city’s universities. Most of the buddies were about to complete majors in special education and had dreams of bettering the future for children with special needs. We took a tour of campus, and I could not help but to make comparisons to Purdue. The buildings seemed more run down and the dormitories had no laundry rooms. Clothes were lying around everywhere, drying in the African sun. Clusters of students could be found at seemingly random locations, but we learned that those were the only places where a choppy Wi-Fi signal could be received. However, despite these differences, the students were just as motivated as those of Purdue. I still keep in touch with my e-mail buddy and have recently congratulated him on his marriage.

We spent our last day at Beit Cure Hospital. I was assigned to work with the Ear, Nose, and Throat (ENT) specialists for most of the afternoon. This was an unbelievably interesting time for me because I was able to ask questions while seeing a variety of patients. Shadowing at Beit Cure Hospital is nothing like shadowing in America; the cases one sees are more extreme, and the health codes vary considerably. At one point, the ENT surgeon, Dr. Uta, saw us working outside and invited me to her office to observe her work; I could not say “yes” fast enough. She knew that I was mostly unfamiliar with the varying cases she saw and was kind enough to take the time to explain to me in her precise German accent what was happening. I am still appreciative of her taking the time to be so thoughtful and patient with me.

It was people like Dr. Uta who helped to make this trip as unforgettable as it was. This voyage taught me to appreciate all that I have, not only the tangible, material goods, but also the opportunities I am given and the protection and love I have from my family and friends. I could not have asked for a more special group to accompany me on this journey. I could not find harder working, more caring professors to guide, not only my growth as a clinician, but also as a world citizen. I continue to carry the stories of the Zambians I met—the patient with hydrocephalus, the students at Munali, our bus driver, the
giggling girl at Beit Cure who loved bubbles, the most active amputees in all of Zambia, the inspired students of UNZA and Special Hope Network, and the dedicated staff of Beit Cure. This was a study abroad program like no other. I work as a study abroad ambassador and have made it a personal interest to learn about the various programs Purdue has to offer, and while many of them offer unique adventures and memories, this one found a place in my heart. Part of the reason this trip worked out so well was that so much of it was a surprise because we had no idea what to expect. Therefore, I am not sure I could change anything about it.

I will endeavor to incorporate the lessons I learned in my studies as a student and a future clinician. Service-learning not only encourages a sharing of knowledge, but it shares hope as well. I could see the desire for a brighter future in the eager eyes of my patients. I could see the passion of the students at UNZA and the staff of Special Hope Network. My job did not end as I stepped off the bus back in West Lafayette, Indiana. This was not about taking a few pictures with adorable kids and in front of Victoria Falls. I have stated what I learned, but here is what I can offer: awareness. We were told that Zambia does not need pity, old English books, used clothes, or false promises from government officials. True and lasting change will come from the Zambians themselves. It is still a new country that is finding its way. Contributing to programs like the Special Hope Network or getting in touch with students at UNZA will make a more positive difference for these people in order for them to become self-sufficient.

Again, I cannot express how grateful I am for having had such an amazing opportunity and experience. I thank my team, professors, the people of Zambia, my family, and Purdue for making this life-changing journey possible.