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Home institution and country / Year: Duke University School of Medicine, USA / MS2

Name of the laboratory you visited on the first day: Global Health Laboratory

The Nagoya University Summer Camp was a meaningful experience. I enjoyed learning and collaborating with medical students from Japan and China, as well as the faculty and staff at Nagoya. Everyone was welcoming, and the openness in our conversations made it easy to build genuine connections across cultures and approaches to medicine.

On the first day at the Global Health Laboratory, I met learners from many parts of the world. Hearing people share their life stories reminded me that global health begins with relationships. Those stories gave context to why we ask certain questions and how we define success for the communities we aim to serve.

Listening to life stories changed how I understood the goals of a laboratory visit. I expected to focus on project ideas and methods. I did, but I also realized that the most important “data” from the day were people’s lived experiences. Faculty and staff invited questions and compared approaches from different health systems. They showed how a method that works in one setting might need adaptation elsewhere. I left with a clearer sense that rigor and relevance are partners. Good global health work asks a careful scientific question and also asks whether the answer will be usable for the people who need it most.

The lab also modeled careful and practical science. Faculty contrasted methods across health systems and showed how tools may need adaptation for language, culture, and resources. I learned to name my assumptions in a protocol, plan simple feedback loops with communities, and pay attention to small details that lower barriers, such as clear consent language and realistic follow-up.

One of my favorite parts of the program was the hands-on exposure at the Kagayaki Clinic, especially the overnight stay. Following physicians and nurses on home visits showed me what community-centered care can look like in practice. The care felt personal, and I saw the deep trust between patients and providers in that setting.

The lectures on health systems helped me compare Japan and the United States. I learned that Japan has universal coverage and a national fee schedule that keeps prices predictable across clinics and hospitals. Care is accessible in community clinics and small hospitals, and visit lengths tend to be short but frequent. There is a strong emphasis on prevention, screening, and continuity, including robust home visit services and long-term care insurance for an aging population. In contrast, the United States has mixed payers, variable prices, and more administrative complexity. Hospital stays are often shorter, per capita spending is higher, and the emergency department serves as a key safety net. These differences are trade-offs. Japan’s model supports access and continuity, while the United States often drives innovation but can struggle with affordability and consistency. I left thinking about practical ideas I can bring to my training, such as standardizing care pathways, sharing clear prices and expectations with patients, and building team-based home care where possible.

On top of the learning, the trip was fun. It is one of my favorite life experiences so far, and I am thankful to have been part of it. I am excited to grow relationships with an incredible network of future physicians and health leaders from around the world.

Thank you to the Nagoya University Graduate School of Medicine and to the faculty, staff, and students who made the experience possible. I will forever be grateful!

