Before the summer of 2005, I hadn't traveled anywhere outside of the forty-eight contiguous states. I didn't even own a passport. I decided my first experience abroad was going to take place in a rural village in East Africa. When I was given the opportunity to go to Uganda with the generous support of the Burch Fellowship, I knew inherently that it would be an experience that would have an intense impact on my life, but I had no idea of the extent to which it would truly change and shape me.

I am heavily involved in a committee of the Campus Y called Nourish International that raises funds throughout the year to implement sustainable nutrition projects in developing countries over the summer. The project chosen for 2005 was to collaborate with FDNC to build a nutrition center that would serve the people of Natondona, a village outside of Mbale. I offered to lead eight other UNC students in assisting in the physical construction of the center. At the time, I was a pre-medical student interested in pediatrics, and so I developed the idea of evaluating village mothers' ideas of the nutrition of their children before the center opened.

To prepare myself for working with the women of Natondona, I spent the beginning portion of my summer at the Casarrus Family Health Alliance in my hometown of Concord, NC, working with their division of the Women, Infants, and Children (WIC) program to immerse myself in the discourse of child nutrition and observe health workers' education of new mothers regarding the nutrition of their children before the center opened.

My first task was to interview Nurse Mugoba of FDNC's Community Clinic. During the week of my arrival, just as I was scheduling a time to talk with her at length, she quit. Nurse Mugoba left the village clinic for a better-paying position in the city hospital. For the entire seven weeks of my stay, no replacement was found. The situation seemed disastrous to me, but for the villagers, it was quite commonplace. With the clinic now understaffed, my focus was forced to shift. I began simply talking to women in the village about every issue imaginable and appropriate.

I learned, not surprisingly, that some nutritional deficiencies were not due to lack of education but to the difficult choices which accompany adversity. For instance, mothers were quicker to give their children matooke (mashed plantains) than eggs or fruit because eggs and fruit fetched higher prices in the market. Also, even though the mothers knew the eggs and fruit had more protein and vitamins, the starch of the matooke staved hunger off for longer periods of time. I observed a goat-keeping class taught by the FDNC staff to widows in the neighboring village of Namwenula. FDNC trained villagers in how to raise and breed dairy goats as a source of sustainable income. These classes are also held to try to erase the stigma attached in some regions to the consumption of goat's milk, and to encourage people to take advantage of this widely available source of protein, calcium, and riboflavin.

Although I came to Mbale with intention to study child nutrition alone, I learned so much more. My host mother whom we called Maayi (the Lugisu word for ‘mother’), Jessica Watulatsu, was a 63-year old teacher of English at a community. I had many conversations about development, empowerment, progress, and a great many other such concepts with the people of Mbale. Their ideas have opened doors in my mind that lead in directions I may never have otherwise explored—policy, education. Hopefully I will move in a direction in which I can help others to help themselves, to develop themselves.

I talked to the Ugandan students, Maayi, and to the community in general, I noticed a thirst for education as a means of advancement and an eventual way out of poverty. I thought that my stay in Uganda would solidify my career aspiration of becoming a public health pediatrician, but it didn’t. Though I returned to UNC with a burgeoning interest in public health, I know that practicing medicine is not the way in which I can make my greatest contribution. I began to see other areas of need in which my efforts after graduation may be more effective. My love of the idea of practicing medicine was overshadowed by a wild love of people and faith in the power of